Form 845	3-EO	Exe	empt O	rganizatio E	on Declaration an lectronic Filing	d Signature fo	r	OMB No. 1545-1879
		For salendar year 201	13, or tax ye		, 2013, and	l ending	, 20	2013
Department of the		Foi	r use wit	h Forms 99(), 990-EZ, 990-PF, 11	20-POL, and 8868		
Internal Revenue S Name of exem		<u>l</u>					Employer is	dentification number
		DEPRESSI	ON A	ND BIP	OLAR SUPPORT	ALLIANCE	36-3	3379124
Part I	Type of Re	turn and Retu	um Info	ormation (Whole Dollars Only)			
line 1a, 2a, 3a whichever is a	, 4a, or 5a bel pplicable, blar	ow and the amour	nt on that	t line of the r	and enter the applicab etum being filed with th n the retum, then enter	nis form was blank, "	then leave line	If you check the box on 1b, 2b, 3b, 4b, or 5b, Do not complete more
than one line i 1a Form 990		► X b Tota	l revenu	e, if any (Fon	m 990, Part VIII, colum	n (A), line 12)	1b	2803160
2a Form 990					(Form 990-EZ, line 9)			
3a Form 112		here 🕨 🛄 b	Total ta	sx (Form 112	0-POL, line 22)			
4a Form 990					ment income (Form 99			
5a Form 886	8 check here	▶ b Bala	nce due	(Form 8868,	Part I, line 3c or Part I	l, line 8c)	5b	
Part II	Declaratio	n of Officer						
(dire taxe Trea insti and If a c exec (as s Under penalties of	ect debit) entry is owed on thi isury Financial tutions involve resolve issuer copy of this re cuted the elec specifically ide perjury. I declare the	/ to the financial in s return, and the f i Agent at 1-888-31 ad in the processif s related to the pa turn is being filed tronic disclosure c antified in Part I ab hat I am an officer of the wiedne and belief, they	estitution inancial k 53-4537 i ng of the yment. with a st. consent c ove) to the above name are true, co	account Indi nstitution to no later than electronic pa ate agency(if contained with ne selected s arrect and completer of the selected sectors of the selected sectors of the sectors of t	icated in the tax prepar debit the entry to this a 2 business days prior ayment of taxes to reco as) regulating charities thin this return allowing state agency(ies).	ration software for p account. To revoke to the payment (set sive confidential info as part of the IRS F disclosure by the I disclosure by the I	ayment of the a payment, I m tlement) date, ormation neces red/State prog RS of this Forr 13 electronic return e amount shown or	ust contact the U.S. I also authorize the financial seary to answer inquirles 'am, I certify that I n 990/990-EZ/990-PF and accompanying schedules and the copy of the organization's
electronic return. I	consent to allow m of receipt or reasor	v intermediate service p	rovider, fra ismission, (t	ismitter, or electr	onic return originator (ERO) to any delay in processing the ret	send the organization's re urn or refund, and (c) the c	turn to the IRS and Jate of any refund.	to receive from the INS (2) at
Sign	alle J	verter	<u>``</u>		05/14/20	PRES	IDENT	
Here	Signature of c	fficer			Date	Title		
Part III	Declaratio	n of Electroni	c Retu	rn Origina	ator (ERO) and Pa	id Preparer (see	instructions)	
knowledge. If return. The or filed with the I for Business F accompanying	I am only a co ganization offic RS, and have Returns. If I am g schedules ar	ilector, I am not re cer will have signe followed all other n also the Paid Pre	esponsible d this for requirem parer, ur d to the l	e for reviewi m before I si ents in Pub. nder penaltie best of my ki	hat the entries on Form ng the return and only ubmit the return. I will g 4163, Modernized e-fil s of perjury I declare the nowledge and belief, the ge.	declare that this for give the officer a cop e (MeF) Information nat I have examined ney are true, correct	m accurately n py of all forms for Authorized the above org , and complete	eflects the data on the and information to be I IRS <i>e-file</i> Providers anization's return and
ERO's signa	dure 📕	any A	tin	llen	5/15/14	also paid if s preparer X	alf- iployed	P00573131
Amba yours	s name (or s if self-employed),		VEITZ		OCIATES L.L			6-3963131
Only addre	ess, and ZIP code	DEERFIE		KE ROA IL 600)	Phone no. (84	7)267-3400
Under penantes of	perpry, I declare t	DEERF LE hat mave examined me I information of which th	acrove retur	n and accompan	ying schedules and statement	s, and to the best of my ki		, they are true, correct, and complete
, <u>117 117 117 117 117 117 117 117 117 11</u>	Print/Type pre		- property 1	Preparer's si			Check if	PTIN
Paid Preparer	Firm's name	•		L			self- employed Firm's EIN ►	
Use Only	Circles 24				<u></u>		Ob units in the	
	Firm's address	>					Phone no.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2013)

323061 11-21-13

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GOVERNMENT COPY

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



Α	For th	e 2013 calendar year, or tax year beginning and e	ending	-	
в	Check if applicat	le: C Name of organization		D Employer identifica	ation number
	Addr chan	DEPRESSION AND BIPOLAR SUPPORT ALLIANC	E		
	Nam			36-33	879124
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Term ated	730 NORTH FRANKLIN AVENUE	501	(312)	
	Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,158,542.
	Appli tion pend	CHICAGO, II 00010-7204		H(a) Is this a group ret	
	pend	F Name and address of principal officer: ALLEN DOEDERLEIN		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		xempt status: X 501(c)(3)	r 🛄 527	If "No," attach a li	st. (see instructions)
		te: WWW.DBSALLIANCE.ORG		H(c) Group exemption	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year of	of formation: 1985 M	State of legal domicile: IL
Р	art I				
8	1	Briefly describe the organization's mission or most significant activities: TO IM		THE LIVES C	F PEOPLE
ano		LIVING WITH MOOD DISORDERS THROUGH ACTIVI			
Activities & Governance	2	Check this box Check this box			sets. 21
ğ	3				21
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	15
ties	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			25
iti	6	Total number of volunteers (estimate if necessary)		·····	0.
ĕ		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34			0.
		Their difference business taxable income from Point 990-1, inte 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,455,354.	1,563,563.
nue	9	Program service revenue (Part VIII, line 2g)		159,219.	1,226,464.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,185.	6,575.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,227.	6,558.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,627,985.	2,803,160.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15			818,730.	875,403.
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 196,11	.9.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		518,986.	1,115,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,337,716.	1,991,265.
	19	Revenue less expenses. Subtract line 18 from line 12		290,269.	811,895.
Assets or Relances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		754,930.	1,476,671.
at As	-	Total liabilities (Part X, line 26)		235,393.	149,104.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		519,537.	1,327,567.
Ρ	art 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           ALLEN DOEDERLEIN, PRES           Type or print name and title	IDENT	Da	te	
Paid	Print/Type preparer's name MARCY STEINDLER	Preparer's signature	Date	Check PTIN if self-employed P00573131	
Preparer	Firm's name ▶ MANN. WEITZ & AS	SOCIATES L.L.C.	Fir	m's EIN 🕨 36-3963131	
Use Only	Firm's address 111 DEER LAKE RO.	AD, SUITE 125			
	DEERFIELD, IL 60015 Phone no. (847) 267-340				
May the IRS discuss this return with the preparer shown above? (see instructions)					
332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			LAR SUPPORT	C ALLIANCE	36-3379124	Page
Par	t III Statement of Program Service	•				
	Check if Schedule O contains a respons	e or note to any li	ne in this Part III		<u></u>	<u>Σ</u>
1	Briefly describe the organization's mission:					
	DBSA ENVISIONS WELLNESS					
	DISORDER. DBSA PURSUES					
	HELP, SUPPORT, AND EDUC	ATION TO	IMPROVE THE	E LIVES OF	PEOPLE WHO HAY	VE
	MOOD DISORDERS."					
2	Did the organization undertake any significant	program services	during the year which	n were not listed on		
	the prior Form 990 or 990-EZ?				Yes	s 🛛 N
	If "Yes," describe these new services on Sche					
3	Did the organization cease conducting, or mal	ke significant char	nges in how it conduct	ts, any program ser	rvices?XYe	s 🗆 N
	If "Yes," describe these changes on Schedule	Ο.				
4	Describe the organization's program service a	ccomplishments f	or each of its three lar	gest program servi	ces, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations a	are required to rep	ort the amount of grai	nts and allocations	to others, the total expenses	, and
	revenue, if any, for each program service repo					
4a		,559. includi				,764.
	EDUCATION AND INFORMATI	ON - MORE	THAN 700,0	000 PEOPLE	VISIT DBSA'S	SUITE
	OF ONLINE WEBSITES TO A	CCESS LIE	'E-SAVING IN	IFORMATION	DBSALLIANCE	•ORG
	AND DBSALIANZA.ORG CONN	ECT INDIV	IDUALS WITH	I IN-DEPTH	INFORMATION A	BOUT
	DEPRESSION AND BIPOLAR				-	
	ADVICE ON HOW TO HELP O				TO A WEALTH OF	
	CUSTOMIZABLE PERSONAL W					
	HEALTHY, AND HAPPY LIVE					
	MORE THAN 32,000 INDIVI					
	VIDEOS ON THE DBSA YOUT					
	FACEBOOK, TWITTER, AND					
	BROCHURES, CDS, AND DVD					
	NEARLY 41,000 INFORMATI			ALLY-VETTE		
4b		,950 includi		/	(Revenue \$ 1,201	
	GRASS ROOTS AND PEER SE	RVICES -	DBSA OFFERS	5 ONGOING	ASSISTANCE TO (	OUR
	289 CHAPTERS TO EXPAND			ROVIDE SUP	PORT, EDUCATION	N ANI
	OUTREACH TO THEIR LOCAL	COMMUNIT	IES. A PAS	SSWORD-PRC	DTECTED CHAPTER	
	MANAGEMENT SECTION ON D					
	RESOURCES TO OUR CHAPTE					
	OFFER EDUCATIONAL EVENT					T
	THEIR LOCAL PROGRAMMING					DBSA
	TRAINED 114 DBSA CHAPTE	R MEMBERS	S AS FACILIT	TATORS TO	HELP THEM PROV	IDE
	GUIDANCE AND INSPIRATIO					
	DELIVERED ON-SITE AT LO					
	ATTEND THESE IN-PERSON					
	COURSE MATERIALS IN THE	CHAPTER	MANAGEMENT	SECTION C	F DBSALLIANCE.	ORG.
4c	(Code:) (Expenses \$	includi	ng grants of \$	)	(Revenue \$	
4d	Other program services (Describe in Schedule	O.)				
		ing grants of \$		) (Revenue \$	)	
4e	Total program service expenses	1,551,50	9.		/	
		•			Form	<b>990</b> (20
32002 0-29-	13	SEE SCHEI	ULE O FOR O	CONTINUATI		<i>\</i> − <b>-</b>
			2			
80	514 787606 04305	2013.03	040 DEPRESS	ION AND B	IPOLAR SUPP 043	05

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	a		L		•

Form 990 (2013)

**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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
•	Schedule D, Part III	8		<u> </u>
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?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			х
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
16	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,	10		<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

332003 10-29-13

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4 2013.03040 DEPRESSION AND BIPOLAR SUPP 04305_1

24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2013)

2013)	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	
Checklist of F	Required Schedule	es (cont	inued)			

Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

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? If "Yes," complete Schedule I, Parts I and II

36-3379124 Page 4

21

22

23

Yes

No

х

Х

Х

0 (	2013	) .	I
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Form 99

21

22

23

Part IV

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> 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?	7-	х	
		7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	- 23	
C	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
D	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       Enter the amount of reserves on hand     13c			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
	in ree, has the ar offirize to toport these payments the provide an explanation in constance of	110		

Form **990** (2013)

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Form 990 (2013)

Part V

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE **Statements Regarding Other IRS Filings and Tax Compliance**

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

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50	2212774	Page •

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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/	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

b E 2 [ 3 [ 4 [ 5 [ 6 ]	Enter the number of voting members of the governing body at the end of the tax year 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 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations		21	-		
b i 2 [ 3 [ 4 [ 5 [ 6 ]	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent					
b i 2 i 3 i 4 i 5 i 6 i	Enter the number of voting members included in line 1a, above, who are independent					
2 [ 3 [ 4 [ 5 [ 6 ]						
3 [ 3 [ 4 [ 5 [ 6 [	Did any officer, director, trustee, or key employee have a family relationship or a business relations		21	-		
3 [ 4 [ 5 [ 6 [						17
4 [ 5 [ 6 [	officer, director, trustee, or key employee?			2		X
4 [ 5 [ 6 [	Did the organization delegate control over management duties customarily performed by or under					37
5 [ 6 [	of officers, directors, or trustees, or key employees to a management company or other person?			3	77	X
<b>6</b> [	Did the organization make any significant changes to its governing documents since the prior Forn			4	X	-
	Did the organization become aware during the year of a significant diversion of the organization's a			5		X X
- 1	Did the organization have members or stockholders?			6		<u>⊢</u> ^
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members					
ſ	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-			
a	The governing body?			8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r			1		<u></u>
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ecti	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code.)			1
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such	-			v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody beta	re filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	x	
			fliataQ	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			10-	x	
	in Schedule O how this was done			12c	X	<u> </u>
	Did the organization have a written whistleblower policy?			13	X	<u> </u>
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appro			14	- 23	-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		laepenaent			
-	The organization's CEO, Executive Director, or top management official	17		15a	x	
	Other officers or key employees of the organization			15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	/ith a			
	taxable entity during the year?			16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	-			
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					<u>.</u>
	List the states with which a copy of this Form 990 is required to be filed $ ho$ IL , AL , AK , AR ,	AZ,C	A,CO,CT,DE	E, DC	,FL	, GZ
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain the content of the con	in in Col				
	• •		,		! . 1	
	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	CONTILCT	or interest policy, al	iu iinai	icial	
	statements available to the public during the tax year.	and ra-	ordo of the areasi-	ntion · ►		
ž	State the name, physical address, and telephone number of the person who possesses the books ALLEN DOEDERLEIN - 312-642-0049	and rec	orus of the organiza			
'	730 N. FRANKLIN STREET, CHICAGO, IL 60610					
32006	10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES 6			Form	9 <b>90</b>	(2013

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

Form 990 (		DEPRESSIO					36-3379124	Page 7		
Part VII	Compensation	of Officers, Di	rectors,	Trustees, K	ey Employee	es, Highest Co	mpensated			
Employees, and Independent Contractors										

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(B)			(0	C)		illoui	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot pr/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			pensa		(W-2/1099-MISC)		organization
	organizations	ual tru	io nal t		ploye	t com				and related
	(list any hours for related organizations below line)	Idivid	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) MIKE KUHL	3.50	-	<u> </u>	0	Ť	Ξē	Ē			
SECRETARY		x		x				0.	Ο.	0.
(2) LUCINDA JEWELL, ED.M.	13.00									
CHAIR		x		X				0.	Ο.	0.
(3) CHERYL MAGRINI	12.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) CHRISTY B. BECKMANN	12.00									
TREASURER		Х		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	2.50									
SAB CHAIR		Х		х				0.	0.	0.
(6) LEGENIA BAILEY	0.30									•
DIRECTOR		X						0.	0.	0.
(7) WILLIAM GILMER, MD	2.50								0	0
MEMBER-AT-LARGE		X						0.	0.	0.
(8) JAMES J. BLAHA	1.50	v							0	0
DIRECTOR	0.30	X						0.	0.	0.
(9) SUZANNE BERGOFFEN	0.30	x						0.	0.	0.
DIRECTOR (10) KAREN CRUISE	0.50	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(11) MARTHA EKHOFF	1.30							0.	•	<u>0    </u>
DIRECTOR	1.50	x						0.	0.	0.
(12) JOHN WADE II	1.50									
DIRECTOR		x						0.	0.	0.
(13) CATHERINE M. FIELDS, J.D.	0.30									
, DIRECTOR		x						0.	Ο.	0.
(14) ELLEN FRANK, PHD.	1.30									
DIRECTOR		x						0.	0.	0.
(15) GINA LAROCHE	5.00									
DIRECTOR		X						0.	Ο.	0.
(16) SUSAN MADIAN	0.30									
DIRECTOR		Х						0.	0.	0.
(17) DAVID MIZENKO	0.30									
DIRECTOR		Х						0.	0.	0.
332007 10-29-13						_				Form <b>990</b> (2013)

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	RESSION AND	BII	POI	ΊΑJ	RS	SUI	<u>P</u> P	ORT ALLIANCE	36-33	<u>79</u> :	124	Page <b>8</b>
Part VII Section A. Officers, Direc	tors, Trustees, Key En	nploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(	F)
Name and title	Average	(da		Pos	ition	1		Reportable	Reportable			nated
	hours per	box	, unle	ss pe	erson	e than is bot	h an	compensation	compensation		amo	unt of
	week	offi	cer an	id a d	lirecto	or/trus	tee)	from	from related		ot	her
	(list any	ector						the	organizations		compe	ensation
	hours for	ordin				ited		organization	(W-2/1099-MISC	))		n the
	related	stee	ruste			pensa		(W-2/1099-MISC)			•	ization
	organization: below	altr	onal t		lo ye	e com						elated
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
	1.00	Ē	ű	0ŧ	, E	Ξē	윤			$\rightarrow$		
(18) JEAN MEISTER DIRECTOR	1.00	x						0.		ο.		0.
(19) GREGORY E. OSTFELD	3.50	<u>_</u>						0.				0.
DIRECTOR	5.50	x						0.		ο.		0.
(20) JOHN S. TAMERIN, M.D.	1.00											0.
DIRECTOR	1.00	x						0.		ο.		0.
(21) MANUEL SILVERMAN, PH.D.	1.50											
MEMBER-AT-LARGE	1.50	x						0.		ο.		0.
(22) ALLEN DOEDERLEIN	40.00											
PRESIDENT		-		x				102,800.		ο.	9	,658.
(23) CINDY SPECHT	40.00			- 23				102,000.				,050.
EXECUTIVE VICE PRESIDENT	40.00	-		x				89,533.		ο.	9	,658.
								0373331				/0301
		-										
		1										
		1										
1b Sub-total	I			r				192,333.		0.	19	,316.
c Total from continuation sheets								0.		0.		0.
d Total (add lines 1b and 1c)								192,333.		0.	19	,316.
2 Total number of individuals (inclu							no r		.000 of reportable			<u>.</u>
compensation from the organizat	ů,					-,			,			1
											Y	es No
3 Did the organization list any form	er officer, director, or ti	uste	e. ke	ev er	npla	ovee	. or	highest compensated e	no eevolam			
line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a	a. is the sum of reportal	ole co	amc	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater									0		4	X
5 Did any person listed on line 1a re									dual for services			
rendered to the organization? If "					-						5	X
Section B. Independent Contractors	;											
1 Complete this table for your five h	nighest compensated ir	depe	ende	ent c	contr	racto	ors t	that received more than	\$100,000 of comp	ens	ation fro	m
the organization. Report compen	sation for the calendar	year	endi	ng v	with	or w	ithir	n the organization's tax	/ear.			
	(A)							(B)			(C)	
Name and	business address	N	ONE	3				Description of s	ervices	C	ompens	ation

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

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				<u>D BIPOL</u> A	R SUPPORT	ALLIANCE	36-3379	124 Page 9
Part								
		Check if Schedule O contains	a response	or note to any lir	ne in this Part VIII			
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
	b	Membership dues						
Ā		Fundraising events						
ilar		Related organizations		101 010				
and Other Similar Amounts		Government grants (contributions	′	121,310.				
e	f	All other contributions, gifts, grants, and		110 050				
뒹		similar amounts not included above	<b>[1f  ⊥ ,</b>	<u>442,253.</u> 187,902.				
P		Noncash contributions included in lines 1a-1			1,563,563.			
0	n	Total. Add lines 1a-1f						
	2 a	CONTRACT REVENUE		Business Code		1,139,121.		
Řevenue	za b	PROGRAM SERVICE		900099	66,225.	66,225.		
Jue	0	CONFERENCE FEES		611430	20,952.	20,952.		
Nel 2	о А	HONORARIUMS		900099	166.	166.		
<u>م</u>	u 0			500055				
	f	All other program service revenue						
		Total. Add lines 2a-2f			1,226,464.			
	3	Investment income (including divid		· · · · · ·				
		other similar amounts)			5,583.			5,583.
.	4	Income from investment of tax-exe						
	5	Royalties		►	196.			196.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)						
1	7 a	Gross amount from sales of (i)	Securities	(ii) Other				
		assets other than inventory 35	6,374.					
	b	Less: cost or other basis						
			5,382.					
		Gain or (loss)	992.		000			0.00
		Net gain or (loss)		····· •	992.			992.
a   3	8 a	Gross income from fundraising ev						
Le l		including \$						
		contributions reported on line 1c).						
	<b>b</b>	Part IV, line 18						
5		Less: direct expenses Net income or (loss) from fundrais						
		Gross income from gaming activit						
	9 a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming		►				
1		Gross sales of inventory, less retu						
_   .		and allowances		5,694.				
	b	Less: cost of goods sold		0.				
		Net income or (loss) from sales of		►	5,694.	5,694.		
		Miscellaneous Revenue		Business Code		,		
1	1 a			900099	668.			668.
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►	668.			
1:	2	Total revenue. See instructions.		►	2,803,160.	1,232,158.	0.	7,439.
2009								Form <b>990</b> (2013)

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## DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ũ	trustees, and key employees	211,649.	142,088.	42,042.	27,519
6	Compensation not included above, to disqualified		,	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	463,048.	322,375.	87,015.	53,658.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	200,706.	138,174.	38,394.	24,138.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	<b>- - - - - - - - - -</b>			
b	F	5,093.	3,506.	974.	613.
С	9 F	18,180.	12,516.	3,478.	2,186
d	, o H				
е					
f	e				
g		388,125.	374,170.	599.	13,356
10	column (A) amount, list line 11g expenses on Sch 0.)	500,125.	5/4,1/0.		13,330
12	Advertising and promotion	143,631.	85,488.	28,787.	29,356.
13	Office expenses	28,212.	26,302.	1,065.	845
14 15	Information technology	20,212.	20,502.	1,0030	045
16	Royalties Occupancy	104,698.	72,079.	20,028.	12,591
17	Travel	199,676.	193,108.	92.	6,476
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170,709.	150,252.	13,384.	7,073
20	Interest	228.	228.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,461.	12,021.	3,340.	2,100
23	Insurance	12,858.	8,852.	2,460.	1,546.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIPS	14,868.	269.	743.	13,856.
b		6,787.	5,545.	967.	275.
с		4,523.	4,088.		435.
d	MISCELLANEOUS	813.	448.	269.	96.
е	· · · · ·				
25	Total functional expenses. Add lines 1 through 24e	1,991,265.	1,551,509.	243,637.	196,119
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)				Form <b>990</b> (2013

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Form **990** (2013)

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DEPRESSION		BTDOLAR	GIIDDORT	ALL TANCE
DELVESSION	AND	DIFUTAL	SOFFORT	ADDIANCE

6-3379124 Page **11** 

	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36
ca Shaat						

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

		Check if Schedule O contains a response of ho	te to an				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			323,057.	1	827,827.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			158,755.	3	78,967.
	4	Accounts receivable, net			67,602.	4	328,108.
	5	Loans and other receivables from current and f					-
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgual				-	
		section 4958(f)(1)), persons described in sectio		· ·			
		employers and sponsoring organizations of sec					
Ś		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			8,774.	9	12,167.
		Land, buildings, and equipment: cost or other	I I		•		,
		basis. Complete Part VI of Schedule D	10a	135,306.			
	Ь	Less: accumulated depreciation	10b	91,850.	32,359.	10c	43,456.
	11	Investments - publicly traded securities	156,086.	11	178,789.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,297.	15	7,357.
	16	Total assets. Add lines 1 through 15 (must equ			754,930.	16	1,476,671.
	17	Accounts payable and accrued expenses			58,903.	17	84,363.
	18	Grants payable		18			
	19	Deferred revenue		19	50,000.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme					
Liabilities		key employees, highest compensated employe	es, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X of			
		Schedule D			176,490.	25	14,741.
	26	Total liabilities. Add lines 17 through 25			235,393.	26	149,104.
		Organizations that follow SFAS 117 (ASC 95	3), chec	k here ▶ 🛛 🗴 and			
es		complete lines 27 through 29, and lines 33 a	nd 34.				
anc	27	Unrestricted net assets			<49,431.	>27	655,862.
3al	28	Temporarily restricted net assets			568,968.	28	671,705.
Ιp	29	Permanently restricted net assets				29	
Ъ		Organizations that do not follow SFAS 117 (A	<b>SC 958</b>	6), check here ▶└─┘			
P D		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		31	
let ,	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			519,537.	33	1,327,567.
	34	Total liabilities and net assets/fund balances			754,930.	34	<u>1,476,671.</u>

Form **990** (2013)

Form 990 (2013) Part X Balance Sheet

	1 990 (2013) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	3379124	<u>1 Pa</u>	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,99		
3	Revenue less expenses. Subtract line 2 from line 1	3		11,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			37.
5	Net unrealized gains (losses) on investments	5		<u>&lt;3,8</u>	65.>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,32	27,5	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	· · · · · · · · · · · · · · · · · · ·	0	-		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0.		x
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	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:				
			2b	x	
b	······································		20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
~		o oudit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		<u>2</u> C		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		+		
Ja					x
<b>۲</b>	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
u	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
	or adults, explain why in Schedule O and describe any steps taken to undergo such adults				(0010)

Form **990** (2013)

332012 10-29-13

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

Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

**Open to Public** Inspection

OMB No. 1545-0047

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

Name of t	the organizati			<u></u>					mployer	ider	ntificati	on nu	mber
		DEPRESS	ION AND BIPO	LAR S	UPPOR	T ALL	IANCE		3	6 –	3379	124	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this part	:.) See inst	ructions.					
The organ	ization is not a	a private foundation	because it is: (For lines ⁻	1 through ⁻	11, check	only one b	ox.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule 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 stat	e:											
5	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	it describ	oed i	n		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).						
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	pub	lic desc	ribed i	in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)										
8	A community	r trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	An organizati	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ind g	ross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	3% of its	support	t fror	n gross	invest	ment
	income and ι	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	afte	r June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Part III.)										
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).					
11 🗌	An organizati	ion organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e pur	poses c	of one	or
	more publicly	/ supported organiza	ations described in section	on 509(a)( ⁻	1) or sectio	on 509(a)(2	2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Ch	eck	the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.							
	а 🗌 Туре I	і в 🗆 Ту	/pe II <b>c</b> 🗌 T <u>y</u>	ype III - Fu	nctionally i	integrated	d	<b>і</b> 🗔 Тур	e III - No	n-fur	nctionall	y integ	grated
e 🗌	By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified	pers	sons oth	er tha	ın
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	sect	tion 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	ре I, Туре	II, or Type	e III					
	supporting o	rganization, check th	nis box										
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (	iii) below	', .		Yes	No
	the gove	erning body of the s	upported organization?								11g(i)		
	(ii) A family	member of a persor	n described in (i) above?								11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	ə?						11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of organization			( <b>v)</b> Did you		(vi) Is organizatio	s the	(vii)	Amount	of mor	netary
orga	anization		(described on lines 1-9 above or IRC section	in col. (i) lis	sted in your document?		ion in col.	(i) organiz U.S	ed in the		sup	port	
			(see instructions)										
				Yes	No	Yes	No	Yes	No				

Total					

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

Schedule A (Form 990 or 990-EZ) 2013

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#### Schedule A (Form 990 or 990-EZ) 2013 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1539359.	1326750.	1116408.	1455354.	1563563.	7001434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1500050	4000000	4446400	4 4 5 5 6 5 4	1560560	
	Total. Add lines 1 through 3	1539359.	1326750.	1116408.	1455354.	1563563.	7001434.
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,						0461840
	column (f)						2461742.
	Public support. Subtract line 5 from line 4.				_		4539692.
	ction B. Total Support	( )					
	ndar year (or fiscal year beginning in) 🕨	(a)2009 1539359.	(b)2010 1326750.	(c)2011 1116408.	(d)2012 1455354.	(e)2013 1563563.	(f) Total 7001434.
	Amounts from line 4	1009009.	1320730.	1110400.	1455554.	T2022021	7001434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4,727.	626.	1,589.	3,308.	5,779.	16,029.
~	and income from similar sources	4,12/•	020.	1,309.	5,500.	5,119.	10,029.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6,133.	9,412.	90,164.	893.	668.	107,270.
	assets (Explain in Part IV.) Total support. Add lines 7 through 10	0,133.	5,112.	50,1010	055.		7124733.
	Gross receipts from related activities,	etc. (see instruction	one)			12 2	,467,676.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			<u>, ,</u>
10	organization, check this box and stop	•			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (			olumn (f))		14	63.72 %
	Public support percentage from 2012		•	( //		15	63.49 %
	<b>33 1/3% support test - 2013.</b> If the c					nore, check this bo	ox and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	)
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2013

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### 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.)

<u>260</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge	<u> </u>					
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and						
b	<b>3 received from disqualified persons</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			2	¥		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	- 	<u></u>			···· •	
Sec	ction C. Computation of Publ						
15	Public support percentage for 2013 (	line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inve						
17	Investment income percentage for 20	)13 (line 10c, colur	mn (f) divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-13					hedule A (Form 99	
				15		•	

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Part IV	Supplemental			, Part II, line 17a (	or 17b; and Part	III, line 12.
		part for any additio				
2024 09-25-1	3		16	Schedu	ile A (Form 990 d	or 990-EZ

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

N	lame	of	the	orgar	nizati	on
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DI	PRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3379124							
Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organization is covered by the General Rule or a Special Rule.									
Note. Only a section 501(c)	Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

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

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

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASTRAZENECA 1800 CONCORD PIKE, PO BOX 15437 WILMINGTON, DE 19850	\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELI LILLY 4341 S. WESTNEDGE AVE SUITE 1200 KALAMAZOO, MI 49008	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FOREST LABORATORIES         909 THIRD AVENUE         NEW YORK, NY 10022	\$ <u>105,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANONYMOUS	\$100,678.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TAKEDA PHARMACEUTICALS ONE TAKEDA PARKWAY DEERFIELD, IL 60015	\$ <u>140,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	OTSUKA AMERICA PHARMACEUTICAL, INC. 2400 RESEARCH BLVD. ROCKVILLE, MD 20850	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2		Schedule B (Form S	990, 990-EZ, or 990-PF) (2013)

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Employer identification number

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS	\$240,237.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	\$121,310.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SUNOVION 84 WATERFORD DRIVE MARLBOROUGH, MA 01752	\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2	4-13	\$ Schedule B (Form	Person Payroll Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.)
	19	•	, , ,

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page <b>3</b>
Name of organization	Employer identification number
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3379124

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	STOCK		
		\$70,678.	05/15/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	STOCK		
		\$105,237.	01/08/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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	Exclusively rengious, chartable, etc., in year. Complete columns (a) through (e) ar the total of <i>exclusively</i> religious, charitable Use duplicate copies of Part III if addit	nd the following line entry. For organization, etc., contributions of <b>\$1,000 or less</b> for ional space is needed.	( <b>7), (8), or (10) organizations that total more than \$1,000</b> ons completing Part III, enter the year. _(Enter this information once.) \$\$
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
	Transferee's name, address	(e) Transfer of gif , and ZIP + 4	t Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	t
_	Transferee's name, address		Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of gif	[
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   —   —		(e) Transfer of gif	 t
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
		[	

SCHEDULE [	)
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(Form	990)
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## **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.

Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Information about Schedule D (Form 990) and its instructions is at www irs of

Name of the organization

nov/f	orm990		Inspection
,	Employer	ide	entification number
	ໍ່ລ	6	2270121

OMB No. 1545-0047

**Open to Public** 

Inspection

3

		OLAR SUPPORT ALLIANCE	36-33/9124
Pa			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	-	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation)	ally 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 qualif	ied conservation contribution in the form of a d	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		anization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
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) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		5 5
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othei	r 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 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, 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 treater		n, provide
	the following amounts required to be reported under SFAS 1	•	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	· ······		···· · · · ·
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2013

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		ION AND BIPC					337912		age <b>2</b>
Par	t III Organizations Maintaining C	· · · · · ·						,	
3	Using the organization's acquisition, access	on, and other records, o	check any of the	e following that	at are a sigi	nificant use o	f its collectio	n iterr	าร
	(check all that apply):	г							
а	Public exhibition	d		change progra					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain he	ow they further	the organizati	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of a	rt, historical trea	asures, or oth	ier similar a	issets			_
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		if the organization	on answered	"Yes" to Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								-
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21	?				Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization answ	ered "Yes" to Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back <b>(d</b>	<b>)</b> Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance (l	ine 1g, column (	a)) held as:					
а	Board designated or quasi-endowment	%	b						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organizatio	n that are held a	and administe	ered for the	organization			_
	by:						_	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11a. S	See Form 990	), Part X, lin	ie 10.			
	Description of property	(a) Cost or othe	r (b) Cos	t or other	(c) Acc	umulated	(d) Boo	k valu	е
		basis (investmen	it) basis	(other)	depre	eciation			
1a	Land								
	Buildings								0.
	Leasehold improvements		3	39,353.		33,533.		5,8	20.
	Equipment			55,634.		52,458.			76.
	Other			10,319.		5,859.			60.
	Add lines 1a through 1e. (Column (d) must e								56.
		, ,				Sche	dule D (Forn		
							-		

332052 09-25-13

Schedule D (Form 990) 2013 DEPRESSION Part VIII Investments - Other Securities.	AND BIPOLAR S	SUPPORT ALLIANCE	36-3379124 Page <b>3</b>
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		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) wethod of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Part IX Other Assets. Complete if the organization answered "Yes (a)	' to Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. <b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes			K, line 25.
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes		12 150	
(2) ACCRUED VACATION		13,158.	
(3) ACCRUED OTHER		1,583.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1 / 7 / 1	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		14,741.	
2. Liability for uncertain tax positions. In Part XIII, provid		÷	·
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Check	there if the text of the footnote h	
			Schedule D (Form 990) 2013

-	edule D (Form 990) 2013 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE		3379124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Returi	n.
	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	2,822,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 23,288		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	19,423.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,803,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	2,803,160.
5 Ра		5	
5 Pa	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	ırn.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 r Retu 1	ırn.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 r Retu 1	ırn.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 r Retu 1	ırn.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	5 r Retu 1	ırn.
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288         Prior year adjustments       2b	5 r Retu 1	ırn. 2,014,553.
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a       23, 288 a         Prior year adjustments       2b       2b         Other losses       2c       2c	5 r Retu 1	urn. 2,014,553. 23,288.
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288 d         Donated services and use of facilities       2b       2b       2b         Other losses       2c       2d       2d         Other (Describe in Part XIII.)       2d       2d       2d	5 r Retu	ırn. 2,014,553.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a       23, 288 degree         Prior year adjustments       2b       2b         Other losses       2c       2d	5 7 Retu 1 2e	urn. 2,014,553. 23,288.
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288 a         Donated services and use of facilities       2b       2b       2c         Other losses       2c       2d       2d         Other (Describe in Part XIII.)       2d       2d       2d         Add lines 2a through 2d       Subtract line 2e from line 1       4       4	5 7 Retu 1 2e	urn. 2,014,553. 23,288.
1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288         Donated services and use of facilities       2b       2b       2b         Other losses       2c       2d       2d         Other losses       2d       2d       2d         Other losses not included on Form 990, Part IX, line 25, but not on line 1:       2d       2d         Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       4a       4a	5 7 Retu 1 2e	urn. 2,014,553. 23,288.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288 a         Donated services and use of facilities       2b       2b       2d         Other losses       2c       2d       2d         Other (Describe in Part XIII.)       2d       2d       2d         Add lines 2a through 2d       Subtract line 2e from line 1       4a         Investment expenses not included on Form 990, Part IVIII, line 7b       4a	5 7 Retu 1 2e	urn. 2,014,553. 23,288. 1,991,265. 0.
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       23, 288         Donated services and use of facilities       2b       2b       2b         Other losses       2c       2d       2d         Other (Describe in Part XIII.)       2d       2d       2d         Add lines 2a through 2d       Subtract line 2e from line 1       4a       4b         Other (Describe in Part XIII.)       4a       4b	5 Retu 1 2e 3	urn. 2,014,553. 23,288. 1,991,265.

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

PART X, LINE 2:

EXPLANATION: THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS
MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION
WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2013, DBSA HAD NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS. THE FEDERAL AND STATE TAX RETURNS OF THE DBSA FOR
THE TAX YEARS 2010, 2011 AND 2012 ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE
YEARS AFTER THEY WERE FILED.

25

332054 09-25-13

Bechedule D (Form 990) 2013         DEP           Part XIII         Supplemental Informatio	RESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-337912	4 Page
Part XIII Supplemental Informatio	<b>n</b> (continued)						
32055						Schedule D (Forn	n 990) 2
32055 9-25-13			26				
80514 787606 04305	201	3.03	040 DEPF	RESSION A	ND BIPOLA	R SUPP 043	05

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection Employer identification number 36-3379124

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DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE

Par	τI	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of	Noncash contribution amounts reported on	Method of de		•	
			applicable	contributions or items contributed	Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
1	Art	- Works of art							
2		- Historical treasures							
3		- Fractional interests							
4		oks and publications							
5		othing and household goods							
6		rs and other vehicles							
7		ats and planes							
8		ellectual property							
9		curities - Publicly traded	X	4	187,902.	SELLING PRI	CE		
			21		107,502.				
10		curities - Closely held stock							
11		curities - Partnership, LLC, or							
		st interests							
12		curities - Miscellaneous							
13		alified conservation contribution -							
		storic structures							
14		alified conservation contribution - Other							
15		al estate - Residential							
16		al estate - Commercial							
17		al estate - Other							
18		llectibles							
19		od inventory							
20		ugs and medical supplies							
21		xidermy							
22		storical artifacts							
23		ientific specimens							
24		cheological artifacts							
25	Otl	her 🕨 ()							
26	Otl	her 🕨 ()							
27		her 🕨 ()							
28	Ot	her 🕨 ()							
29	Nu	mber of Forms 8283 received by the organized	zation during	g the tax year for c	contributions				
	for	which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
								Yes	No
30a	Du	ring the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 - 28,	that it must hold for			
	at	least three years from the date of the initial o	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the	e entire holding period?					30a		_X_
b	lf "	Yes," describe the arrangement in Part II.							
31							31		X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
							32a	Х	
b	lf "	Yes," describe in Part II.							
33	lf t	he organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked,			
	de	scribe in Part II.							
LHA	F	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2013)

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Supple:	mental					ALLIANCE	36-3379124	Pa
this part f	ng in Part	Informatio I, column (b), dditional inform	the number c	ne information r f contributions,	equired by Part I, I the number of ite	ines 30b, 32b, and 33 ms received, or a con	3, and whether the organi nbination of both. Also co	zation mplete
JLE M,	LINE	S 32B:						
IATION	: DBS	SA UTILI	ZES A	BROKER I	O SELL NC	N-CASH (ST	OCKS)	
BUTIO	NS.							
- 13							Schedule M (Form	ı 990) (
	6 04	205		40.000	28		OLAR SUPP 04	
		NATION: DBS		VATION: DBSA UTILIZES A T	NATION: DBSA UTILIZES A BROKER T	ATION: DESA UTILIZES A BROKER TO SELL NO TBUTIONS.	IATION: DESA UTILIZES A BROKER TO SELL NON-CASH (STU EBUTIONS.	14TION: DBSA UTILIZES A BROKER TO SELL NON-CASH (STOCKS) IBUTIONS.

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

36-3379124

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Internal Revenue Service Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: PEER SUPPORT SERVICES WERE EXPANDED. SEE FULL DESCRIPTION

OF CHANGES ON PART III, LINE4B.

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

BROCHURES WERE CIRCULATED IN 2013 BY DBSA AND OUR CHAPTERS TO

INDIVIDUALS THROUGHOUT THE NATION VIA REQUESTS TO OUR TOLL-FREE NUMBER

OR ONLINE REQUESTS AS WELL AS IN SUPPORT GROUPS, DOCTORS' OFFICES, AND

MENTAL HEALTH EVENTS. DBSA CONNECTED MORE THAN 16,000 INDIVIDUALS TO

RESOURCES FOR SUPPORT AND ASSISTANCE THOUGH OUR TOLL-FREE REFERRAL

NUMBER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 120 INDIVIDUALS ATTENDED TO NETWORK ABOUT BEST PRACTICES FOR IMPROVING COMMUNITY SUPPORT. MEMBERS OF DBSA MANAGEMENT CONDUCTED LISTENING SESSIONS WITH 10 OF OUR CHAPTERS TO SHARE DBSA AND CHAPTER PROGRAMS AS WELL AS LEARN ABOUT CHAPTER LEADERS' AND SUPPORT GROUPS' NEEDS, WANTS, AND CHALLENGES. DBSA PLAYED A PIVOTAL ROLE IN A GROUNDBREAKING INITIATIVE TO MAKE PEER SUPPORT SERVICES WIDELY AVAILABLE TO MILITARY VETERANS STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES. DBSA WAS AWARDED A MAJOR CONTRACT BY THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (VA) FOR TRAINING AND CERTIFICATION OF 425 PEER SUPPORT STAFF EMPLOYED BY VA FACILITIES ACROSS THE COUNTRY. THIS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

11480514 787606 04305

29

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number $36-3379124$
TRAINING PREPARED VETERANS TO ASSUME PEER SPECIALIST ROLE	S IN VA
MEDICAL CENTERS AND OTHER FACILITIES AS PART OF A MAJOR E	XPANSION. THIS
RAPID EXPANSION OF PEER SUPPORT POSITIONS WAS THE RESULT (	OF AN
EXECUTIVE ORDER ISSUED ON AUGUST 31, 2012 BY PRESIDENT BA	RACK OBAMA TO
IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR VETERANS. CO	NTRACT
TRAINING BEGAN IN FEBRUARY 2013 AND CONTINUES THROUGH MID	-2014.

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

EXPLANATION: THE STRUCTURE OF THE EXECUTIVE COMMITTEE CHANGED TO INCLUDE

THE PAST CHAIR FOR BETTER FACILITATION OF SUCCESSION.

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

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

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

EXPLANATION: ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST
COMPLETE A COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT
OF INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY
STATED IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.
³³²²¹² 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 3 ()

11480514 787606 04305

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

EXPLANATION: SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE

BOARD LOOKS AT SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT

CONTRACT DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE

PRESIDENT LOOKS AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINES THE

SALARY FOR THE EXECUTIVE VICE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL,AL,AK,AR,AZ,CA,CO,CT,DE,DC,FL,GA,HI,ID,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NY,NC,ND,OH,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,OK

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

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	55,322.
MANAGEMENT AND GENERAL EXPENSES	599.
FUNDRAISING EXPENSES	13,356.
TOTAL EXPENSES	69,277.

VA PEER SPECIALISTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

#### FUNDRAISING EXPENSES

TOTAL EXPENSES

332212 09-04-13 270,615.

270,615.

0.

Ο.

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Page Employer identification numbe 36-3379124
DEFREDENCE AND DITCHAR DUTTORT ADDIANCE	30 3379124
PEER SPECIALIST:	
PROGRAM SERVICE EXPENSES	10,490
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	10,490
GRASSROOTS:	
PROGRAM SERVICE EXPENSES	37,743
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	37,743
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	388,125
332212 09-04-13 Sct 32	hedule O (Form 990 or 990-EZ) (201

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY 

For Off			Form AG990-IL Revised 3/05
	Charitable Trust Bureau, 100 West Randol		# 01-015755
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	·	X	Copy of IRS Return
		Make Checks X	Audited Financial Statements Copy of Form IFC
INIT		he Illinois 🔽	\$15.00 Annual Report Filing Fee
		Charity Bureau Fund	\$100.00 Late Report Filing Fee
Feder	al ID # 36-3379124 MO DAY YR		MO DAY YR
Are co		anization was created	11/15/1985
	LEGAL	Year-end	
	NAME DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	amounts A) ASSETS	A) \$ 1,476,671.
	DDRESS 730 NORTH FRANKLIN AVENUE, NO. 501	B) LIABILITIES	B) \$ 149,104.
	STATE CHICAGO, IL	C) NET ASSETS	C) \$ 1,327,567.
ZI	P CODE 60610-7204	· · ·	
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	95.407%	D) \$ 2,674,411.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	4.328% 0.265%	E) \$ 121,310. F) \$ 7,439.
	F) OTHER REVENUES	0.205%	Γ) φ 7,439.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G)\$ 2,803,160.
п.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
		77 01 64	
	I) EDUCATION PROGRAM SERVICE EXPENSE	77.916%	I) \$ 1,551,509.
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	77.916%	J) \$ 1,551,509.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	К) \$
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	77.916%	L)\$ 1,551,509.
	M) MANAGEMENT AND GENERAL EXPENSE	12.235%	M)\$ 243,637.
	N) FUNDRAISING EXPENSE	9.849%	N)\$ 196,119.
		100.01	
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 1,991,265.
<b>III</b> .	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P)\$0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	a) TOTAL FUNDIAISENSTEES AND EALENSES	/0	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
	T) NAME, TITLE CINDY SPECHT, EXECUTIVE VICE PRESIDENT		T) \$ 89,533.
	U) NAME, TITLE: LISA GOODALE, VICE PRESIDENT OF TRAINING	ł	U) \$ 70,422.
	V) NAME, TITLE: ALLEN DOEDERLEIN, PRESIDENT	ור	V) \$ 102,800.
<b>۷.</b>	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES		List on back side of instructions CODE
398091 05-01-13	W) DESCRIPTION: EDUCATION OF PATIENTS, FAMILIES, PROFES	SIONALS &	W)# 300
8091	X) DESCRIPTION:		X) #
33	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
4	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?			X
1.	WAS THE UNDANNIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY ON JUDGMENT?	1.		<u></u>
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		x
		0.		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			X
	THAN 10% OF THE OUTSTANDING SHARES?	4.		<u> </u>
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
		Ī		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	1	x
		<i>.</i> .		
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10	. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	FIFTH THIRD BANK, 222 MERCHANDISE MART PLAZA, CHICAGO, IL 606	54		
	WELLS FARGO ADVISORS, 1410 THIRD AVENUE, SPRING LAKE, NJ 0776	2		
4.0				
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ALLEN DOEDERLEIN - 312-642-0049			

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

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

BE SURE TO INCLUDE ALL FEES DUE:	ALLEN DOEDERLEIN		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS.	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
\$100.00 PENALTY.	MARCY STEINDLER		
398101 05-01-13		SIGNATURE	DATE

PREPARER (PRINT NAME)

Form <b>990</b>
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



Α	For th	e 2013 calendar year, or tax year beginning and	-		
В	Check if applicat	C Name of organization		D Employer identifica	ation number
	Addr chan	DEPRESSION AND BIPOLAR SUPPORT ALLIAN	CE		
	Name	Doing Business As		36-33	79124
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Term ated	750 NORTH FRANKLIN AVENUE	501	(312)	642-0049
	Amer	<b>G</b> Gross receipts \$	3,158,542.		
	Appli tion pend	CHICAGO, IL 60610-7204		H(a) Is this a group ret	
	pend	F Name and address of principal officer: ALLEN DOEDERLEIN		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	
		empt status: $X 501(c)(3) = 501(c) ( ) < (insert no.) = 4947(a)(1) (a)(1) (b) (c) $	or 🛄 527		st. (see instructions)
		te: WWW.DBSALLIANCE.ORG		H(c) Group exemption	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	<b>L</b> Year	of formation: 1985 M	State of legal domicile: IL
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO I	MPROVE	THE LIVES C	DE DEOPLE
an		LIVING WITH MOOD DISORDERS THROUGH ACTIV			
Govern	2	Check this box  if the organization discontinued its operations or disposed in the second sec		1 1	sets. 21
	3				21
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
Activities & Governance	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			25
	6	Total number of volunteers (estimate if necessary)			0.
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		The unrelated business taxable income from Porth 990-1, life 34		Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		1,455,354.	1,563,563.
nue	9	Program service revenue (Part VIII, line 2g)		159,219.	1,226,464.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,185.	6,575.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,227.	6,558.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,627,985.	2,803,160.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		818,730.	875,403.
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	19.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		518,986.	1,115,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,337,716.	1,991,265.
	19	Revenue less expenses. Subtract line 18 from line 12		290,269.	811,895.
s or			Be	ginning of Current Year	End of Year
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		754,930.	1,476,671.
at As	21	Total liabilities (Part X, line 26)		235,393.	149,104.
		Net assets or fund balances. Subtract line 21 from line 20		519,537.	1,327,567.
P	art 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.

	Cignature of officer			Data					
Sign	Signature of officer			Date					
Here									
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MARCY STEINDLER			if self-employed P00573131					
Preparer	Firm's name ▶ MANN. WEITZ & AS	SOCIATES L.L.C.		Firm's EIN 36-3963131					
Use Only	Firm's address 111 DEER LAKE RC	AD, SUITE 125							
	DEERFIELD, IL 60	015		Phone no. (847)267-3400					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
332001 10-2	332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2013)								
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION								
1480514	4 787606 04305 203	13.03040 DEPRESSION	AND BI	IPOLAR SUPP 043051					

DBSA ENVISIONS WELLINESS FOR PEOPLE LIVING WITH THE PEPRESSION AND BIPOLAR DISKORDER. DBSA PURSUES THIS VISION WITH THE HISSION "TO PROVIDE HOPE, HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE MOOD DISKORDERS."         DB the organization underdate any significant program services during the year which were not listed on the pinor form 580 of 580 ±27       Implement of the organization calculate any significant changes in how it conducts, any program services?       Implement of the organization calculate any significant changes in how it conducts, any program services, as measured by expenses. Section 501(5) and 501(5) organizations are required to report the anount of grams and allocations to there, the total expenses, and revenue, if any, for each program service exported.       30,76 EDUCATION AND INFORMATION - MORE THAN 700,000 PEOPLE VISIT DBSA'S SUI OF ONLINE WEBSITES TO ACCESS LIFE -SAVING INFORMATION. DESALLIANCE.OR AND DESALLIANZA.ORG CONNECT INDIVIDUALS WITH IN-DEPTH INFORMATION ABOU DEPRESSION AND BIFOLAR DISORDER, Wellkings sorting is program services. Connect: AND DESALLIANZA.ORG CONNECT INDIVIDUALS SUFTI IN-DEPTH INFORMATION ABOU DEPRESSION AND BIFOLAR DISORDER, Wellkings of the MEDIA CHANNELS CONNECT (USTOMIZABLE PERSONAL WELLINESS OFTIONS, PEER SUPPORT, AND ADVICE ON HOW TO HELP OTHERS. FACINCUS.ORG IS HOME TO A WEALTH OF CUSTOMIZABLE PERSONAL WELLINESS TOOLS THAT HELP PEOPLE LIVE FULL, HEALTHY, AND HAPPY LIVES. DBSA'S GROWING SOCIAL MEDIA CHANNELS CONNECT (USTOMIZABLE PERSONAL WELLINESS TOOLS THAT HELP PEOPLE LIVE FURD. FACEBOOK, TWITTER, AND LINKEDIN PAGES, DBSA OFFRES MORE THAN 30 OFTIN HEROCHURES, CDS, AND DUDS ON SPECIFIC TOPICS RELATED TO MOOD DISORDERS NEARLY 1,000 INFORMATION RICH, SCIENTIFICALLY-VETTED, EASY-TO-READ 1,0000, THEOREMATION PERSON, SCIENTIFICAL SUPPORT, EDUCATION A OUTREACH TO THEIR LOCAL COMMUNITIES. A PASSWORD-PROTECTED CHAPTER MANAGEMENT SECTION ON DESALLIANCE, ORE			AND BIPOLA		ALLIANCE	36-3379124	Page
Biedey describe the organization's mission: DBSA ENVISIONS WELLINESS FOR PEOPLE LIVING WITH DEPRESSION AND BIPOLAR DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE, HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE MOOD DISORDERS." Dub the organization undertake any significant program services during the year which were not listed on the prior from 960 or 960-E27 UT 'vis, 'describe these new services on Schedule 0. Do the organization cases conducting, or make significant changes in how it conducts, any 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the Amount Of grants and allocations to others, the total 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the Amount Of grants and allocations to others. The total 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. Section 501(c)(2) and 501(c)(4) organizations are required to report the Amount Of grants and allocations to others. The total expenses of the total expenses of the Amount Of the Amount Of the Amount Of	Par		•				
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DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE, HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE MOOD DISORDERS." Dub the organization cade and the profession of the profession and the profesion and the profession and the profession and	1						
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Form 990 (2	
Part IV	Che

**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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
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	4		
5	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	-		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	11a	л	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000			
	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	10		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	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,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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	Did the organization have a tax-exempt bond issue with an outstanding philopal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	(2013)

Form 990 (2	2013)	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	
Part IV	Checklist o	f Required Schedule	S (cont	inued)			

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

24a. Did the organization have a tax exampt hand issue with an outstanding principal amount of more than \$100,000 as of the

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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21

22

23

Yes

No

х

Х

Х

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
_	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		15			
	filed for the calendar year ending with or within the year covered by this return				v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule</i>	~		3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ritu ovor o	30		
40	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	<ul> <li>b If "Yes," enter the name of the foreign country:</li> </ul>					
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization provide a contribution of cars, boats, airplanes, or other vehicles, did the organization of th			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at					
9	Sponsoring organizations maintaining donor advised funds.	any un	ie uuring the year !	8		
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>			v
				14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ю U		14b		

Form **990** (2013)

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7 2013.03040 DEPRESSION AND BIPOLAR SUPP 04305_1

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2013) Part V

Page 5

## DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124 Page 6

/	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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	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		21	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $_{\rm}$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	1 990 wa	as filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	<u></u>	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			
					Yes	No
)a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such	-				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
la	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody befo	ore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				_	
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If in Schedule O how this was done</i>			12c	x	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		1			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatic	on's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>IL</b> , <b>AL</b> , <b>AK</b> , <b>AR</b> ,	AZ,C	A, CO, CT, DE	E,DC	¦,FL	, GP
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain the control of the contr	in in Sci	hedule ()			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents,		,	nd fina	ncial	
-	statements available to the public during the tax year.	connict	er interest policy, al	.a ma	.0141	
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organize	ation ·	•	
-	ALLEN DOEDERLEIN - 312-642-0049		or the organize			
	730 N. FRANKLIN STREET, CHICAGO, IL 60610					
2006	S 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	1 <b>990</b>	(2013
<u>ه</u> م	8 514 787606 04305 2013.03040 DEPRESSION ANI	ידם ר		0.4	305	1

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

- orm 990 (	2013)	DEPRESS	ION AN	ID BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 7
Part VII	Compensation	of Officers	, Directo	rs, Trustees, K	ey Employee	es, Highest Co	mpensated	
	Employees, an	d Independ	lent Cont	ractors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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. 

		l				npe	iou			(5)
	(B)	Position						(D)	(E)	(F)
Name and Title	Average		(do not check mor box, unless persor			more than one		Reportable compensation	Reportable	Estimated amount of
	hours per week			nd a d				from	compensation from related	other
	(list any	tor						the	organizations	compensation
	(list any hours for related organizations	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC)	, , ,	organization
	organizations	ll trus	nal tr		loyee	duo				and related
	below	Individual 1	In stitutio nal trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	Inst	Officer	Key	Hig	For			
(1) MIKE KUHL	3.50								•	
SECRETARY		Х		Х				0.	0.	0.
(2) LUCINDA JEWELL, ED.M.	13.00									
CHAIR		Х		Х				0.	0.	0.
(3) CHERYL MAGRINI	12.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) CHRISTY B. BECKMANN	12.00									
TREASURER		Х		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	2.50									
SAB CHAIR		X		X				0.	0.	0.
(6) LEGENIA BAILEY	0.30									
DIRECTOR		X						0.	Ο.	Ο.
(7) WILLIAM GILMER, MD	2.50									
MEMBER-AT-LARGE		X						0.	Ο.	0.
(8) JAMES J. BLAHA	1.50									
DIRECTOR		X						0.	Ο.	0.
(9) SUZANNE BERGOFFEN	0.30									
DIRECTOR		X						0.	Ο.	0.
(10) KAREN CRUISE	0.50									
DIRECTOR		X						0.	Ο.	0.
(11) MARTHA EKHOFF	1.30									
DIRECTOR		X						0.	Ο.	0.
(12) JOHN WADE II	1.50									
DIRECTOR		x						0.	Ο.	0.
(13) CATHERINE M. FIELDS, J.D.	0.30									
DIRECTOR		x						0.	0.	0.
(14) ELLEN FRANK, PHD.	1.30									
DIRECTOR		x						0.	0.	0.
(15) GINA LAROCHE	5.00									
DIRECTOR		x						0.	0.	0.
(16) SUSAN MADIAN	0.30									
DIRECTOR		x						0.	0.	0.
(17) DAVID MIZENKO	0.30									
DIRECTOR		x						0.	0.	0.
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	PRESSION AND	BII	POI	ΊΑJ	R	SUI	2P(	ORT ALLIANCE	36-33	79	124	Page <b>8</b>
Part VII Section A. Officers, Dire	ctors, Trustees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(C)					(D)	(E)		(	(F)		
Name and title	Average	(10		Pos	itior	۱ then		Reportable Reporta				mated
	hours per	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensatior	ı	amo	ount of	
	week	offi	cer an	id a d	lirecto	or/trus	stee)	from	from related		ot	ther
	(list any	ector						the	organizations			ensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MIS	C)		n the
	related organizations	ustee	truste		æ	bens		(W-2/1099-MISC)			•	nization
	below	ual tri	ional		ploye	t com						related izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	124110115
(18) JEAN MEISTER	1.00	<u> </u>	<u> </u>	0	× ×	ч	<u> </u>			-+		
DIRECTOR		x						0.		0.	1	0.
(19) GREGORY E. OSTFELD	3.50											
DIRECTOR		x						0.		0.	1	0.
(20) JOHN S. TAMERIN, M.D.	1.00											
DIRECTOR		x						0.		0.	1	0.
(21) MANUEL SILVERMAN, PH.D.	1.50											
MEMBER-AT-LARGE		x						0.		0.	1	0.
(22) ALLEN DOEDERLEIN	40.00									<b></b>		
PRESIDENT	10000	1		x				102,800.		0.	9	,658.
(23) CINDY SPECHT	40.00							102,000		<b>–</b>		/0001
EXECUTIVE VICE PRESIDENT		1		x				89,533.		0.	9	,658.
												/
		1									1	
										-+		
		1									1	
		1									1	
1b Sub-total		-		r				192,333.		0.	19	,316.
c Total from continuation sheet								0.		0.		0.
d Total (add lines 1b and 1c)								192,333.		0.	19	,316.
2 Total number of individuals (inc							no r		.000 of reportable	<u>ר</u> א		
compensation from the organize	<b>U</b>					-,			,			1
	, i i i i i i i i i i i i i i i i i i i										Y	es No
3 Did the organization list any for	mer officer, director, or tru	uste	e. ke	ev er	npla	ovee	. or	highest compensated e	mplovee on	I		
line 1a? If "Yes," complete Sche											3	X
4 For any individual listed on line	1a. is the sum of reportab	le co	amc	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations great									5		4	X
5 Did any person listed on line 1a									dual for services			
rendered to the organization? If					-						5	X
Section B. Independent Contractor												
1 Complete this table for your five	highest compensated in	depe	ende	ent c	conti	racto	ors t	that received more than	\$100,000 of com	pens	ation frc	m
the organization. Report compe	-											
	(A)							(B)			(C)	
Name ar	nd business address	N	ONE	Ξ				Description of s	ervices	С	ompens	sation
		_	_	_			Ī		Т	_		_

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

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				D BIPOLAR	R SUPPORT	ALLIANCE	36-3379	9124 Page <b>9</b>
Par	t VIII		nue					
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
2 <u>2</u>	1 a	Federated campaigns	1a					
contributions, Gines, Grants and Other Similar Amounts		Membership dues						
5 Ĕ		Fundraising events						
ar la		Related organizations						
		Government grants (contributi		121,310.				
"is		All other contributions, gifts, grant						
	•	similar amounts not included abov		442,253.				
5ð	~	Noncash contributions included in lines	¹⁰ [ <u>II] <u>→</u> /</u>	187,902.				
		Total. Add lines 1a-1f			1 563 563.			
<u> </u>		Total. Add lines Ta-11		Business Code	L, 303, 303.			
	0	CONTRACT REVENU			1 139 121	1,139,121.		
5		PROGRAM SERVICE		900099	66,225.			
ine e		CONFERENCE FEES		611430	20,952.			
Ĕ		HONORARIUMS		900099	166.			
Program Service Revenue		TONONARTOND		900099		100.		+
2	e	All 11		├		├		+
-		All other program service reve			1 226 464			
_		Total. Add lines 2a-2f			1,226,464.			
	3	Investment income (including			E E 0 2			E E 0 2
		other similar amounts)			5,583.			5,583.
	4	Income from investment of tax			106			106
	5	Royalties			196.			196.
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	356,374.					
	b	Less: cost or other basis						
		and sales expenses	355,382.					
	с	Gain or (loss)	992.					
		Net gain or (loss)			992.			992.
a		Gross income from fundraising						
nu l		including \$	of					
eve		contributions reported on line						
Е.		Part IV, line 18	, a					
Other Revenue	b	Less: direct expenses						
°		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	u	and allowances		5,694.				
	h	Less: cost of goods sold						
		Net income or (loss) from sales			5,694.	5,694.		
F	<u> </u>	Miscellaneous Revenue		Business Code	- / • • • •			
- F	11 a	OTHER	<u> </u>	900099	668.			668.
	n a b							+
				├				+
	c c	All other revenue						-
		All other revenue			668.			
					000.			
	е 12	Total revenue. See instructions.			2 803 160	1,232,158.	0	. 7,439.

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## DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ũ	trustees, and key employees	211,649.	142,088.	42,042.	27,519
6	Compensation not included above, to disqualified		,	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	463,048.	322,375.	87,015.	53,658.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	200,706.	138,174.	38,394.	24,138.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	<b>- - - - - - - - - -</b>			
b	F	5,093.	3,506.	974.	613.
С	9 F	18,180.	12,516.	3,478.	2,186
d	, o H				
е					
f	e				
g		388,125.	374,170.	599.	13,356
10	column (A) amount, list line 11g expenses on Sch 0.)	500,125.	5/4,1/0.		13,330
12	Advertising and promotion	143,631.	85,488.	28,787.	29,356.
13	Office expenses	28,212.	26,302.	1,065.	845
14 15	Information technology	20,212.	20,502.	1,0030	045
16	Royalties Occupancy	104,698.	72,079.	20,028.	12,591
17	Travel	199,676.	193,108.	92.	6,476
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170,709.	150,252.	13,384.	7,073
20	Interest	228.	228.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,461.	12,021.	3,340.	2,100
23	Insurance	12,858.	8,852.	2,460.	1,546.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIPS	14,868.	269.	743.	13,856.
b		6,787.	5,545.	967.	275.
с		4,523.	4,088.		435.
d	MISCELLANEOUS	813.	448.	269.	96.
е	· · · · ·				
25	Total functional expenses. Add lines 1 through 24e	1,991,265.	1,551,509.	243,637.	196,119
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)				Form <b>990</b> (2013

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Form **990** (2013)

13 2013.03040 DEPRESSION AND BIPOLAR SUPP 04305_1

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379124 Page 11 ~

	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-33					
nce Sheet											
k if Schodulo O contains a response or note to any line in this Bart X											

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	323,057.	1	827,827.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	158,755.	3	78,967.
	4	Accounts receivable, net	67,602.	4	328,108.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,774.	9	12,167
		Land, buildings, and equipment: cost or other	· · ·	-	-
		basis. Complete Part VI of Schedule D 10a 135, 306			
	Ь	Less: accumulated depreciation 10b 91,850.		10c	43,456
	11	Investments - publicly traded securities	156,086.	11	178,789
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	*	14	
	15	Other assets. See Part IV, line 11	8,297.	15	7,357.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	754,930.	16	1,476,671
	17	Accounts payable and accrued expenses	58,903.	17	84,363
	18	Grants payable		18	
	19	Deferred revenue		19	50,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,		21	
ő I	~~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			176,490.	25	14,741.
	26	Total liabilities. Add lines 17 through 25	235,393.	26	149,104
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	
s		complete lines 27 through 29, and lines 33 and 34.			
Sce	27	Unrestricted net assets	<49,431.	>27	655,862.
alar	28	Temporarily restricted net assets	568,968.	28	671,705
ŏ	29			29	
ľ,		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		20	
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	519,537.	33	1,327,567.
	34	Total liabilities and net assets/fund balances	754,930.	34	1,476,671
	104	וסנמו וומטווונוכס מווע דוכו מססכנסרעדוע טמומדועכס	.51,550.		Form <b>990</b> (2013)

Form 990 (2013)
Part X Bala

	1 990 (2013) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	3379124	<u>1 Pa</u>	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,80					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,99	91,2 11,8				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			37.			
5	Net unrealized gains (losses) on investments	5		<u>&lt;3,8</u>	65.>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,32	27,5	67.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
1	· · · · · · · · · · · · · · · · · · ·	0	-					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0.		x			
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a					
	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:							
			2b	x				
b	······································		20					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis							
~		o oudit						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		20	x				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		<u>2</u> C					
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		+					
Ja					x			
<b>k</b>	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
u	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
	or addits, explain why in Schedule O and describe any steps taken to undergo such addits				(0010)			

Form **990** (2013)

332012 10-29-13

SCHEDULE A
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(Form	990	or	990-	EZ)
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Department of the Treasurv

Internal Revenue Service

Part I

1 2

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h

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## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Open to Public Inspection

Yes

11g(iii)

No

OMB No. 1545-0047

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

Employer identification number DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10

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>b</b> 🛄 Type II	<b>c</b> Type III - Functionally integrated	d U Type III - Non-functionally integrated
e 🗌	By checking th	nis box, I certify that the orga	nization is not controlled directly or indirectly by	one or more disqualified persons other than
			r more publicly supported organizations describe	
f	If the organizat	tion received a written deterr	mination from the IRS that it is a Type I, Type II, o	r Type III

supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g

(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? 11g(i) 11g(ii)

- (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?
- Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

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### Schedule A (Form 990 or 990-EZ) 2013 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) 2013	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1539359.	1326750.	1116408.	1455354.	1563563.	7001434.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge $\dots$							
4	Total. Add lines 1 through 3	1539359.	1326750.	1116408.	1455354.	1563563.	7001434.	
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)						2461742.	
	Public support. Subtract line 5 from line 4.						4539692.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	1539359.	1326750.	1116408.	1455354.	1563563.	7001434.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	4 5 6 5	50.5	4 500				
	and income from similar sources $\dots$	4,727.	626.	1,589.	3,308.	5,779.	16,029.	
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	C 122	0 410	00 1 6 4	0.0.2	660	100 000	
	assets (Explain in Part IV.)	6,133.	9,412.	90,164.	893.	668.	107,270.	
	Total support. Add lines 7 through 10						7124733.	
	Gross receipts from related activities,	•	,				,467,676.	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
500	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcontago				<b>&gt;</b>	
				(1)		44	63.72 %	
	Public support percentage for 2013 (I		•			14 15	60.40	
	Public support percentage from 2012 33 1/3% support test - 2013. If the c							
108		-						
h	stop here. The organization qualifies 33 1/3% support test - 2012. If the o							
D		-						
17-	and <b>stop here.</b> The organization qual							
178	<b>a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
F	10% -facts-and-circumstances tes	-	-					
D.	more, and if the organization meets the							
	organization meets the "facts-and-circ		-		• •		, ►	
18	Private foundation. If the organization							
10	The organization in the organizatio			u, 100, 17a, 01 17k		dule A (Form 990		
					00110			

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## 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>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.") $\dots$						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos						
3 Gross receipts from activities that	:					
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a	nd					
3 received from disqualified perso	ons					
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				-	-	
Calendar year (or fiscal year beginning in)	) ► (a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	3 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from busines acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and						
14 First five years. If the Form 990 is	s for the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganization,
check this box and stop here						<b>&gt;</b>
Section C. Computation of P	ublic Support Pe	ercentage				
15 Public support percentage for 20	13 (line 8, column (f) d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2	012 Schedule A, Par	t III, line 15			16	%
Section D. Computation of In	vestment Incom	ne Percentage	e		· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for	r <b>2013</b> (line 10c, colu	mn (f) divided by	line 13, column (f))		17	%
18 Investment income percentage from	om <b>2012</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If	the organization did	not check the bo	k on line 14, and lir	ne 15 is more than	33 1/3%, and	line 17 is not
more than 33 1/3%, check this bo	ox and <b>stop here.</b> The	e organization qua	alifies as a publicly	v supported organiz	zation	▶∟
b 33 1/3% support tests - 2012. If	the organization did	not check a box o	on line 14 or line 19	9a, and line 16 is m	ore than 33 1	/3% , and
line 18 is not more than 33 1/3%,	check this box and <b>s</b>	stop here. The org	ganization qualifies	s as a publicly supp	ported organiz	ation ►
20 Private foundation. If the organiz	ation did not check a	a box on line 14, 1	9a, or 19b, check			
332023 09-25-13			17	Sc	hedule A (For	m 990 or 990-EZ) 2013

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Part IV	Supplemental	Information. Pr	rovide the expla	nations required	by Part II, line 10	); Part II, line 17a	a or 17b; and Pa	rt III, line 12.
		part for any additio						
		· · · · ·		\$	•			
				,				
				_				
2024 09-25-	13					Sched	lule A (Form 990	0 or 990-EZ
								_
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		305	2013.0	18 3040 DEF	B PRESSION			

SCHEDULE [	)
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(Form	990)
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## **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.

Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Information about Schedule D (Form 990) and its instructions is at www irs go

Name of the organization

Employer identification number

OMB No. 1545-0047

**Open to Public** 

Inspection

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	DEPRESSION AND BIPOLA		36-3379124
Pa		unds or Other Similar Funds o	r 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 writin	-	
	are the organization's property, subject to the organization's excl	usive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose co	nferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or education or	ation) Preservation of an histor	ically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		ganization during the tax
	year ►		
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hole		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e		
-	include, if applicable, the text of the footnote to the organization's	-	
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	58), not to report in its revenue statemer	it and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 98		nd balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, educa		
	relating to these items:	·····, -·······························	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
2	If the organization received or held works of art, historical treasure		
-	the following amounts required to be reported under SFAS 116 (A		
а	Revenues included in Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
5			F ¥
ΙНΔ	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2013
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Par	t III Organizations Maintaining C	· · · · · ·						,	
3	Using the organization's acquisition, access	on, and other records, o	check any of the	e following that	at are a sigi	nificant use o	f its collectio	n iterr	าร
	(check all that apply):	г							
а	Public exhibition	d		change progra					
b	Scholarly research	e	Other						
С	c Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain he	ow they further	the organizati	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of a	rt, historical trea	asures, or oth	ier similar a	issets			_
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		if the organization	on answered	"Yes" to Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								-
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21	?				Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization answ	ered "Yes" to Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back <b>(d</b>	<b>)</b> Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance (l	ine 1g, column (	a)) held as:					
а	Board designated or quasi-endowment	%	b						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organizatio	n that are held a	and administe	ered for the	organization			_
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11a. S	See Form 990	), Part X, lin	ie 10.			
	Description of property	(a) Cost or othe	r (b) Cos	t or other	(c) Acc	umulated	(d) Boo	k valu	е
		basis (investmen	it) basis	(other)	depre	eciation			
1a	Land								
	Buildings								0.
	Leasehold improvements		3	39,353.		33,533.		5,8	20.
	Equipment			55,634.		52,458.			76.
	Other			10,319.		5,859.			60.
	Add lines 1a through 1e. (Column (d) must e					<b>&gt;</b>			56.
		, ,				Sche	dule D (Forn		
							-		

332052 09-25-13

Schedule D (Form 990) 2013 DEPRESSION Part VIII Investments - Other Securities.	AND BIPOLAR S	SUPPORT ALLIANCE	36-3379124 Page <b>3</b>
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		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) wethod of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Part IX Other Assets. Complete if the organization answered "Yes (a)	' to Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. <b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes			K, line 25.
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes		12 150	
(2) ACCRUED VACATION		13,158.	
(3) ACCRUED OTHER		1,583.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1 / 7 / 1	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		14,741.	
2. Liability for uncertain tax positions. In Part XIII, provid		÷	·
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Check	there if the text of the footnote h	
			Schedule D (Form 990) 2013

Sche	edule D (Form 990) 2013 DEPRESSION AND BIPOLAR SUPPO	RT AL	LIANCE	20-	55/9124 Pa	ige 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With F	levenue per F	leturr	1.	
	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	2,822,58	<u>33.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	<3,865.			
b	Donated services and use of facilities	2b	23,288.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	19,42	
3	Subtract line 2e from line 1			3	2,803,16	<u>50.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с				4c		0.
					2 0 0 2 1 6	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	2,803,16	50.
5 Ра				•		50.
5 Pa	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			•	rn.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per	•		
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ts With	Expenses per	Retu	rn.	
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ts With	Expenses per	Retu	rn.	
1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ts With	Expenses per	Retu	rn.	
1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ts With	Expenses per	Retu	rn.	
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses	ts With 2a 2b	Expenses per	Retu	rn. 2,014,55	53.
1 2 a b	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other XIII.)	2a 2b 2c 2d	Expenses per	Retu	<b>rn.</b> 2,014,55 23,28	53.
1 2 b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per	Retu	rn. 2,014,55	53.
1 2 b c d e	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1 2e	<b>rn.</b> 2,014,55 23,28	53.
1 2 b c d e 3	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other statements       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per	1 2e	<b>rn.</b> 2,014,55 23,28	53.
1 2 b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ts With	Expenses per	1 2e	<b>rn.</b> 2,014,55 23,28	53.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ts With 2a 2b 2c 2d 4a 4b	Expenses per 23,288.	1 2e	rn. 2,014,55 23,28 1,991,26	<u>88.</u> 55.
1 2 d c 3 4 b c 3 5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ts With 2a 2b 2c 2d 4a 4b	Expenses per 23,288.	1 2e 3	<b>rn.</b> 2,014,55 23,28	<u>88.</u> 55.

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

PART X, LINE 2:

EXPLANATION: THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS
MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION
WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2013, DBSA HAD NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS. THE FEDERAL AND STATE TAX RETURNS OF THE DBSA FOR
THE TAX YEARS 2010, 2011 AND 2012 ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE
YEARS AFTER THEY WERE FILED.

332054 09-25-13

Schedule D (Form 990) 2013 DEPP Part XIII   Supplemental Information	RESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page
Part XIII   Supplemental Information	(continued)						
				4			
						Schedule D (Form	990) 2
32055 9-25-13			23			,	, -
80514 787606 04305	201	3.03	040 DEPR	ESSION A	ND BIPOLA	R SUPP 0430	)5

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

. Inspection Employer identification number 36-3379124

DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribi	etermin	•	 s
			items contributed	Form 990, Part VIII, line 1g				
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	Х	4	187,902.	SELLING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		,					
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	E E E E E E E E E E E E E E E E E E E							
10 19	Collectibles							
20	Food inventory							
	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 organiz							
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	gement 29				
~~							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of			•				v
	the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p					31		<u> </u>
32a	Does the organization hire or use third parties of contributions?		•			32a	x	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked.			
	describe in Part II.		,	,	,			
ΙНΔ		the Instruc	tions for Form 99	0	Schedule M	(Eorm	990) (	2013)

edule M (Form 990) (2013)

332141 09-03-13

quired by Part I, lines 30b, 32b, and 33, and whether the organizati the number of items received, or a combination of both. Also comp
O SELL NON-CASH (STOCKS)
D SELL NON-CASH (STOCKS)
Schedule M (Form 99
-

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Emplo

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Copen to Public Inspection

OMB No. 1545-0047

36-3379124

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: PEER SUPPORT SERVICES WERE EXPANDED. SEE FULL DESCRIPTION

OF CHANGES ON PART III, LINE4B.

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

BROCHURES WERE CIRCULATED IN 2013 BY DBSA AND OUR CHAPTERS TO

INDIVIDUALS THROUGHOUT THE NATION VIA REQUESTS TO OUR TOLL-FREE NUMBER

OR ONLINE REQUESTS AS WELL AS IN SUPPORT GROUPS, DOCTORS' OFFICES, AND

MENTAL HEALTH EVENTS. DBSA CONNECTED MORE THAN 16,000 INDIVIDUALS TO

RESOURCES FOR SUPPORT AND ASSISTANCE THOUGH OUR TOLL-FREE REFERRAL

NUMBER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 120 INDIVIDUALS ATTENDED TO NETWORK ABOUT BEST PRACTICES FOR IMPROVING COMMUNITY SUPPORT. MEMBERS OF DBSA MANAGEMENT CONDUCTED LISTENING SESSIONS WITH 10 OF OUR CHAPTERS TO SHARE DBSA AND CHAPTER PROGRAMS AS WELL AS LEARN ABOUT CHAPTER LEADERS' AND SUPPORT GROUPS' NEEDS, WANTS, AND CHALLENGES. DBSA PLAYED A PIVOTAL ROLE IN A GROUNDBREAKING INITIATIVE TO MAKE PEER SUPPORT SERVICES WIDELY AVAILABLE TO MILITARY VETERANS STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES. DBSA WAS AWARDED A MAJOR CONTRACT BY THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (VA) FOR TRAINING AND CERTIFICATION OF 425 PEER SUPPORT STAFF EMPLOYED BY VA FACILITIES ACROSS THE COUNTRY. THIS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

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^{2013.03040} DEPRESSION AND BIPOLAR SUPP 04305__1

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number $36-3379124$
TRAINING PREPARED VETERANS TO ASSUME PEER SPECIALIST ROLE	S IN VA
MEDICAL CENTERS AND OTHER FACILITIES AS PART OF A MAJOR E	XPANSION. THIS
RAPID EXPANSION OF PEER SUPPORT POSITIONS WAS THE RESULT (	OF AN
EXECUTIVE ORDER ISSUED ON AUGUST 31, 2012 BY PRESIDENT BA	RACK OBAMA TO
IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR VETERANS. CO	NTRACT
TRAINING BEGAN IN FEBRUARY 2013 AND CONTINUES THROUGH MID	-2014.

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

EXPLANATION: THE STRUCTURE OF THE EXECUTIVE COMMITTEE CHANGED TO INCLUDE

THE PAST CHAIR FOR BETTER FACILITATION OF SUCCESSION.

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

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

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

EXPLANATION: ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST
COMPLETE A COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT
OF INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY
STATED IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.
³³²²¹² 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 27

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2013.03040 DEPRESSION AND BIPOLAR SUPP 04305__1

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

EXPLANATION: SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE

BOARD LOOKS AT SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT

CONTRACT DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE

PRESIDENT LOOKS AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINES THE

SALARY FOR THE EXECUTIVE VICE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL,AL,AK,AR,AZ,CA,CO,CT,DE,DC,FL,GA,HI,ID,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NY,NC,ND,OH,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,OK

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

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	55,322.
MANAGEMENT AND GENERAL EXPENSES	599.
FUNDRAISING EXPENSES	13,356.
TOTAL EXPENSES	69,277.

VA PEER SPECIALISTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

#### FUNDRAISING EXPENSES

TOTAL EXPENSES

332212 09-04-13 270,615.

270,615.

0.

Ο.

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Page Employer identification numbe 36-3379124
	50 5579124
PEER SPECIALIST:	
PROGRAM SERVICE EXPENSES	10,490
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	10,490
GRASSROOTS:	
PROGRAM SERVICE EXPENSES	37,743
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	37,743
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	388,125
³³²²¹² 09-04-13 Sch 29	nedule O (Form 990 or 990-EZ) (201