

990

Department of the Treasury

Internal Revenue Service

Form

▶ 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.



Αŀ	A For the 2015 calendar year, or tax year beginning and ending										
B C a	heck if pplicabl	DELEGSION AND DIFORAL SOFFORI ADDIAN	CE	D Employer identific	ation number						
Address GREATER HOUSTON											
	Name Chang	e Doing business as	76-0206826								
	Initial return										
	Final Final	P.O. BOX 27607	713-0	500-1131							
	termir ated		G Gross receipts \$	1,307,568.							
	Amen return	HOUSION, IX //22/	H(a) Is this a group re								
	Applic tion pendi	F Name and address of principal officer:		for subordinates	? Yes 🗶 No						
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No						
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	or 527	lf "No," attach a	list. (see instructions)						
		te: WWW.DBSAHOUSTON.ORG		H(c) Group exemption							
	_	organization: X Corporation Trust Association Other	L Year	of formation: 2003 M	State of legal domicile: ${f T}{f X}$						
Pa	rt I	Summary									
e	1	Briefly describe the organization's mission or most significant activities: \underline{SEE}	SCHEDU	LE O							
Activities & Governance											
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as							
ŇOĘ	3				31						
8		Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			31						
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			9						
iviti	6	Total number of volunteers (estimate if necessary)			104						
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.						
				Prior Year	Current Year						
ər	8	Contributions and grants (Part VIII, line 1h)		1,358,763.	1,236,792.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,283.	16,426.						
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-62,962.	-						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,309,084.	1,219,936.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		566,334.	556,172.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
žĎ		Total fundraising expenses (Part IX, column (D), line 25)									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		454,167.	549,324.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,020,501.	1,105,496.						
	19	Revenue less expenses. Subtract line 18 from line 12		288,583.	114,440.						
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year						
sset	20	Total assets (Part X, line 16)		1,735,786.	765,779.						
et As	21	Total liabilities (Part X, line 26)		29,201.	29,978.						
		Net assets or fund balances. Subtract line 21 from line 20		1,706,585.	735,801.						
Pa	rt 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 MARY COLLINS, PRESIDENT Type or print name and title Type or print name and title Type or print name and title	F & CEO		Date
	Print/Type preparer's name F	Preparer's signature	Date	Check PTIN
Paid	KRISTEN SIMPSON K	RISTEN SIMPSON	05/12/	/16 self-employed P01268482
Preparer		GRAM LLC		Firm's EIN 72-1396621
Use Only	Firm's address 🕨 TWO RIVERWAY, FLC	OOR 15		
	HOUSTON, TX 77056		Phone no.713-621-8090	
May the II	RS discuss this return with the preparer shown abov	ve? (see instructions)		X Yes No
532001 12-1	6-15 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form 990 (2015

	PUBLIC INSPECTION COPY	
	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	
	1 990 (2015) GREATER HOUSTON 76-0206826 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	DBSA PROVIDES FREE AND CONFIDENTIAL SUPPORT GROUPS FOR INDIVIDUALS	
	LIVING WITH, OR FAMILY AND FRIENDS AFFECTED BY, DEPRESSION AND BIPOLAR	
	DISORDERS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	0
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3		0
4	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.	
42	(Code:) (Expenses \$939,844. including grants of \$) (Revenue \$)	
14	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON PROVIDES MORE	- '
	THAN 70 SUPPORT GROUPS AT 50 SITE LOCATIONS IN AND AROUND THE GREATER	
	HOUSTON METROPOLITAN AREA. DURING 2015 DBSA EDUCATED THE COMMUNITY	
	ABOUT DEPRESSION AND BIPOLAR DISORDER BY PROVIDING 35 EDUCATIONAL	
	PRESENTATIONS, AND THROUGH THE DBSA GREATER HOUSTON WEBSITE AND OTHER	
	SOCIAL MEDIA PLATFORMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses	

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON

	990 (2015) GREATER HOUSTON 76-0206	826	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2015)

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON

Form	990 (2015) GREATER HOUSTON 76-020	6826	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE			
_	990 (2015) GREATER HOUSTON 76-0206	826	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
		7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders N/A 11a			
		1		
~	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
a		134		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
U	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			
~				
		14a		X
		14a 14b		
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		

14b Form **990** (2015)

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form	990 (2015) GREATER HOUSTON		76-0206	826	P	age 6		
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See i	nstructions.					
	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
	· · · ·				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	anv other					
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under th							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	is filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe					
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a			37		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's					
	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website J Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict c	or interest policy, and	tinan	cial			
	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 bo MARY COLLINS $-713-600-1131$	oks ar	id records:					
	3800 BUFFALO SPEEDWAY, SUITE 350, HOUSTON, TX 770	98-	3706					
	2222 POLITIPO PLEPULLI DOTID 220, HOUDION, IV $1/0$							

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PUBLIC	INSPECTION	COPY

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form 990 (2

76-0206826 GREATER HOUSTON 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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trustee		e.	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	tcom				and related organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) BLAKE WILLIAMS	1.00	=	-	ò	l ₹	тə	R.			
PAST PRESIDENT		x		x				0.	0.	0.
(2) ROBERT PADDOCK	1.00									
TREASURER	1.00	x		x				0.	0.	Ο.
(3) EVELYN JEWELL	1.00									
DIRECTOR		X		X				0.	0.	0.
(4) JOE GORCZYCA	1.00									
DIRECTOR		X		х				0.	0.	0.
(5) JEB BASHAW	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PEGGY ROE	1.00									_
PRESIDENT		X		х				0.	0.	0.
(7) SHELLEY BRACKEN	1.00									
DIRECTOR		х						0.	0.	0.
(8) SHANA BURROW	1.00									
DIRECTOR		X						0.	0.	0.
(9) JAMES JENNINGS	1.00									•
DIRECTOR		X						0.	0.	0.
(10) JULIE CROSSWELL, LMSW	1.00									•
DIRECTOR		X						0.	0.	0.
(11) PAM ERWIN	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(12) LISA FORONDA	1.00	.,						0		0
DIRECTOR	1 00	X						0.	0.	0.
(13) DON HALEY	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(14) MARJORIE BINTLIFF JOHNSON	1.00							0.	0.	0
DIRECTOR	1.00	X						0.	0.	0.
(15) EDMUND KNOLLE	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(16) ASHLEY RANTON	1.00	x						0.	0.	0.
DIRECTOR	1.00		-	├				0.	0.	0.
(17) KATHLEEN ROGERS DIRECTOR	1.00	x						0.	0.	0.
	1		I	I				0.	0.	Eorm 990 (2015)

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form 990 (2015) GREATER									76-020	6826	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st C	ompensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do			ition more) than	one	Reportable	Reportable	Est	imated
	hours per	box	, unles	ss pe	rson	is bot pr/trus	h an	compensation	compensation		ount of
	week (list any					1/1/1/1/1/1/1		from	from related		other
	hours for	irecto						the	organizations (W-2/1099-MISC)		ensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(1099-10130)		om the Inization
	organizations	truste	al trus		/ee	mpen		(112/1000 11100)		-	related
	below	Individual trustee or director	Institutional trustee	-	Key employee	est co o yee	er				nizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				
(18) HOWARD SCHRAMM	1.00										
DIRECTOR		Х						0.	0	•	0.
(19) PHYLLIS SELBER	1.00										
VICE PRESIDENT		Х						0.	0	•	0.
(20) GEORGE A.SHANNON JR.	1.00										
DIRECTOR		Х						0.	0	•	0.
(21) MARY KRISTEN VALENTINE	1.00										
SECRETARY		Х						0.	0	•	0.
(22) DAVID M. UNDERWOOD JR.	1.00										
DIRECTOR		Х						0.	0	•	0.
(23) DOROTHY WEBB	1.00										
DIRECTOR		Х						0.	0	•	0.
(24) DAVID BROILER	1.00										
DIRECTOR		Х						0.	0	•	0.
(25) CAT CHAPMAN	1.00										-
DIRECTOR		Х						0.	0	•	0.
(26) WALT PARMER	1.00										•
DIRECTOR		Х						0.	0		0.
1b Sub-total								0.	0		0.
c Total from continuation sheets to Part V								122,000.	0		1,660.
d Total (add lines 1b and 1c)								122,000.	0	• 14	1,660.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable		1
compensation from the organization										<u> </u>	
											Yes No
3 Did the organization list any former officer,											v
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											x
and related organizations greater than \$15			•							4	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>								•		E	x
Section B. Independent Contractors	piele Schedule	901	Ur SL	lCII	pers	SON .				5	21
1 Complete this table for your five highest co	mnensated inc		nde	nt c	onti	racto	nre t	hat received more than	\$100,000 of comper	usation fr	
the organization. Report compensation for	•	•							· ·	loudon n	0111
(A)			orran	<u></u>		01 11		(B)		(C))
Name and business	address	NC	ONE	2				Description of s	ervices	Compen	
							Τ				

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

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form 990 GREATER			. 01			501		DRT ALLIANCE	76-020	6826
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours				C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) REAGAN FIBBE DIRECTOR	1.00	x						0.	0.	0.
(28) JOHN JEFFERS DIRECTOR	1.00	x						0.	0.	0.
(29) DAVID KINDER	1.00									
DIRECTOR (30) PEGGY LANDRUM, PH.D.	1.00	X						0.	0.	0.
DIRECTOR (31) JO ANN LEVERING	1.00	x						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(32) MARY COLLINS PRESIDENT & CEO	40.00			x				122,000.	0.	14,660.
Total to Part VII, Section A, line 1c								122,000.		14,660.

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

76-0206826 GREATER HOUSTON Page 9 Form 990 (2015) Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded (A) Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 391,240. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 845,552. similar amounts not included above 1f 12,500. g Noncash contributions included in lines 1a-1f: \$ ▶ 1,236,792. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a b С d е f All other program service revenue g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 16,426. 16,426. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... ► 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► **8** a Gross income from fundraising events (not Revenue including \$ 391,240. of contributions reported on line 1c). See 54,350. Part IV, line 18 a Other 87,632. b Less: direct expenses _____ b -33,282. -33,282. c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses h c Net income or (loss) from gaming activities ... ► 10 a Gross sales of inventory, less returns and allowances _____ a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a b С d All other revenue e Total. Add lines 11a-11d ► -16,856. Total revenue. See instructions. 1,219,936. 0. 0. 12

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

76-0206826 Page 10 GREATER HOUSTON Form 990 (2015) 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 (B) (C) (D) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 459,367. 373,391. 9,239. 76,737. 7 Other salaries and wages Pension plan accruals and contributions (include 8 9,674. 12,515. 555. 2,286. section 401(k) and 403(b) employer contributions) 45,230. 27,644. 10,367. 7,219. 9 Other employee benefits 31,804. 39,060. 6,420. 836. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 78,089. 66,376. 7,809. 3,904. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 43,968. 37,782. 2,717. 3,469. Office expenses 13 9,356. 6,543. 338. 2,475. Information technology 14 Royalties 15 4,186. 83,997. 71,443. 8,368. 16 Occupancy 8,233. 7,321. 330. 582. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 7,415. 6,302. 742. 371. Depreciation, depletion, and amortization 22 7,696. 6,545. 385. 766. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) (.... PROGRAM ACTIVITIES 295,512. 293,310. 1,168. 1,034. а 7,582. OTHER 1,664. 36. 5,882. b FUNDRAISING EXPENSES 7,476. 45. 7,431. С d All other expenses е Total functional expenses. Add lines 1 through 24e 1,105,496. 939,844. 42,890 122,762. 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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Form 990	(2015)
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GREATER HOUSTON 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
	1	Cash - non-interest-bearing		852,057.	1	543,951.
	2	Savings and temporary cash investments		79,965.	2	50,011.
	3	Pledges and grants receivable, net		135,800.	3	103,352.
	4	Accounts receivable, net		463.	4	14,342.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	te			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined	under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and control	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch	L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,699.	9	36,712.
	10a	Land, buildings, and equipment: cost or other				
			680.			
	b	Less: accumulated depreciation 10b 40,	748.	18,347.	10c	10,932.
	11	Investments - publicly traded securities		627,380.	11	404.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,075.	15	6,075.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,735,786.	16	765,779.
	17	Accounts payable and accrued expenses		29,201.	17	29,978.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D $_{\rm}$			21	
es	22	Loans and other payables to current and former officers, directors, trust				
il it		key employees, highest compensated employees, and disqualified person				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	·····		24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part >	(of			
		Schedule D	····· -	20 201	25	20 070
	26	Total liabilities. Add lines 17 through 25		29,201.	26	29,978.
		Organizations that follow SFAS 117 (ASC 958), check here ► X	and			
ces		complete lines 27 through 29, and lines 33 and 34.		1 460 770		645 726
lan	27	Unrestricted net assets		1,462,770. 142,815.	27	645,736. 90,065.
Ba	28	Temporarily restricted net assets	Γ	101,000.	28	90,005.
pu	29	Permanently restricted net assets		101,000.	29	0.
Ľ.		Organizations that do not follow SFAS 117 (ASC 958), check here				
Net Assets or Fund Balances		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	F		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		1,706,585.	32	735,801.
-	33	Total net assets or fund balances		1,735,786.	33 34	765,779.
	34	Total liabilities and net assets/fund balances		±,/JJ,/00•	34	Form 990 (2015)

Form **990** (2015)

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	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE				
Form	1 990 (2015) GREATER HOUSTON	76-020	06826	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			1 01	~ ~	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,70		
5	Net unrealized gains (losses) on investments	5			41.
6	Donated services and use of facilities	6	52	2,1	80.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9 -	-1,11	5,5	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	73	5,8	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)		omplete if the organ	rity Status an nization is a section 50 47(a)(1) nonexempt cha	1(c)(3) org	anization			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Informati		Attach to Form 990 or I (Form 990 or 990-EZ) and	Form 990-	EZ.	ww.irs.aov/fr	orm990	Open to Public Inspection
Name of the organizati	on DEPR		BIPOLAR SUP				Employer	identification number 6 – 0 2 0 6 8 2 6
Part I Reason	for Public (Charity Status (/	All organizations must c	omplete th	is part.) Se	ee instruction	IS.	
 2 A school des 3 A hospital or 4 A medical rescity, and state 	nvention of ch cribed in sect i a cooperative search organiz e:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in co	(For lines 1 through 11, o on of churches describe Attach Schedule E (Forr anization described in s njunction with a hospita	d in sectio n 990 or 99 ection 170 I described	on 170(b)(⁻ 90-EZ).) D(b)(1)(A)(i d in sectio	1)(A)(i). ii). n 170(b)(1)(A		
		Complete Part II.)	nege of university owne	u or opera	led by a g	oveninentai		
6 A federal, sta 7 X An organizati section 170(ite, or local gov on that norma b)(1)(A)(vi). (C	vernment or governn Illy receives a substa omplete Part II.)	nental unit described in antial part of its support	from a gov			the general	public described in
9 An organizati activities rela income and u	ion that norma ted to its exen unrelated busir	Ily receives: (1) more	(1)(A)(vi). (Complete Par e than 33 1/3% of its sup ct to certain exceptions e (less section 511 tax) fr	oport from , and (2) no	o more tha	in 33 1/3% of	f its support	from gross investment
11 An organizati more publicly lines 11a thro a Type I. A s the suppor organizatio b Type II. A s control or r	on organized a v supported or ough 11d that upporting orga ted organizatio n. You must o supporting org nanagement o	and operated exclus ganizations describe describes the type of anization operated, s on(s) the power to re complete Part IV, Se anization supervised of the supporting org	d or controlled in connec anization vested in the s	o perform or section on and con by its sup a majority	the function 509(a)(2). Apported lines oported orgon of the dire ts support	ons of, or to c See section s 11e, 11f, an ganization(s), ctors or trust ed organizati	509(a)(3). C id 11g. typically by ees of the s on(s), by ha	Check the box in giving supporting wing
	. ,	t complete Part IV,	g organization operated	in connec	tion with	and function:	ally integrate	ed with
••	-	• •	s). You must complete				any integrate	ea with,
d Type III no that is not requiremen e Check this	n-functionally functionally int at (see instruct box if the orga	y integrated. A supp regrated. The organiz ions). You must con anization received a	porting organization oper zation generally must sa nplete Part IV, Section written determination fro onally integrated support	rated in co tisfy a dist s A and D om the IRS	nnection v ribution re , and Part 6 that it is a	with its suppo quirement an V.	id an attent	()
f Enter the number		·	many integrated support					
		n about the supporte						·
(i) Name of supp organizatior	orted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed	rganization in your document? No	(v) Amount o suppor instruct	t (see	(vi) Amount of other support (see instructions)
Total								

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule A (Form 990 or 990-EZ) 2015 GREATER HOUS	Ъ
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76-0206826 Page 2 ON Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	748,820.	1,102,995.	1,172,707.	1,358,763.	1,236,792.	5,620,077.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	748,820.	1,102,995.	1,172,707.	1,358,763.	1,236,792.	5,620,077.
5	The portion of total contributions		_,,	_,	_,,	_,,	-,,
5	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,						830,938.
_	column (f)						
	Public support. Subtract line 5 from line 4.						4,789,139.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	748,820.	1,102,995.	1,172,707.	1,358,763.	1,236,792.	5,620,077.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	808.	2,185.	6,063.	13,283.	16,426.	38,765.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,658,842.
	Gross receipts from related activities,	etc. (see instruction	ons)	I		12	19,826.
	First five years. If the Form 990 is for			, fourth, or fifth ta	x vear as a sectio		
	organization, check this box and stor			., ,	··· ,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				····· • —
-	Public support percentage for 2015 (olumn (f))		14	84.63 %
	Public support percentage from 2014					15	83.26 %
	33 1/3% support test - 2015. If the d						
	stop here. The organization qualifies	-					
h	33 1/3% support test - 2014. If the d						
~	and stop here. The organization qual	-					
170							
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						·
	organization meets the "facts-and-cire		•	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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

Page 3

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

ction A. Public Support							
endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(0	e) 2015	(f) Total
Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
• · · · · •							
•							
incon under continu 510							
° °							
· · · · · · · · · · · · · · · · · · ·							
, .							
· · ·							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
ction B. Total Support							
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(2015	(f) Total
	(u) 2011	(1) 2012	(0) 2010	(4) 2011		J 2010	(1) / 014
a Gross income from interest, dividends, payments received on securities loans, rents, royalties							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
Net income from unrelated business activities not included in line 10b, whether or not the business is							
or loss from the sale of capital							
	the organization	l 's first socond thi	l d fourth or fifth t	I social	$\frac{1}{501}$		l
-	the organization	3 1131, 300010, 111					
•	c Support Pe	ercentage				<u></u>	
-			(f)		45		0/
							%
					16		%
•					1 1		
			ne 13, column (f))				%
							%
Private foundation. If the organization	1 did not check a	1 box on line 14, 19	a, or 19b, check t	his box and see in	struction	ons	▶∟
	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year b Add lines 7 a and 7b Public support. (Subtract line 7c from line 6) ction B. Total Support and ryear (or fiscal year beginning in) ► Amounts from line 6 a 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 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Invess Investment income percentage for 2015 (lii Public support percentage for 2015 Investment income	andar year (or fiscal year beginning in) ► (a) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2011 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 (a) 2011 Gross receipts from activities that are not an unrelated trade or business under section 513 (a) 2011 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (b) 2000 The value of services or facilities (a) 2011 Amounts included on lines 1, 2, and 3 received from disqualified persons (a) 2011 Amounts included on lines 2 and 3 received from other than disqualified persons (a) 2011 Add lines 7 and 7b Public support. (Subtactline 7c fom line 6.) Public support. (Subtactline 7c fom line 6.) (a) 2011 Amounts from line 6 (a) 2011 Amount	andar year (or fiscal year beginning in) (a) 2011 (b) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2011 (b) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2011 (b) 2012 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furtilised in any activity that is related to the organization's tax-exempt purpose (c) 2012 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 (c) 2012 Tax revenues levied for the organi- ization's benefit and either paid to or expended on its behalf (c) 2012 The value of services or facilities furnished by a governmental unit to the organization without charge (c) 2012 Total. Add lines 1 through 5 (c) 2012 Amounts included on lines 2 all received from difty all received from disqualified persons but exceed the grater of 55.000 or 1% of the amount on line 13 for the year (c) 2012 Add lines 1 through 5 (c) 2012 (c) 2012 Amounts from line 6 (c) 2011 (b) 2012 Amo	andar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2011 (b) 2012 (c) 2013 Gross receipts from admissions, merchandles old or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Image: Comparison of the comparison of the comparison of the comparison of the comparison of the or expended on its behalf Image: Comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of	and ar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2014 (b) 2012 (c) 2013 (d) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2014 (c) 2013 (d) 2014 Gross receipts from activities that are not an unrelated trade or business under section 513 (c) 2013 (c) 2013 (c) 2014 Tax revenues levied for the organization value of services or facilities furnished by a governmental unit to the organization without charge (c) 2013 (c) 2014 (c) 2014 Total. Add lines 1 through 5 (c) 2013 (c) 2014 (c) 2014 (c) 2014 Amounts included on lines 1, 2, and 3 received from disqualified persons 3 (c) 2011 (c) 2013 (c) 2014 Add lines 7 and 7b (c) 2011 (c) 2013 (c) 2014 (c) 2014 Add lines 7and 7b (c) 2011 (c) 2013 (c) 2014 (c) 2014 Add lines 7and 7b (c) 2011 (c) 2013 (c) 2014 (c) 2014 Areceived from discualified persons 34 (c) 2011 (c) 2013 (c) 2014 (c) 2014 Add lines	ndar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (c) Grits, grants, contributions, and membership fore sceeved. (Do not include any 'urusual grants.') Gross receipts from admissions. merchandles sold or services par- formed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from admissions. merchandles sold or services par- formed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from admissions. merchandles sold or services par- iness under section 513 Tax revenues levide for the organ- ization's benefit and ether paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's therefit and ether paid to or expended on its behalf. Total. Add lines 11, 2, and 3 mounts included on lines 1, 2, and 4 Add lines 7 and 7 b Public support end year of scool or the organ- control in Bit of the twa and from or from intrest, dividends, parments received on securities loars, rents, royatiles a call income from intrest, dividends, parments received on securities loars, rents, royatiles a call income from similar sources bunckia business taxable income (ess soution 11 thas) from ubidenses acquired dar June 30, 1975 dot lines 1, 2, and 12 public support percentage for 2015 (line to regulate the present 4 dividends, parments received on securities loars, rents, royatiles acquired attr June 30, 1975 dot dividends, parments received on securities loars, rents, royatiles acquired attr June 30, 1975 dot dividends, parments received on securities loars, rents, royatiles acquired attr June 30, 1975 dot dividends, parments received on there is none than 31, 103, check this box and stop here- trians theorem from sol 214 Schedule A, Part III, Ine 15 16 ction D	and ar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (c) 2014 (d) 2014 (e) 2015 Cross receipts from admissions, merchandles solid or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose (c) 2014 (d) 2014 (e) 2015 Cross receipts from admissions, merchandles solid or services performed, or facilities furnished to a governmental unit to or expended on its bahaif (c) 2014 (c) 2014 (c) 2014 (c) 2015 Total. Add lines 1 through 5 (c) 2014 (c) 2014 (c) 2014 (c) 2014 (c) 2014 (c) 2014 (c) 2015 Amounts include on lines 1, 2, and 3 (c) 2013 (d) 2014 (c) 2015 (c) 2014 (c) 2015 Add lines 7 and 7b (c) 2011 (b) 2012 (c) 2013 (d) 2014 (c) 2015 Public support : support interests (c) 2011 (b) 2012 (c) 2013 (d) 2014 (c) 2015 Add lines 7 and 7b (c) 2011 (b) 2012 (c) 2013 (d) 2014 (c) 2015 Add lines 7 and 7b (c) 2011 (b) 2012 (c) 2013

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule A (Form 990 or 990-EZ) 2015 GREATER HOUSTON

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

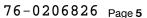
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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Sche	dule A (Form 990 or 990-EZ) 2015 GREATER HOUSTON 7	6-020682	6 Ра	age 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
		etional.		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction) The organization satisfied the Activities Test. Complete line 2 below.	icaons).		
a L				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	(
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i>	(see instructions		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b



	DEPRESSION AND BIPOLAR		ORT ALLIANCE	
Sche	edule A (Form 990 or 990-EZ) 2015 GREATER HOUSTON	0011		76-0206826 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	q Orqa		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
-	other Type III non-functionally integrated supporting organizations must con	-		
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

<u> </u>		ND BIPOLAR SUPP		6-0206826 Page 7
Sche	dule A (Form 990 or 990-EZ) 2015 GREATER HOUST	$\frac{101}{2}$		0-0200020 Page /
		a(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
			Oak a dula A	Earm 000 ar 000 EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

						SUPPORT	ALLIANCE	76 0206026 -
Schedule A Part VI	(Form 990 or 990-EZ) 2015 Supplemental Inforr Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	nation. Provid 2, 3b, 3c, 4b, 4d nes 2 and 3; Pa	de the c, 5a, 6 irt IV, S	explanati 6, 9a, 9b, Section E	ions required b 9c, 11a, 11b, , lines 1c, 2a, 2	and 11c; Part IV, 2b, 3a and 3b; Pa	, Section B, lines 1 art V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)							

Form 990	SCI	HEDULE D	Supplement	al Financial Statements	;		OMB No. 1545-0047	
Deservation Attach to Form 980. Deservation is at www.ks.gov/form980. Deservation about Schedule [For 980] and its instructions is at www.ks.gov/form980. Deservation about Schedule [For 980] and its instructions is at www.ks.gov/form980. Deservation about Schedule [For 980] and its instructions is at www.ks.gov/form980. Deservation about Schedule [For 980] and its instructions is at www.ks.gov/form980. Temperative schedule [For 980] and its instructions is at www.ks.gov/form980. Temperative schedule [For 980] and its instructions is at www.ks.gov/form980. Temperative schedule [For 980] and [For 980] and [For 980]. Temperative schedule [For 980]. <thtemperative 980].<="" [for="" schedule="" th=""> Temperative sc</thtemperative>		Form 990) Complete if the organization answered "Yes" on Form 990.					2015	
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GREATER HOUSTON 76-0206826 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. Aggregate value of contributions to (during year) (b) Funds and other accounts. (c) Funds and other accounts. Oth the organization's property, subject to the organization's exclusive legal control? (c) Both eorganization's property, subject to the organization answered "Yes' on Form 980, Part IV, line 7. Part LI Conservation assemants held by the organization (check all that apply). (c) Preservation of a not for bubic use (e.g., recreation or education) Preservation of a conservation easements. Preservation of one space 2 Complete lines 2 a through 2d if the organization is notified historic structure (a) advised funds 1 1 2d (a) 2d (a) 2d (a) 2d (a) 2 Complete lines 2 a through 2d if the organization is needed in (a) (a) 2d (a) 2d (a) 2 Complete lines 2 a through 2d if the organization have seaments	Interna						•	
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 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 	'	. .	es incurred in monitoring, inspecting, nan		.1011 643		ining the year	
 and section 170(h)(4)(B)(ii)?	8		vation easement reported on line 2(d) abc	ove satisfy the requirements of section 170(h)(4)(B)	(i)		
 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 							Yes N	ю
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 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (i) Revenue included on Form 990, Part VIII, line 1 		include, if applicat	ble, the text of the footnote to the organiza	ation's financial statements that describes t	the orga	anization's	accounting for	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	_							
 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 	Par		_		ther S	imilar A	ssets.	
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 								
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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 					nce of p	oublic servi	ce, provide, in Part XII	I,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am relating to these items: (i) Revenue included on Form 990, Part VIII, line 1							According of and defendents	1
relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	a	-						
(i) Revenue included on Form 990, Part VIII, line 1				sucction, or research in furtherance of put	ne serv	nce, provid	e the following amoun	ιS
		-				▶ .\$		
(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	2							
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-				5 ··· , P	-		
a Revenue included on Form 990, Part VIII, line 1	а	-				▶ \$		
b Assets included in Form 990, Part X 🕨 \$								

LHA	For	Paperwork	Reduction	Act Notice,	see the	Instructio	ns for Forr	n 990.
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Schedule D (Form 990) 2015

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		ION AND BI	POLAR SUPP	ORT ALLIAN				
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Par	t III Organizations Maintaining C	collections of Ar	rt, Historical Tr	easures, or Ot	her Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection i	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further tl	ne organization's ex	empt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ellection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa		-					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot included			
	on Form 990, Part X?						Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four ye	ears back
1a	Beginning of year balance	728,380.	533,985.					
b	Contributions	399,000.	151,000.	500,000	•			
	Net investment earnings, gains, and losses	15,407.	43,395.	33,985	•			
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	1,142,383.						
f	Administrative expenses							
	End of year balance	404.	728,380.	533,985				
-	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:				
	Board designated or quasi-endowment	100.00	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Permanent endowment .00	%	_					
	Temporarily restricted endowment	• 0 0 %						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	r the organiz	zation		
	by:	5			5		Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							x
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?					x
4	Describe in Part XIII the intended uses of the						0.0	
_	t VI Land, Buildings, and Equipm							
	Complete if the organization answere), Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·		Accumulate	ed	(d) Book	/alue
		basis (investn			epreciation		. ,	
1a	Land							
	Buildings							
	Leasehold improvements			3,608.	10,8	24.		,784.
	Equipment		3	8,072.	29,9	24.	8	,148.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)	<u></u>		10	,932.

Schedule D (Form 990) 2015

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	***PUBLIC INSPECTION (
	AND BIPOLAR S	UPPORT ALL		
Schedule D (Form 990) 2015 GREATER HOU	ISTON		76	-0206826 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1			
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			l-of-year market value
(1)				-
(2)	1			
(3)				
(4)	1			
(5)	+			
(6)	1			
	1			
<u>(7)</u>	1			
(8)	<u></u>			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>			
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d See Form 000	Dart V line 15	
	Description	110. See Form 990,	Part X, line 15.	(b) Book value
	Description			(b) DOOK value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		🕨	
Part X Other Liabilities.				
Complete if the organization answered "Yes"			n 990, Part X, line 25	
1.(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

(6) (7) (8) (9)

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Sche	dule D (Form 990) 2015 GREATER HOUSTON			76-	0206826	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ients With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,311	,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-21,841.			
b	Donated services and use of facilities	2b	22,400.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	90,612.			
е	Add lines 2a through 2d			2e	91	,171.
3	Subtract line 2e from line 1			3	1,219	<u>,936.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,219	,936.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1,161	170
1	Total expenses and losses per audited financial statements			1	1,101	, 1 / 0 •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		22,400.			
a	Donated services and use of facilities		22,400.	-		
b	Prior year adjustments			-		
с	Other losses		33,282.	-		
d	Other (Describe in Part XIII.)		-		55	,682.
-	Add lines 2a through 2d			2e 3	1,105	
3	Subtract line 2e from line 1			3	1,105	,490.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				0
c _	Add lines 4a and 4b			4c	1,105	196
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,105	,490•
га						

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

PART V, LINE 4:

THE ENDOWMENT FUND WAS DESIGNATED BY THE BOARD TO FINANCE, SUSTAIN AND

EXPAND THE OPERATIONS OF DBSA WITH AN INVESTMENT EMPHASIS ON LONG-TERM

GROWTH OF PRINCIPAL WHILE MANAGING RISK.

PART X, LINE 2:

DBSA IS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, DBSA WAS

GRANTED INDIVIDUAL RULINGS UNDER THE SAME SECTION AND HAVE BEEN CLASSIFIED

AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A) OF

THE INTERNAL REVENUE CODE AND, AS SUCH, QUALIFY AS A CHARITABLE DEDUCTION

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	DEPRESSION AND BIPOLAR SUPPORT ALLIA	ANCE
Schedule D (Form 990) 2015	GREATER HOUSTON	76-0206826 Page 5
Part XIII Supplemental I	nformation (continued)	

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN IT IS MORE

LIKELY THAN NOT, THAT SUCH AN ASSET OR A LIABILITY WILL BE REALIZED. AS OF

DECEMBER 31, 2015, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX

POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

IN-KIND: PROFESSIONAL FEES & SERVICES

ENDOWMENT

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

33,282.

33,282.

52,180.

5,150.

90,612.

(Form 990 or 990-EZ) Department of the Treasury Information Name of the organization DEPRES	nental Information Regarding the organization answered "Yes" on organization entered more than \$1 ▶ Attach to Form 990 <u>n about Schedule G (Form 990 or 990-EZ</u> SION AND BIPOLAR SU R HOUSTON	Form 9 5,000) or Fo) and its	990, P on Fo rm 99 s instru	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ. uctions is at www.irs.g	or 19, or if the gov/form990. Employer	OMB No. 1545-0047 2015 Open to Public Inspection identification number 06826					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 Indicate whether the organization ratio a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a writter key employees listed in Form 990, 	aised funds through any of the followi e Solicita ns f Solicita g Special n or oral agreement with any individua Part VII) or entity in connection with p idividuals or entities (fundraisers) pure	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or	Yes No s to be					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)					
		Yes	No								
otal	1	1	•								
3 List all states in which the organiza or licensing.	tion is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt fro	om registration					

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

Schedule G (Form 990 or 990-EZ) 2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

7	6 –	02	06	82	6	Page 2
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Schedule G (Form 990 or 990 EZ) 2015 GREATER HOUSTON Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 000 EZ lir d 6h Lista with 4 ointe **.**+. <u>_</u>+.

		of fundraising event contributions and gr	1			ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			LUNCHEON			col. (c)
Ð			(event type)	(event type)	(total number)	coi. (cj)
Revenue	1	Gross receipts	445,590.			445,590.
-	2	Less: Contributions	391,240.			391,240.
	3	Gross income (line 1 minus line 2)	54,350.			54,350.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ict Ex	7	Food and beverages				
Dire		o				
	8	Entertainment				
	9	Other direct expenses	87,632.			87,632.
	10		n 9 in column (d)		►	87,632.
	11	Net income summary. Subtract line 10 from li				-33,282.
Pa	irt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
birect	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No	└── No	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
		ter the state(s) in which the organization condu	· · · _			
а	ls f	the organization licensed to conduct gaming a	ctivities in each of these	states?		. Ves No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b) If "	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2015

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Sch	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Medule G (Form 990 or 990-EZ) 2015 GREATER HOUSTON 76-0	020682	26 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?		s 🗌 No
12	Indicate the percentage of gaming activity conducted in:		
			0/
	a The organization's facility		%
	an outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🛄 Ye:	s 🛄 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$		
с	s If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		s 🗌 No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~			
Do	organization's own exempt activities during the tax year s Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,		
га		ines 9, 90	, 100, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

	G (Form 990 or 990-EZ)		HOUSTON
Part IV	Supplemental Inf	ormation (contin	ued)

Part IV	Supplemental Information (continued)	

Form 990) For certain Offices, Directors, Tructese, Key Employees, and Highest Complete If the organization answered "Yes" on Form 990, Part IV, line 23. Attactor to Form 900. Information about Schodule J form 990 and its instructions is at www.ks.gov/formation REATER HOUSTON CREATER HOUSTON CREATER HOUSTON The organization provided any of the following to or for a person listed on Form 990, Part IV, lises or chart travel Part IV, Becton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Part IV, Secton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Part IV, Secton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Part IV, Secton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Part IV, Secton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Part IV, Secton A, Ino 1a. Complete Part III to provide any relevant information regarding these trans. Personal services (e.g., maid, chauffeur, chel) If any of the boxes on line 1a are chacked, did the organization follow a written policy regarding payment or nimbunsement or provision of all of the expenses described above? If 'No,' complete Part III to explain Discretionary spending account Personal services (e.g., maid, chauffeur, chel) Heat or social counce or related organization to estabilish compensation organization reliaber statiantion prior to enimbuning or a counse for methods under a directors, trustees, and officers, including the CEO/Seccutive Director, regarding the terms checked in line 1a? Indicate which, If any, of the following the line organization of the erganization or estabilish compensation committee Orden organization or anised organization: The directors of the reganization of the CEO/Seccutive Director, regarding the terms checked in line 1a	SCI	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47			
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Department for a Travery Information about Schedule J (Form 990.) and its instructions is at www ins gov/form90. Thereafflows Stars Regarding Compensation DEPRESSION AND BIPOLAR SUPPORT ALLIANCE [Employer identification number GREATER HOUSTON [Part I] Questions Regarding Compensation [Part II] [Part III] [Part II] [Part II] [P	(Compe	ensated Employees		20	IJ)			
Information about Schedule J Form 990) and its instructions is at www.iz.gov/membod. Impection Name of the organization DEPRESS 100 AND BIFOLAR SUPPORT ALLIANCE Employer identification number 76 - 020 68 26 Part II Questions Regarding Compensation Yes No Ia 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 rovide any relevant information regarding these items. Yes No Import to compariso Payments for business use of personal residence Payments for business use of personal residence Payments for business use of personal residence If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of al of the expanses described abov? If "No," complete Part III to explain 1b 1b 2 If any of the boxes on line 1a are checked, did the organization suce or estabilis checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to estabilish the compensation of the organization's C6/DEsecutive Director, but explain in Part III. 2 X 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 neight passed compensation committee 4a X <th>Deres</th> <th></th> <th></th> <th></th> <th></th> <th>Open to</th> <th>Publ</th> <th>ic</th>	Deres					Open to	Publ	ic			
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a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X lf "Yes" to line 5a or 5b, describe in Part III. 5b X G 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: 6a X a The organization? 6a X b Any related organization? 6a X c The organization? 6a X b Any related organization? 6a X lf "Yes" on line 6a or 6b, describe in Part III. 7 X P orepersons listed on Form 990, Part VII, Secti	4	During the year, did any person liste	ed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing							
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Fo		organization or a related organizatio	n:								
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 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: 5b X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descr	а	Receive a severance payment or ch	ange-of-control payment?			4a					
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: the image: th	b	Participate in, or receive payment fro	om, a supplemental nonqua	lified retirement plan?		4b					
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? ff "Yes" to 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:	с	Participate in, or receive payment from	om, an equity-based compe	nsation arrangement?		4c		Х			
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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also f		If "Yes" to any of lines 4a-c, list the	persons and provide the app	olicable amounts for each item in Part III.							
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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also f											
contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9											
a The organization? 5a X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5		t VII, Section A, line 1a, did	the organization pay or accrue any compensation	วท						
b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•									
If "Yes" to 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 non-fixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?											
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: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b					5b		A			
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	,									
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6		t VII, Section A, line 1a, did 1	the organization pay or accrue any compensation	วท						
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		• •				0-		v			
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second s											
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	D							- 23			
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	7			the organization provide any non-fixed neumon	te						
 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	'					7		x			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8					/					
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5					8		х			
Regulations section 53.4958-6(c)?	9										
	5					9					
	LHA						n 990)	2015			

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule J (Form 990) 2015

GREATER HOUSTON

76-0206826 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 are not listed on Form 990, Part VII.

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(i)								
(ii								
(i)								
(ii								
(i)								
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Page 2

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON

Schedule J (Form 990) 2015

76-0206826 Page 3

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.

Schedule J (Form 990) 2015

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 5 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Name of the organization Employer identification number 76-0206826 GREATER HOUSTON

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

DBSA GREATER HOUSTON PROVIDES FREE AND CONFIDENTIAL SUPPORT GROUPS FOR

INDIVIDUALS LIVING WITH, OR FAMILY AND FRIENDS AFFECTED BY, DEPRESSION

AND BIPOLAR DISORDERS.

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

PRESIDENT AND CEO, AUDIT COMMITTEE, AND BOARD ARE SENT AN ELECTRONIC COPY

OF THE FORM 990 TO REVIEW BEFORE FILING.

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

DISCLOSURE FORMS SIGNED BY NEW BOARD MEMBERS DURING ORIENTATION; DISCLOSURE FORMS PROVIDED TO EXISTING BOARD MEMBERS TO SIGN DURING BOARD MEETINGS AND BY MAIL; DISCLOSURE FORMS PROVIDED TO EMPLOYEES TO SIGN IN THE ADMINISTRATIVE OFFICE. BOARD MEMBERS AND EMPLOYEES SELF-REPORT.

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

THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE BOARD CHAIR, CHAIR-ELECT, AND TREASURER, UTILIZING PERFORMANCE ASSESSMENTS, AND ANALYTICAL REVIEW OF SALARY DATA FOR SIMILARLY QUALIFIED PEOPLE IN FUNCTIONALLY COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS. PROCESS FOR DETERMINING KEY EMPLOYEE COMPENSATION - COMPENSATION FOR KEY EMPLOYEES IS THE PRESIDENT & CEO'S RESPONSIBILITY AND IS DETERMINED BY UTILIZING PERFORMANCE ASSESSMENTS, AND ANALYTICAL REVIEW OF COMPARABLE SALARY SURVEYS WHICH IS ALSO CONTEMPORANEOUSLY SUBSTANTIATED.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON	Employer identification number 76-0206826
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED PUBLIC DOCUMENTS INCLUDING, BUT NOT LIMITED	TO, FORM 990,
FINANCIAL STATEMENTS, AND ORGANIZATIONAL DOCUMENTS ARE AV	VAILABLE UPON
REQUEST DURING NORMAL BUSINESS HOURS. SOME OF THESE DOCUM	IENTS ARE ALSO
AVAILABLE ONLINE THROUGH THE DBSA GREATER HOUSTON WEBSITE	C, THE GUIDESTAR
WEBSITE (WWW.GUIDESTAR.ORG), AND THE CHARITY NAVIGATOR WE	BSITE
(WWW.CHARITYNAVIGATOR.ORG).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ENDOWMENT	-1,120,713.
ENDOWMENT	5,150.
TOTAL TO FORM 990, PART XI, LINE 9	-1,115,563.

SCHEDULE R (Form 990)	► Comp	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.									
Department of the Treasury Internal Revenue Service Name of the organizati	ion DEPRESSION ANI	Fm	nployer identif	pen to P Inspecti	on						
	GREATER HOUST						76-0206	826			
Part I Identificati	on of Disregarded Entities Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b)(c)Primary activityLegal domicile (state or foreign country)		(d) or Total incor	(e) ne End-of-year a	assets Direct c		(f) controlling ntity	3		
		-									
		-									
		-									
		-									
	on of Related Tax-Exempt Organization of Related Tax-Exempt Organization of the tax year.	ations Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 be	cause it had one or	more	related tax-exe	mpt			
	(a) le, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	cont	g) 512(b)(13) rolled :ity?		
					501(c)(3))			Yes	No		
	RING ENDOWMENT CORPORATION - BUFFALO SPEEDWAY, SUITE 77098	MANAGE AND INVEST FUNDS ON BEHALF OF DBSA	TEXAS	501(C)(3)	LINE 11A, I				x		
		-			,						
		-									
		-									

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

Schedule R (Form 990) 2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule R (Form 990) 2015 GREATER HOUSTON

76-0206826 Page 2

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.

ş1	1 5										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	or Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	(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	Sec 512(l contr ent	(i) ction b)(13) rolled tity?
		country)				235013			No

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule R (Form 990) 2015 GREATER HOUSTON

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Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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No	te. 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	X	<u> </u>
s	Other transfer of cash or property from related organization(s)	1s		Х
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)	Transaction Amount involved Method of determining am			
(1) THE GARY L. LEVERING ENDOWMENT CORPORATION	R	1,120,112.	BALANCE IN INVESTMENT ACCOUNT		
(2)					
(3)					
(4)					
(5)					
(6)					

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Schedule R (Form 990) 2015 GREATER HOUSTON

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)	(b)	(c)				(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General o	Percentage
of entity	, , ,	(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior alloca	opor- nate tions?	amount in box 20	managing partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes NO	-

Schedule R (Form 990) 2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE GREATER HOUSTON

	Schedule R	(Form 990)) 2015
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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