

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization **NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION**
 Doing Business As **BRAIN & BEHAVIOR RESEARCH FOUNDATION**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
747 THIRD AVENUE, 33RD FLOOR
 City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10017

D Employer identification number
31-1020010

E Telephone number
(646) 681-4888

F Name and address of principal officer: **JEFFREY BORENSTEIN, M.D.**
747 THIRD AVENUE, 33RD FLOOR, NEW YORK, NY 10017

G Gross receipts \$ **25,110,756.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BBRFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **KY**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE & DISTRIBUTE FUNDS FOR THE MOST PROMISING PSYCHIATRIC DISEASE RESEARCH IN ORDER TO DEV. NEW PREVENT. MEASURES, BETTER DIAGNOSIS & IMPROVED TREATMENTS FOR THESE CONDITIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16.
	6 Total number of volunteers (estimate if necessary)	6	200.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,329,959.	19,936,283.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	512,222.	390,657.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,598.	262,564.
		26,054,779.	20,589,504.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,177,331.	19,299,213.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,143,937.	2,751,745.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 793,114.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,886,384.	1,064,527.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,207,652.	23,115,485.
19 Revenue less expenses. Subtract line 18 from line 12	5,847,127.	-2,525,981.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	37,443,086.	44,519,255.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,601,604.	26,888,582.
	16,841,482.	17,630,673.	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name **PAUL HAMMERSCHMIDT** Preparer's signature *Paul Hammerschmidt* Date **11/9/2021** Check if self-employed PTIN **P01384178**

Firm's name ▶ **BDO USA, LLP** Firm's EIN ▶ **13-5381590**

Firm's address ▶ **100 PARK AVENUE, NEW YORK, NY 10017-5001** Phone no. **212-885-8000**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 18,628,508. including grants of \$ 18,628,508.) (Revenue \$ 0.)

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

4b (Code:) (Expenses \$ 2,111,391. including grants of \$ 670,705.) (Revenue \$ 0.)

ATTACHMENT 1

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,739,899.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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. 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, IL, MD, MN, NJ, NY, OR, PA, UT, WI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY BORENSTEIN, M.D. PRESIDENT & CEO	35.00 .50			X				571,154.	0.	0.
(2) LOUIS INNAMORATO, CPA CFO	35.00 0.			X				361,200.	0.	40,189.
(3) FAITH ROTHBLATT VP OF DEVELOPMENT	35.00 0.					X		246,678.	0.	15,874.
(4) LAUREN DURAN VP OF M&C	35.00 0.					X		209,904.	0.	0.
(5) SHO TIN CHEN DIRECTOR OF RESEARCH GRANTS	35.00 0.					X		186,815.	0.	15,874.
(6) PETER TARR EDITORIAL DIRECTOR/WRITER	35.00 0.					X		165,114.	0.	15,874.
(7) JOHN BAYAT SENIOR ACCOUNTANT	35.00 0.					X		126,575.	0.	385.
(8) GEOFFREY SIMON CHAIRMAN, AS OF 7/20	2.00 .50	X		X				0.	0.	0.
(9) STEPHEN A. LIEBER (THRU 3/20) CHAIRMAN	2.00 .50	X		X				0.	0.	0.
(10) MIRIAM KATOWITZ VICE PRESIDENT, AS OF 10/20	1.00 .50	X		X				0.	0.	0.
(11) ANNE ABRAMSON (THRU 3/20) VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(12) DONALD M. BOARDMAN TREASURER	1.00 0.	X		X				0.	0.	0.
(13) JOHN B. HOLLISTER SECRETARY	1.00 0.	X		X				0.	0.	0.
(14) CAROL ATKINSON DIRECTOR	.50 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J. ANTHONY BOECKH ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(16) SUSAN LASKER BRODY ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(17) JOHN R. OSTERHAUS (FROM 7/20) ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(18) JOHN (KEN) HARRISON ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(19) CAROLE MALLEMENT ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(20) MILTON MALTZ ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(21) JEFFREY R. PETERSON (FROM 7/20) ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(22) MARC R. RAPPAPORT ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(23) MARY E. RUBIN (FROM 3/20) ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(24) VIRGINIA M. SILVER ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
(25) KENNETH H. SONNENFELD ----- DIRECTOR	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								1,867,440.	0.	88,196.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,867,440.	0.	88,196.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 7

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	48,202.					
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d	1,055,300.					
	e	Government grants (contributions) . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	18,832,781.					
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 496,348.					
	h	Total. Add lines 1a-1f			19,936,283.				
	Program Service Revenue	2a	Business Code						
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f			0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			242,860.		242,860.		
	4	Income from investment of tax-exempt bond proceeds .			0.				
	5	Royalties			0.				
	6a	Gross rents	6a	(i) Real	(ii) Personal				
				b	Less: rental expenses	6b			
				c	Rental income or (loss)	6c			
	d	Net rental income or (loss)			0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
				b	Less: cost or other basis and sales expenses . .	7b	4,669,049.	4,521,252.	
				c	Gain or (loss)	7c	147,797.		
	d	Net gain or (loss)			147,797.		147,797.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
				b	Less: direct expenses	8b	0.		
				c	Net income or (loss) from fundraising events.		0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.				
			b	Less: direct expenses	9b	0.			
			c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.				
			b	Less: cost of goods sold	10b	0.			
			c	Net income or (loss) from sales of inventory.		0.			
Miscellaneous Revenue	11a	NET APPRECIATION OF ASSETS HELD IN							
	b	CHARITABLE REMAINDER TRUST	900099	262,564.		262,564.			
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d			262,564.				
12	Total revenue. See instructions			20,589,504.		653,221.			

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,771,194.	14,771,194.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,000.	70,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,458,019.	4,458,019.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	972,543.	389,017.	389,017.	194,509.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,425,832.	570,333.	570,333.	285,166.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	211,240.	84,496.	84,496.	42,248.
10 Payroll taxes	142,130.	56,852.	56,852.	28,426.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	54,350.		54,350.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	81,398.		81,398.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	159,930.	85,712.	31,362.	42,856.
12 Advertising and promotion	20,231.	10,068.	95.	10,068.
13 Office expenses	243,600.	30,904.	114,604.	98,092.
14 Information technology	78,437.	31,375.	31,375.	15,687.
15 Royalties	0.			
16 Occupancy	260,205.	104,082.	104,082.	52,041.
17 Travel	11,405.	4,562.	4,562.	2,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	12,423.		12,423.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	17,586.	7,034.	7,034.	3,518.
23 Insurance	33,207.	13,283.	13,283.	6,641.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NEWSLET., BROCH. & ANN. REP.	188,202.	188,202.		
b RESEARCH AWARD/PRIZE REFUNDS	-212,051.	-212,051.		
c REPAIRS & MAINTENANCE	32,957.	13,183.	13,183.	6,591.
d RESEARCH EVENTS & RECEPTIONS	25,000.	25,000.		
e All other expenses	57,647.	38,634.	14,023.	4,990.
25 Total functional expenses. Add lines 1 through 24e	23,115,485.	20,739,899.	1,582,472.	793,114.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,755,564.	1	3,412,336.
	2 Savings and temporary cash investments.	2,257,430.	2	15,561,747.
	3 Pledges and grants receivable, net	8,034,520.	3	721,738.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	67,551.	9	85,296.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 750,646.		
	b Less: accumulated depreciation.	10b 732,270.		
		25,053.	10c	18,376.
	11 Investments - publicly traded securities.	15,232,486.	11	17,506,666.
	12 Investments - other securities. See Part IV, line 11	4,564,967.	12	5,450,293.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	1,505,515.	15	1,762,803.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,443,086.	16	44,519,255.	
Liabilities	17 Accounts payable and accrued expenses.	179,806.	17	134,081.
	18 Grants payable	19,481,669.	18	25,723,635.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	940,129.	25	1,030,866.
	26 Total liabilities. Add lines 17 through 25.	20,601,604.	26	26,888,582.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	7,781,790.	27	8,019,765.
	28 Net assets with donor restrictions.	9,059,692.	28	9,610,908.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	16,841,482.	32	17,630,673.
33 Total liabilities and net assets/fund balances.	37,443,086.	33	44,519,255.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,589,504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,115,485.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,525,981.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,841,482.
5	Net unrealized gains (losses) on investments	5	3,315,172.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,630,673.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

Employer identification number
31-1020010

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,800,995.	16,569,756.	18,110,512.	25,329,959.	19,936,283.	95,747,505.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	15,800,995.	16,569,756.	18,110,512.	25,329,959.	19,936,283.	95,747,505.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,822,580.
6 Public support. Subtract line 5 from line 4						88,924,925.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	15,800,995.	16,569,756.	18,110,512.	25,329,959.	19,936,283.	95,747,505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	511,070.	535,103.	279,791.	239,556.	242,860.	1,808,380.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	-52,927.	155,988.	-178,707.	212,598.	262,564.	399,516.
11 Total support. Add lines 7 through 10						97,955,401.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	90.78%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	92.68%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
NET APPRECIATION OF ASSETS						
HELD IN CHAR. REMAINDER TRUST	-52,927.	155,988.	-178,707.	212,598.	262,564.	399,516.
TOTALS	<u>-52,927.</u>	<u>155,988.</u>	<u>-178,707.</u>	<u>212,598.</u>	<u>262,564.</u>	<u>399,516.</u>

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** 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)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/>	\$ 3,815,026.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/>	\$ 2,400,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/>	\$ 1,055,300.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/>	\$ 1,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/>	\$ 600,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/>	\$ 550,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 550,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
8	N/A <hr/> <hr/> <hr/>	\$ 435,363.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
9	N/A <hr/> <hr/> <hr/>	\$ 400,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Person Payroll Noncash </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

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

Name of organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 31-1020010

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,059,692.	9,422,762.	9,422,762.	16,422,762.	16,422,762.
b Contributions		4,078,985.			
c Net investment earnings, gains, and losses	1,508,007.	1,246,824.	155,018.	1,178,468.	1,351,265.
d Grants or scholarships	105,001.	4,554,297.		7,000,000.	
e Other expenditures for facilities and programs	851,790.	1,134,582.	155,018.	1,178,468.	1,351,265.
f Administrative expenses					
g End of year balance	9,610,908.	9,059,692.	9,422,762.	9,422,762.	16,422,762.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 100.0000 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		66,357.	48,148.	18,209.
d Equipment				
e Other		684,289.	684,121.	167.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,376.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN PARTNERSHIPS	5,450,293.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	5,450,293.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	871,385.
(3) CHARITABLE GIFT ANNUITIES PAYABLE	159,481.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,030,866.

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

Part XIII Supplemental Information (continued)

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT - THE BOARD OF DIRECTORS ESTABLISHED AN ENDOWMENT FUND FOR THE BENEFIT OF NARSAD (D/B/A BRAIN & BEHAVIOR RESEARCH FOUNDATION). DURING 2019, UPON APPROVAL OF THE BOARD, THE ENTIRE BALANCE OF THE BOARD-DESIGNATED FUND HAS BEEN RELEASED INTO UNRESTRICTED NET ASSETS.

PERMANENT ENDOWMENT -

A) RESEARCH ENDOWMENT FUND - ESTABLISHED TO ACCUMULATE ENDOWMENTS. THESE FUNDS MAY BE INVESTED, AT THE DISCRETION OF THE ORGANIZATION'S FINANCE COMMITTEE, IN FIXED INCOME AND EQUITY FUNDS. IN ACCORDANCE WITH DONOR RESTRICTIONS, A PORTION OF THE PRINCIPAL, IN THE AMOUNT OF \$1,000,000, IS TO REMAIN PRESERVED IN THIS FUND UNTIL A CURE FOR SCHIZOPHRENIA IS FOUND. INVESTMENT INCOME IS RESTRICTED BY THE DONOR FOR USE IN RESEARCH.

B) ENDOWED RESEARCH PARTNERSHIP PROGRAM - ESTABLISHED TO SUPPORT THE RESEARCH PARTNERSHIP PROGRAM.

PART X, LINE 2:

UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION

Part XIII Supplemental Information *(continued)*

RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2020, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATIONS BY A TAXING AUTHORITY.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Employer identification number
31-1020010

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	GRANTMAKING		2,464,440.
(2) NORTH AMERICA	0.	0.	GRANTMAKING		1,195,862.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		414,750.
(4) SOUTH AMERICA	0.	0.	GRANTMAKING		174,007.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		105,000.
(6) SOUTH ASIA	0.	0.	GRANTMAKING		70,000.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		33,960.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					4,458,019.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,458,019.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH GRANT	102,660.	WIRE			
(2)			EAST ASIA/PACIFIC	RESEARCH GRANT	69,955.	WIRE			
(3)			EAST ASIA/PACIFIC	RESEARCH GRANT	35,000.	WIRE			
(4)			EAST ASIA/PACIFIC	RESEARCH GRANT	35,000.	WIRE			
(5)			EAST ASIA/PACIFIC	RESEARCH GRANT	34,992.	WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH GRANT	34,943.	WIRE			
(7)			EAST ASIA/PACIFIC	RESEARCH GRANT	34,688.	WIRE			
(8)			EAST ASIA/PACIFIC	RESEARCH GRANT	34,512.	WIRE			
(9)			EAST ASIA/PACIFIC	RESEARCH GRANT	33,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	139,900.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	104,958.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	70,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	70,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	70,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	70,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	69,588.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	69,571.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	69,313.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	68,063.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	67,394.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	67,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	63,056.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	45,725.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	35,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,992.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,975.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,878.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,868.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,811.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	34,811.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	33,039.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH GRANT	32,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	RESEARCH GRANT	35,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	RESEARCH GRANT	35,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	RESEARCH GRANT	35,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH GRANT	209,991.	WIRE			
(2)			NORTH AMERICA	RESEARCH GRANT	120,909.	WIRE			
(3)			NORTH AMERICA	RESEARCH GRANT	70,000.	WIRE			
(4)			NORTH AMERICA	RESEARCH GRANT	70,000.	WIRE			
(5)			NORTH AMERICA	RESEARCH GRANT	70,000.	WIRE			
(6)			NORTH AMERICA	RESEARCH GRANT	69,700.	WIRE			
(7)			NORTH AMERICA	RESEARCH GRANT	65,577.	WIRE			
(8)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(9)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(10)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(11)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(12)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(13)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(14)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(15)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(16)			NORTH AMERICA	RESEARCH GRANT	35,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH GRANT	34,853.	WIRE			
(2)			NORTH AMERICA	RESEARCH GRANT	34,832.	WIRE			
(3)			SOUTH AMERICA	RESEARCH GRANT	17,500.	WIRE			
(4)			NORTH AMERICA	RESEARCH GRANT	17,500.	WIRE			
(5)			SOUTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(6)			SOUTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(7)			SOUTH AMERICA	RESEARCH GRANT	35,000.	WIRE			
(8)			SOUTH AMERICA	RESEARCH GRANT	34,700.	WIRE			
(9)			SOUTH AMERICA	RESEARCH GRANT	34,307.	WIRE			
(10)			SOUTH ASIA	RESEARCH GRANT	35,000.	WIRE			
(11)			SOUTH ASIA	RESEARCH GRANT	35,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH GRANT	33,960.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	AWARD/PRIZE	75,000.	WIRE			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . 93.

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) AWARD/PRIZE	NORTH AMERICA	3.	100,000.	CHECK			
(2) AWARD/PRIZE	EUROPE/ICELAND/GREENLAND	1.	20,000.	WIRE			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

GRANT APPLICATIONS AND PROCESSED/APPLICANT ELIGIBILITY -

AN APPLICATION DEADLINE IS SET FOR EACH AWARD. AS THE GRANTS ARE

RECEIVED, PROGRAM STAFF ASSIGNS EACH APPLICATION A DOCKET NUMBER

(NUMERIC, IN THE ORDER THEY ARE RECEIVED), ENTER AND REVIEW APPLICATION

INFORMATION INTO THE GRANT MAKING DATABASE, AND CHECK EACH APPLICATION TO

ENSURE ELIGIBILITY AND ADHERE TO GUIDELINES. ANY INELIGIBLE APPLICANTS

ARE NOTIFIED, AND APPLICANTS WITH INCOMPLETE/INCORRECT APPLICATIONS ARE

ASKED TO SUBMIT THE CORRECT INFORMATION.

HOW GRANTS ARE SELECTED -

ONE FULL SET OF APPLICATIONS IS SENT TO THE REVIEW CHAIR(S) FOR EACH OF

THE 3 DIFFERENT AWARDS (YOUNG, INDEPENDENT, AND DISTINGUISHED

INVESTIGATOR AWARDS). THE REVIEW CHAIR(S) THEN MAKES THE ASSIGNMENT TO

REVIEWERS (GENERALLY COMPRISED OF SCIENTIFIC COUNCIL MEMBERS) AND SENDS

THE ASSIGNMENTS TO NARSAD. ONCE THE ASSIGNMENTS ARE REVIEWED, PROGRAM

STAFF MAKES THE NECESSARY PACKETS FOR REVIEWERS. REVIEWERS ARE STRONGLY

ENCOURAGED TO CONFER AND REACH A GROUP CONSENSUS. A DEADLINE IS SET TO

SUBMIT REVIEW SCORE SHEETS, TO THE REVIEW CHAIR(S). THE REVIEW CHAIR(S)

THEN COMPILES THE RATINGS AND SENDS A LIST TO NARSAD OF RECOMMENDED

APPLICANTS. SUMMARIES AND A LIST OF RECOMMENDED APPLICANTS ARE THEN GIVEN

AT THE BOARD MEETING. THE BOARD OF DIRECTORS VOTES ON THE RECOMMENDED

GRANTS, AND UPON APPROVAL, NEW GRANTEEES ARE NOTIFIED AFTER THE BOARD

MEETING.

Part V Supplemental Information

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

FINANCIAL RECORDS -

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461	83-0621846	501(C)(3)	35,000.				RESEARCH GRANT
(2) ALLEN INSTITUTE FOR BRAIN SCIENCE 615 WESTLAKE AVE N, SEATTLE, WA 98109	91-2155317	501(C)(3)	35,000.				RESEARCH GRANT
(3) AUGUSTA UNIVERSITY 1120 15TH STREET, AUGUSTA, GA 30912	58-1418202	501(C)(3)	34,588.				RESEARCH GRANT
(4) BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	13-1628149	501(C)(3)	35,000.				RESEARCH GRANT
(5) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	70,000.				RESEARCH GRANT
(6) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	70,000.				RESEARCH GRANT
(7) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE, BOSTON, MA 02215	04-2774441	501(C)(3)	35,000.				RESEARCH GRANT
(8) BOSTON COLLEGE 140 COMMONWEALTH AVE, CHESTNUT HILL, MA	04-2103545	501(C)(3)	34,637.				RESEARCH GRANT
(9) TRUSTEES BOSTON UNIVERSITY 595 COMMONWEALTH AVE, BOSTON, MA 02215	04-2103547	501(C)(3)	140,000.				RESEARCH GRANT
(10) BRANDEIS UNIVERSITY 415 SOUTH STREET, WALTHAM, MA 02453	04-2103552	501(C)(3)	35,000.				RESEARCH GRANT
(11) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD, PASADENA, CA 91125	95-1643307	501(C)(3)	140,000.				RESEARCH GRANT
(12) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, CLEVELAND, OH 44106	34-1018992	501(C)(3)	35,000.				RESEARCH GRANT

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD MIND INSTITUTE 101 EAST 56TH STREET, NEW YORK, NY 10022	80-0478843	501(C)(3)	70,000.				RESEARCH GRANT
(2) CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH ST & CIVIC CTR BLVD, PHILADELPHIA, PA	23-1352166	501(C)(3)	348,671.				RESEARCH GRANT
(3) CHILDREN'S RESEARCH INSTITUTE (CRI) 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	52-1654453	501(C)(3)	35,000.				RESEARCH GRANT
(4) CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE, CLEVELAND, OH 44115	34-0966056	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(5) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD, COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	175,000.				RESEARCH GRANT
(6) COLUMBIA UNIVERSITY 622 WEST 113TH, NEW YORK, NY 10025	13-5598093	501(C)(3)	454,727.				RESEARCH GRANT
(7) DARTMOUTH COLLEGE 6066 DEVELOPMENT OFF, HANOVER, NH 03755	02-0222111	501(C)(3)	33,800.				RESEARCH GRANT
(8) DELL MEDICAL SCHOOL 1501 RED RIVER ST., AUSTIN, TX 78712	74-6000203	170(C)(1) GOVT	103,815.				RESEARCH GRANT
(9) DUKE UNIVERSITY ALUMNI & DEVE. RECORDS, DURHAM, NC 27708	56-0532129	501(C)(3)	35,000.				RESEARCH GRANT
(10) EMORY UNIVERSITY 1762 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501(C)(3)	174,243.				RESEARCH GRANT
(11) FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD, BOCA RATON, FL 33431	65-0385507	501(C)(3)	35,000.				RESEARCH GRANT
(12) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST, MIAMI, FL 33199	65-0837916	501(C)(3)	35,000.				RESEARCH GRANT

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(1) GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW, WASHINGTON, DC 20052	53-0196584	501(C)(3)	35,000.				RESEARCH GRANT
(2) GEORGETOWN UNIVERSITY 37TH AND O STS NW, WASHINGTON, DC 20007	53-0196603	501(C)(3)	70,000.				RESEARCH GRANT
(3) GEORGIA STATE UNIVERSITY 58 EDGEWOOD AVE, ATLANTA, GA 30303	58-1845423	501(C)(3)	35,000.				RESEARCH GRANT
(4) HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVE, CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	244,793.				RESEARCH GRANT
(5) HASKINS LABORATORIES 300 GEORGE ST, NEW HAVEN, CT 06511	13-1628174	501(C)(3)	34,958.				RESEARCH GRANT
(6) HOUSTON METHODIST RESEARCH INSTITUTE 6565 FANNIN ST, HOUSTON, TX 77030	74-1180155	501(C)(3)	35,000.				RESEARCH GRANT
(7) HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY 1741 ASHLAND AVENUE, BALTIMORE, MD 21205	52-1524967	501(C)(3)	35,000.				RESEARCH GRANT
(8) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PL, NEW YORK, NY 10029	13-6171197	501(C)(3)	874,288.				RESEARCH GRANT
(9) INDIANA UNIVERSITY SCHOOL OF MEDICINE 400 E 7TH ST, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	35,000.				RESEARCH GRANT
(10) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	501(C)(3)	242,500.				RESEARCH GRANT
(11) LAUREATE INSTITUTE FOR BRAIN RESEARCH 6655 S YALE AVE, TULSA, OK 74136	73-1328881	501(C)(3)	34,659.				RESEARCH GRANT
(12) LIEBER INSTITUTE FOR BRAIN DEVELOPMENT 855 NORTH WOLFE STREET, BALTIMORE, MD 21205	26-3690883	501(C)(3)	70,000.				RESEARCH GRANT

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(1) MARQUETTE UNIVERSITY 915 W WISCONSIN AVE, MILWAUKEE, WI 53233	39-0806251	501(C)(3)	35,000.				RESEARCH GRANT
(2) MARSHALL UNIVERSITY 1 JOHN MARSHALL DR, HUNTINGTON, WV 25755	55-0683361	501(C)(3)	35,000.				RESEARCH GRANT
(3) MARYLAND PSYCHIATRIC RESEARCH CENTER 110 SOUTH PACA STREET, BALTIMORE, MD 21201	52-6002033	170(C)(1) GOVT	174,343.				RESEARCH GRANT
(4) MASSACHUSETTS EYE AND EAR INFIRMARY 399 REVOLUTION DR, SOMERVILLE, MA 02145	04-2103591	501(C)(3)	35,000.				RESEARCH GRANT
(5) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST, BOSTON, MA 02114	04-2697983	501(C)(3)	313,846.				RESEARCH GRANT
(6) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	175,000.				RESEARCH GRANT
(7) MAX-PLANCK FLORIDA INSTITUTE 1 MAX PLANCK WAY, JUPITER, FL 33458	26-2117502	501(C)(3)	35,000.				RESEARCH GRANT
(8) MAYO CLINIC COLLEGE OF MEDICINE, MINNESOTA 200 FIRST ST SW, ROCHESTER, MN 55902	41-6011702	501(C)(3)	35,000.				RESEARCH GRANT
(9) MCLEAN HOSPITAL 115 MILL ST, BELMONT, MA 02478	04-2697981	501(C)(3)	210,000.				RESEARCH GRANT
(10) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE, CHARLESTON, SC 29425	57-6000722	170(C)(1) GOVT	140,000.				RESEARCH GRANT
(11) MEMORIAL SLOAN-KETTERING CANCER CENTER P.O. BOX 27106, NEW YORK, NY 10087	13-1924236	501(C)(3)	69,325.				RESEARCH GRANT
(12) MIAMI UNIVERSITY 501 E HIGH STREET, OXFORD, OH 45056	31-6402089	501(C)(3)	35,000.				RESEARCH GRANT

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(1) MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD, EAST LANSING, MI 48824	38-6005984	501(C)(3)	35,000.				RESEARCH GRANT
(2) NATHAN S. KLINE INSTI. FOR PSYCH. RESEARCH 150 BROADWAY, MENANDS, NY 12204	14-1410842	501(C)(3)	140,000.				RESEARCH GRANT
(3) NATIONAL INSTITUTE OF MENTAL HEALTH NAT'L INSTI. OF MENTAL HEALTH, BETHESDA, NY	52-0858115	170(C)(1) GOVT	315,000.				RESEARCH GRANT
(4) NEW YORK GENOME CENTER 101 AVE OF THE AMERICAS, NEW YORK, NY 10013	80-0631734	501(C)(3)	35,000.				RESEARCH GRANT
(5) NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH, NY, NY, 10012	13-5562308	501(C)(3)	175,000.				RESEARCH GRANT
(6) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, RALEIGH, NC 27695	56-6000756	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(7) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE, BOSTON, MA 02115	04-1679980	501(C)(3)	35,000.				RESEARCH GRANT
(8) NORTHWESTERN UNIVERSITY 633 CLARK ST, EVANSTON, IL 60208	36-2167817	501(C)(3)	70,000.				RESEARCH GRANT
(9) OCEAN STATE RESEARCH INSTITUTE, INC. 830 CHALKSTONE AVE, PROVIDENCE, RI 02908	05-0440574	501(C)(3)	34,987.				RESEARCH GRANT
(10) OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST, DELAWARE, OH 43015	31-4379585	501(C)(3)	35,000.				RESEARCH GRANT
(11) PENNSYLVANIA STATE UNIVERSITY 128 NORTH CRAIG ST., PITTSBURGH, PA 15260	25-0965591	501(C)(3)	453,383.				RESEARCH GRANT
(12) PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RI 2250 BLVD LUIS A, PONCE, PR 00717	66-0191965	501(C)(3)	35,000.				RESEARCH GRANT

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(1) PRINCETON UNIVERSITY 701 CARNEGIE CTR, PRINCETON, NJ 08540	21-0634501	501(C)(3)	35,000.				RESEARCH GRANT
(2) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY, MENANDS, NY 12204	14-1410842	501(C)(3)	174,552.				RESEARCH GRANT
(3) RUSH UNIVERSITY MEDICAL COLLEGE 1700 WEST VAN BUREN ST, CHICAGO, IL 60612	36-2174823	501(C)(3)	35,000.				RESEARCH GRANT
(4) RUTGERS UNIVERSITY 100 STRUBLE RD., BRANCHVILLE, NJ 07826	22-6001086	501(C)(3)	35,000.				RESEARCH GRANT
(5) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD, LA JOLLA, CA 92037	95-2160097	501(C)(3)	70,000.				RESEARCH GRANT
(6) SEATTLE CHILDREN'S RESEARCH INSTITUTE PO BOX 5371, SEATTLE, WA 98145	91-0564748	501(C)(3)	35,000.				RESEARCH GRANT
(7) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 DANNY THOMAS PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	70,000.				RESEARCH GRANT
(8) ST. LOUIS WASHINGTON UNIVERSITY IN ST LOUIS 1 PHARMACY PLACE, SAINT LOUIS, MO 63110	43-0652675	501(C)(3)	244,997.				RESEARCH GRANT
(9) STANFORD UNIVERSITY 326 GALVEZ STREET, STANFORD, CA 94305?	94-1156365	501(C)(3)	524,592.				RESEARCH GRANT
(10) STATE UNIVERSITY OF NEW YORK, DOWNSTATE PO BOX 9, ALBANY, NY 12201	14-1368361	501(C)(3)	209,666.				RESEARCH GRANT
(11) TEMPLE UNIVERSITY 1852 N 10TH STREET, PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	35,000.				RESEARCH GRANT
(12) TEXAS A&M UNIVERSITY 401 GEORGE BUSH DR, COLLEGE STAT, TX 77840	74-6000531	170(C)(1) GOVT	35,000.				RESEARCH GRANT

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(1) TEXAS TECH UNIVERSITY HEALTH SCIENCES CTR 3601 4TH STREET, LUBBOCK, TX 79430	75-2668014	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(2) THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET, BOSTON, MA 02115	04-2312909	501(C)(3)	174,954.				RESEARCH GRANT
(3) THE ROCKEFELLER UNIVERSITY 1230 YORK AVE, NEW YORK, NY 10065	13-1624158	501(C)(3)	140,000.				RESEARCH GRANT
(4) TRINITY UNIVERSITY ONE TRINITY PLACE, SAN ANTONIO, TX 78212	74-1109633	501(C)(3)	35,000.				RESEARCH GRANT
(5) TUFTS UNIVERSITY BALLOU HALL, MEDFORD, MA 02155	04-2103634	501(C)(3)	34,902.				RESEARCH GRANT
(6) TULANE UNIVERSITY 6823 ST. CHARLES AVE, NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	35,000.				RESEARCH GRANT
(7) UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 S 20TH ST, BIRMINGHAM, AL 35294	63-6005396	170(C)(1) GOVT	70,000.				RESEARCH GRANT
(8) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM, LITTLE ROCK, AR 72201	71-6046242	170(C)(1) GOVT	34,737.				RESEARCH GRANT
(9) UNIVERSITY OF CALIFORNIA, BERKELEY 1995 UNIVERSITY AVE, BERKELEY, CA 94704	94-6090626	501(C)(3)	140,000.				RESEARCH GRANT
(10) UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CTR 202 COUSTEAU PL, DAVIS, CA 95618	94-6081352	501(C)(3)	35,000.				RESEARCH GRANT
(11) UNIVERSITY OF CALIFORNIA, IRVINE 120 THEORY STE 200, IRVINE, CA 92617	95-2226406	501(C)(3)	205,724.				RESEARCH GRANT
(12) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BLVD., LOS ANGELES, CA 90095	95-6006143	501(C)(3)	454,339.				RESEARCH GRANT

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(1) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR, LA JOLLA, CA 92093	95-6006144	501(C)(3)	315,000.				RESEARCH GRANT
(2) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 220 MONTGOMERY ST, SAN FRANCISCO, CA 94104	94-6036493	501(C)(3)	595,000.				RESEARCH GRANT
(3) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 3201 SAASB BUILDING, SANTA BARBAR, CA 93106	95-6006145	501(C)(3)	70,000.				RESEARCH GRANT
(4) UNIVERSITY OF CALIFORNIA, SANTA CRUZ 1156 HIGH ST, SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	34,959.				RESEARCH GRANT
(5) UNIVERSITY OF CHICAGO 5235 S. HARPER COURTH, CHICAGO, IL 60615	36-2177139	501(C)(3)	35,000.				RESEARCH GRANT
(6) UNIVERSITY OF COLORADO DENVER 1800 N GRANT ST, DENVER, CO 80203	84-6000555	501(C)(3)	139,532.				RESEARCH GRANT
(7) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD, STORRS, CT 06269	06-0772160	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(8) UNIVERSITY OF DENVER 2601 E COLORADO AVE, DENVER, CO 80208	84-0404231	501(C)(3)	69,944.				RESEARCH GRANT
(9) UNIVERSITY OF FLORIDA 1250 EAST CAMPUS, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	70,000.				RESEARCH GRANT
(10) UNIVERSITY OF GEORGIA 456 E BROAD ST, ATHENS, GA 30602	58-1353149	501(C)(3)	70,000.				RESEARCH GRANT
(11) UNIVERSITY OF ILLINOIS AT CHICAGO 506 S WRIGHT ST, URBANA, IL 61801	37-6000511	501(C)(3)	174,879.				RESEARCH GRANT
(12) UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	170(C)(1) GOVT	174,660.				RESEARCH GRANT

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE 2215 S BROOK ST, LOUISVILLE, KY 40208	61-1029626	501(C)(3)	34,956.				RESEARCH GRANT
(2) UNIVERSITY OF MICHIGAN 500 S. STATE STREET, ANN ARBOR, MI 48109	38-6006309	501(C)(3)	209,838.				RESEARCH GRANT
(3) UNIVERSITY OF MINNESOTA 1300 S 2ND ST, MINNEAPOLIS, MN 55454	41-6007513	501(C)(3)	157,097.				RESEARCH GRANT
(4) UNIVERSITY OF NEBRASKA-LINCOLN 3835 HOLDREGE ST, LINCOLN, NE 68503	47-0049123	501(C)(3)	70,000.				RESEARCH GRANT
(5) UNIVERSITY OF NEVADA 2601 ENTERPRISE RD, RENO, NV 89512	88-6000024	501(C)(3)	34,923.				RESEARCH GRANT
(6) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 103 SOUTH BUILDING, CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	157,404.				RESEARCH GRANT
(7) UNIVERSITY OF OREGON 1585 E 13TH AVE, EUGENE, OR 97403	46-4727800	170(C)(1) GOVT	69,812.				RESEARCH GRANT
(8) UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED. 3451 WALNUT STREET, PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	34,808.				RESEARCH GRANT
(9) UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD, ROCHESTER, NY 14627	16-0743209	501(C)(3)	140,000.				RESEARCH GRANT
(10) UNIVERSITY OF TEXAS AT DALLAS 800 W. CAMPBELL ROAD, RICHARDSON, TX 75080	75-1305566	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(11) UNIVERSITY OF TEXAS HEALTH SCI. CTR AT HOUS 7000 FANNIN, HOUSTON, TX 77030	74-1761309	501(C)(3)	105,000.				RESEARCH GRANT
(12) UNIVERSITY OF TX HEALTH SCI. CTR AT SAN ANT 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	35,000.				RESEARCH GRANT

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT PO BOX 4486, HOUSTON, TX 77210	74-6001118	501(C)(3)	35,000.				RESEARCH GRANT
(2) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVE 301 UNIVERSITY BLVD., GALVESTON, TX 77555	74-6000949	170(C)(1) GOVT	35,000.				RESEARCH GRANT
(3) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR 5323 HARRY HINES BLVD, DALLAS, TX 75390	75-6002868	170(C)(1) GOVT	175,000.				RESEARCH GRANT
(4) UNIVERSITY OF UTAH 332 S. 1400 EAST, SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	140,000.				RESEARCH GRANT
(5) UNIVERSITY OF VERMONT 85 S PROPECT ST, BURLINGTON, VT 05405	03-0179440	501(C)(3)	34,948.				RESEARCH GRANT
(6) UNIVERSITY OF VIRGINIA PO BOX 400194, CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	35,000.				RESEARCH GRANT
(7) UNIVERSITY OF WASHINGTON BOX 359505, SEATTLE, WA 98195	91-6001537	501(C)(3)	244,634.				RESEARCH GRANT
(8) UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK STREET, MADISON, WI 53715	39-6006492	170(C)(1) GOVT	105,000.				RESEARCH GRANT
(9) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE, GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	35,000.				RESEARCH GRANT
(10) VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE, NASHVILLE, TN 37235	62-0476822	501(C)(3)	280,000.				RESEARCH GRANT
(11) VANDERBILT UNIVERSITY MEDICAL CENTER 3322 WEST END AVENUE, NASHVILLE, TN 37203	35-2528741	501(C)(3)	35,000.				RESEARCH GRANT
(12) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980550, RICHMOND, VA 23298	54-6001758	501(C)(3)	105,000.				RESEARCH GRANT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE ONE BROOKINGS DRIVE, SAINT LOUIS, MO 63130	43-0653611	501(C)(3)	140,000.				RESEARCH GRANT
(2) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE, NEW YORK, NY 10022	13-6094042	501(C)(3)	175,000.				RESEARCH GRANT
(3) WILLIAM MARSH RICE UNIVERSITY P.O. BOX 1892, HOUSTON, TX 77251	74-1109620	501(C)(3)	35,000.				RESEARCH GRANT
(4) YALE UNIVERSITY P.O. BOX 2038, NEW HAVEN, CT 06521	06-0646973	501(C)(3)	573,781.				RESEARCH GRANT
(5) ZUCKER HILLSIDE HOSPITAL CAMPUS OF THE FEIN 972 BRUSH HOLLOW RD, WESTBURY, NY 11590	11-2673595	501(C)(3)	35,000.				RESEARCH GRANT
(6) UNIVERSITY OF CA AT SAN DIEGO 9500 GILMAN DR, LA JOLLA, CA 92093	95-6006144	501(C)(3)	40,000.				AWARD/PRIZE
(7) RESEARCH FOUNDATION FOR MENTAL HYGIENE 1051 RIVERSIDE DR, NEW YORK, NY 10032	14-1410842	501(C)(3)	75,000.				AWARD/PRIZE
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 127.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AWARDS/PRIZE	2.	70,000.			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2:

GENERAL:

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

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

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

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

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

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

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

USE OF FUNDS -

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

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

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

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

THEREOF.

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

OR IN ATTEMPTS TO INFLUENCE GOVERNMENTAL BODIES OTHER THAN BY MAKING

AVAILABLE THE RESULTS OF THE RESEARCH OR THE FACT OF THE AWARD.

C) INDIRECT COSTS FOR INDEPENDENT AND DISTINGUISHED INVESTIGATORS AS

STIPULATED BY NARSAD ARE: UP TO 8% MAY BE NEGOTIATED FOR OVERHEAD COSTS

FOR ALL CATEGORIES EXCEPT EQUIPMENT. THESE OVERHEAD COSTS MUST BE

INCLUDED WITHIN THE TOTAL GRANT AWARDED. YOUNG INVESTIGATORS ARE NOT

PROVIDED THIS OPTION TO ABSORB INDIRECT COSTS AS OVERHEAD.

D) ALL FUNDS FROM THE NARSAD GRANT REMAINING AT THE END OF THE PROJECT OR

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

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

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

ANY EXTENSION ALLOWED MUST BE RETURNED TO NARSAD.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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

Employer identification number
31-1020010

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY BORENSTEIN, M.D. PRESIDENT & CEO	(i)	400,000.	125,000.	46,154.	0.	0.	571,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LOUIS INNAMORATO, CPA CFO	(i)	248,350.	85,000.	27,850.	0.	40,189.	401,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FAITH ROTHBLATT VP OF DEVELOPMENT	(i)	229,370.	0.	17,308.	0.	15,874.	262,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LAUREN DURAN VP OF M&C	(i)	199,135.	0.	10,769.	0.	0.	209,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SHO TIN CHEN DIRECTOR OF RESEARCH GRANTS	(i)	175,046.	0.	11,769.	0.	15,874.	202,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PETER TARR EDITORIAL DIRECTOR/WRITER	(i)	154,729.	0.	10,385.	0.	15,874.	180,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

MERIT BONUSES ARE PAID TO CERTAIN STAFF MEMBERS BASED ON ANNUAL PERFORMANCE. SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B, LINES 15A AND 15B FOR ADDITIONAL DETAIL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29 .	496,348 .	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

JSA

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

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
31-1020010

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

FORM 990 IS REVIEWED BY THE CFO, THE TREASURER AND A BOARD MEMBER WHO IS
A MEMBER OF THE FINANCE COMMITTEE. IT IS PROVIDED TO THE NARSAD BOARD
MEMBERS BEFORE BEING FILED WITH IRS.

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

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

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

THE ORGANIZATION HAS 3 BOARD MEETINGS SCHEDULED IN THE YEAR HELD IN
FEBRUARY OR MARCH, JULY AND OCTOBER. IN 2013 THE MEMBERS OF THE BOARD OF
DIRECTORS APPROVED THE INITIAL ANNUAL COMPENSATION OF THE PRESIDENT/CEO.
AFTER THEY OBTAINED COMPENSATION COMPARABLES, THEY EVALUATED AND APPROVED
THE COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTED THEIR DECISION IN THE
BOARD MINUTES. 2020 COMPENSATION ABOVE THE BASE WAS DETERMINED AND
APPROVED BY AT LEAST TWO INDEPENDENT BOARD MEMBERS AFTER CAREFUL
CONSIDERATION OF THE PERFORMANCE OF THE PRESIDENT/CEO DURING THE YEAR AND
WITH REGARD TO FORM 990 OF OTHER ORGANIZATIONS OBTAINED IN THE PROCESS.

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

COMPENSATION TO OTHER OFFICERS FOLLOW THE SAME GUIDELINES AS STATED IN

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
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LINE 15A WITH THE EXCEPTION THAT THE PRESIDENT OR ACTING PRESIDENT (OFFICER) APPROVES THE COMPENSATION OF KEY EMPLOYEES AFTER OBTAINING COMPENSATION COMPARABLES AND EVALUATION. CHANGES IN COMPENSATION ARE DOCUMENTED IN THE PERSONNEL FILES.

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

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

ATTACHMENT 1

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

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

IN ADDITION TO THE EXPENSES REPORTED, THE REPORTING ORGANIZATION'S SCIENTIFIC COUNCIL CONTRIBUTED SERVICES OF \$1,492,914. (DONATED SERVICES ARE NOT REPORTED AS EITHER REVENUE OR EXPENSE AS PER IRS FORM 990 INSTRUCTIONS.) THE SCIENTIFIC COUNCIL CONSISTS OF A GROUP OF SCIENTISTS WHO ARE LEADERS IN NEUROSCIENCE AND PSYCHIATRY. THESE VOLUNTEERS PRIMARILY REVIEW RESEARCH GRANTS AND PROJECTS ON BEHALF OF THE ORGANIZATION. ALSO, IN 2020 THE REPORTING ORGANIZATION UTILIZED A GRANT WHICH PROVIDED ONLINE ADVERTISING, AT NO COST, HAVING A VALUE OF \$689,774.

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number 31-1020010
<u>ATTACHMENT 2</u>	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
J. SQUARED PRESS, INC. P.O. BOX 158 ORANGEBURG, NJ 10962	PRINT. & FULFILLMENT	217,256.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
31-1020010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NARSAD RESEARCH INSTITUTE 11-3401438 747 THIRD AVENUE, 33RD FLOOR, NEW YORK, NY 10017	FUNDRAISING	NY	501(C)(3)	12	NARSAD	X	
(2) PARDES HUMANITARIAN PRIZE, INC. 47-4688745 747 THIRD AVENUE, 33RD FLOOR, NEW YORK, NY 10017	AWARD PRIZE	DE	501(C)(3)	12	NARSAD	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NARSAD RESEARCH INSTITUTE, INC.	C	1,055,300.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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