

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2015

For calendar year 2015 or other tax year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_\_

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
X 501(C)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization (Check box if name changed and see instructions)
NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION
Number, street, and room or suite no. If a P O box, see instructions
90 PARK AVENUE, 16TH FLOOR
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10016

D Employer identification number (Employees' trust, see instructions)
31-1020010
E Unrelated business activity codes (See instructions)
211110

C Book value of all assets at end of year
36,072,922.

F Group exemption number (See instructions)
G Check organization type
X 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Describe the organization's primary unrelated business activity PARTNERSHIP DEBT FINANCED INCOME

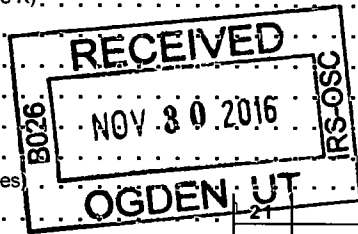
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of LOUIS INNAMORATO, Telephone number 646-681-4888

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Less returns, Cost of goods sold, Gross profit, Capital gain, Income from partnerships, Rent income, Unrelated debt-financed income, Interest, Investment income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, Line number, Amount. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Depletion, Contributions to deferred compensation, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income.



SCANNED DEC 20 2015

Handwritten numbers 09 and 9

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here See instructions and
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
(1) \$ (2) \$ (3) \$
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)
(2) Additional 3% tax (not more than \$100,000)
c Income tax on the amount on line 34
35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)
36
37 Proxy tax. See instructions
37
38 Alternative minimum tax
38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.
39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)
b Other credits (see instructions)
c General business credit Attach Form 3800 (see instructions)
d Credit for prior year minimum tax (attach Form 8801 or 8827)
e Total credits. Add lines 40a through 40d
40e
41 Subtract line 40e from line 39
41
42 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
42
43 Total tax. Add lines 41 and 42
43 0.
44 a Payments A 2014 overpayment credited to 2015
b 2015 estimated tax payments
c Tax deposited with Form 8868
d Foreign organizations Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (Attach Form 8941)
g Other credits and payments Form 2439 Form 4136 Other Total
44g
45 Total payments. Add lines 44a through 44g
45
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached
46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
48
49 Enter the amount of line 48 you want Credited to 2016 estimated tax Refunded
49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (attach schedule)
b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
PAUL HAMMERSCHMIDT 11/19/2016 Treasurer
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
PAUL HAMMERSCHMIDT 11/10/16
Firm's name BDO USA, LLP Firm's EIN 13-5381590
Firm's address 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone no 212-885-8000

Form 990-T (2015)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4) and a Totals row.

Totals Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4) and a Totals row.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1: Description of income	2: Amount of income	3: Deductions directly connected (attach schedule)	4: Set-asides (attach schedule)	5: Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶				Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1: Description of exploited activity	2: Gross unrelated business income from trade or business	3: Expenses directly connected with production of unrelated business income	4: Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5: Gross income from activity that is not unrelated business income	6: Expenses attributable to column 5	7: Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1: Name of periodical	2: Gross advertising income	3: Direct advertising costs	4: Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5: Circulation income	6: Readership costs	7: Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1: Name of periodical	2: Gross advertising income	3: Direct advertising costs	4: Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5: Circulation income	6: Readership costs	7: Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
<b>Totals, Part II</b> (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1: Name	2: Title	3: Percent of time devoted to business	4: Compensation attributable to unrelated business
(1) ATCH 2		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ALPINE WOODS GROWTH VALUES FINANCIAL EQUITIES, L.P  
- CORPORATION

550.

INCOME (LOSS) FROM PARTNERSHIPS

550.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JEFFREY BORENSTEIN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	PRESIDENT & CEO	0	0.
LOUIS INNAMORATO 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	CFO	0	0.
FAITH ROTHBLATT 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	VP OF DEVELOPMENT	0	0.
LAUREN DURAN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	VP OF M&C	0	0.
STEPHEN A. LIEBER 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	CHAIRMAN	0	0.
SUZANNE GOLDEN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	VICE PRESIDENT	0	0.
ARTHUR RADIN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	TREASURER	0	0.
JOHN B. HOLLISTER 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	SECRETARY	0	0.
<del>ANNE ABRAMSON</del> 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	<del>DIRECTOR</del>	<del>0</del>	<del>0.</del>
MARK H. ALCOTT (THRU 10/15) 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DONALD M. BOARDMAN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
J. ANTHONY BOECKH 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
SUSAN LASKER BRODY 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
PAUL T. BURKE 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
BONNIE D. HAMMERSCHLAG 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
JOHN (KEN) HARRISON 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
CAROLE MALLEMENT 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
MILTON MALTZ 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
MARC R. RAPPAPORT 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
VIRGINIA M. SILVER 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
KENNETH H SONNENFIELD(FR 10/15) 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
BARBARA K. STREICKER 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
BARBARA TOLL (FROM 3/15) 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
ROBERT WEISMAN 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>