

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: NARSAD RESEARCH INSTITUTE, INC. D Employer identification number: 11-3401438. E Telephone number: (516) 829-0091. F Accounting method: Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.NARSAD.ORG

J Organization type (check only one): X 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 8,849,255.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

SCANNED JUN 25 2008

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed reporting and a 'RECEIVED' stamp from OGDEN, UT dated MAY 21 2008.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Handwritten notes: 5-17, 3, 0

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I |   | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|------------|----------------------|----------------------------|-----------------|
| <b>22a</b>   | Grants paid from donor advised funds (attach schedule)<br>(cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/> |            |                      |                            |                 |
| <b>22b</b>   | Other grants and allocations (attach schedule)<br>(cash \$ 5,639,316. noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>    | 5,639,316. | 5,639,316.           | STMT 1                     |                 |
| <b>23</b>  | Specific assistance to individuals (attach schedule)  |            |                      |                            |                 |
| <b>24</b>  | Benefits paid to or for members (attach schedule)   |            |                      |                            |                 |
| <b>25a</b>   | Compensation of current officers, directors, key employees, etc listed in Part V-A  | NONE       |                      |                            |                 |
| <b>b</b>   | Compensation of former officers, directors, key employees, etc listed in Part V-B   |            |                      |                            |                 |
| <b>25c</b>   | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)    |            |                      |                            |                 |
| <b>26</b>  | Salaries and wages of employees not included on lines 25a, b, and c   |            |                      |                            |                 |
| <b>27</b>  | Pension plan contributions not included on lines 25a, b, and c  |            |                      |                            |                 |
| <b>28</b>  | Employee benefits not included on lines 25a - 27  |            |                      |                            |                 |
| <b>29</b>  | Payroll taxes   |            |                      |                            |                 |
| <b>30</b>  | Professional fundraising fees   |            |                      |                            |                 |
| <b>31</b>  | Accounting fees   |            |                      |                            |                 |
| <b>32</b>  | Legal fees  |            |                      |                            |                 |
| <b>33</b>  | Supplies  |            |                      |                            |                 |
| <b>34</b>  | Telephone   |            |                      |                            |                 |
| <b>35</b>  | Postage and shipping  |            |                      |                            |                 |
| <b>36</b>  | Occupancy   |            |                      |                            |                 |
| <b>37</b>  | Equipment rental and maintenance  |            |                      |                            |                 |
| <b>38</b>  | Printing and publications   |            |                      |                            |                 |
| <b>39</b>  | Travel  |            |                      |                            |                 |
| <b>40</b>  | Conferences, conventions, and meetings  |            |                      |                            |                 |
| <b>41</b>  | Interest  |            |                      |                            |                 |
| <b>42</b>  | Depreciation, depletion, etc (attach schedule)  |            |                      |                            |                 |
| <b>43</b>  | Other expenses not covered above (itemize)  |            |                      |                            |                 |
| <b>a</b>   | STATE FILING FEES   | 125.       |                      | 125.                       |                 |
| <b>b</b>   |   |            |                      |                            |                 |
| <b>c</b>   |   |            |                      |                            |                 |
| <b>d</b>   |   |            |                      |                            |                 |
| <b>e</b>   |   |            |                      |                            |                 |
| <b>f</b>   |   |            |                      |                            |                 |
| <b>g</b>   |   |            |                      |                            |                 |
| <b>44</b>  | Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).                                       | 5,639,441. | 5,639,316.           | 125.                       |                 |

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a** GRANT TO NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION TO FUND RESEARCH INTO THE CAUSES, CURES, PREVENTION AND TREATMENT OF MENTAL ILLNESSES; PRIMARILY SCHIZOPHRENIA AND DEPRESSION.

(Grants and allocations \$ 5,639,316. ) If this amount includes foreign grants, check here

5,639,316.

**b** -----  
-----  
-----  
-----  
-----

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c** -----  
-----  
-----  
-----  
-----

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d** -----  
-----  
-----  
-----  
-----

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . **5,639,316.**

Form 990 (2007)

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

|                                    |   | (A)<br>Beginning of year   |          | (B)<br>End of year |          |
|------------------------------------|---|--|----------|--------------------|----------|
| <b>Assets</b>                      | 45  | Cash - non-interest-bearing . . . . .  | 2,617.   | 45                 | 15,658.  |
|                                    | 46  | Savings and temporary cash investments . . . . .   | 616,152. | 46                 | 1,838.   |
|                                    | 47a   | Accounts receivable . . . . .  |          |                    |          |
|                                    | b   | Less allowance for doubtful accounts . . . . .   |          | 47c                |          |
|                                    | 48a   | Pledges receivable . . . . .   |          |                    |          |
|                                    | b   | Less allowance for doubtful accounts . . . . .   |          | 48c                |          |
|                                    | 49  | Grants receivable . . . . .  |          | 49                 |          |
|                                    | 50a   | Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .   |          | 50a                |          |
|                                    | b   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .         |          | 50b                |          |
|                                    | 51a   | Other notes and loans receivable (attach schedule) . . . . .   |          |                    |          |
|                                    | b   | Less allowance for doubtful accounts . . . . .   |          | 51c                |          |
|                                    | 52  | Inventories for sale or use . . . . .  |          | 52                 |          |
|                                    | 53  | Prepaid expenses and deferred charges . . . . .  |          | 53                 |          |
|                                    | 54a   | Investments - publicly-traded securities . . . . .   |          | 54a                |          |
|                                    | b   | Investments - other securities (attach schedule) . . . . .   |          | 54b                |          |
|                                    | 55a   | Investments - land, buildings, and equipment basis . . . . .   |          |                    |          |
|                                    | b   | Less accumulated depreciation (attach schedule) . . . . .  |          | 55c                |          |
|                                    | 56  | Investments - other (attach schedule) . . . . .  |          | 56                 |          |
|                                    | 57a   | Land, buildings, and equipment basis . . . . .   |          |                    |          |
| b                                  | Less accumulated depreciation (attach schedule) . . . . .   |  | 57c      |                    |          |
| 58                                 | Other assets, including program-related investments (describe <input type="checkbox"/> STMT 3 ) . . . . .                               | 203,394.   | 58       | 702,091.           |          |
| 59                                 | <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .  | 822,163.   | 59       | 719,587.           |          |
| <b>Liabilities</b>                 | 60  | Accounts payable and accrued expenses . . . . .  |          | 60                 |          |
|                                    | 61  | Grants payable . . . . .   |          | 61                 |          |
|                                    | 62  | Deferred revenue . . . . .   |          | 62                 |          |
|                                    | 63  | Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .  |          | 63                 |          |
|                                    | 64a   | Tax-exempt bond liabilities (attach schedule) . . . . .  |          | 64a                |          |
|                                    | b   | Mortgages and other notes payable (attach schedule) . . . . .  |          | 64b                |          |
|                                    | 65  | Other liabilities (describe <input type="checkbox"/> ) . . . . .   |          | 65                 |          |
| 66                                 | <b>Total liabilities.</b> Add lines 60 through 65 . . . . .   |  | 66       |                    |          |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 |  |          |                    |          |
|                                    | 67  | Unrestricted . . . . .   | 822,163. | 67                 | 719,587. |
|                                    | 68  | Temporarily restricted . . . . .   |          | 68                 |          |
|                                    | 69  | Permanently restricted . . . . .   |          | 69                 |          |
|                                    | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74                         |  |          |                    |          |
|                                    | 70  | Capital stock, trust principal, or current funds . . . . .   |          | 70                 |          |
|                                    | 71  | Paid-in or capital surplus, or land, building, and equipment fund . . . . .  |          | 71                 |          |
|                                    | 72  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |          | 72                 |          |
|                                    | 73  | <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . . | 822,163. | 73                 | 719,587. |
|                                    | 74  | <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .   | 822,163. | 74                 | 719,587. |

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

|          |  |           |            |
|----------|--|-----------|------------|
| <b>a</b> | Total revenue, gains, and other support per audited financial statements . . . . . | <b>a</b>  | 5,536,865. |
| <b>b</b> | Amounts included on line a but not on Part I, line 12                              |           |            |
| <b>1</b> | Net unrealized gains on investments . . . . .                                      | <b>b1</b> |            |
| <b>2</b> | Donated services and use of facilities . . . . .                                   | <b>b2</b> |            |
| <b>3</b> | Recoveries of prior year grants . . . . .  | <b>b3</b> |            |
| <b>4</b> | Other (specify) -----  | <b>b4</b> |            |
|          | Add lines <b>b1</b> through <b>b4</b> . . . . .                                    | <b>b</b>  |            |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b> . . . . .                                | <b>c</b>  | 5,536,865. |
| <b>d</b> | Amounts included on Part I, line 12, but not on line a:                            |           |            |
| <b>1</b> | Investment expenses not included on Part I, line 6b . . . . .                      | <b>d1</b> |            |
| <b>2</b> | Other (specify) -----  | <b>d2</b> |            |
|          | Add lines <b>d1</b> and <b>d2</b> . . . . .  | <b>d</b>  |            |
| <b>e</b> | <b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .   | <b>e</b>  | 5,536,865. |

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>a</b> | Total expenses and losses per audited financial statements . . . . .              | <b>a</b>  | 5,639,441. |
| <b>b</b> | Amounts included on line a but not on Part I, line 17                             |           |            |
| <b>1</b> | Donated services and use of facilities . . . . .                                  | <b>b1</b> |            |
| <b>2</b> | Prior year adjustments reported on Part I, line 20 . . . . .                      | <b>b2</b> |            |
| <b>3</b> | Losses reported on Part I, line 20 . . . . .                                      | <b>b3</b> |            |
| <b>4</b> | Other (specify) -----   | <b>b4</b> |            |
|          | Add lines <b>b1</b> through <b>b4</b> . . . . .                                   | <b>b</b>  |            |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b> . . . . .                               | <b>c</b>  | 5,639,441. |
| <b>d</b> | Amounts included on Part I, line 17, but not on line a:                           |           |            |
| <b>1</b> | Investment expenses not included on Part I, line 6b . . . . .                     | <b>d1</b> |            |
| <b>2</b> | Other (specify) -----   | <b>d2</b> |            |
|          | Add lines <b>d1</b> and <b>d2</b> . . . . .                                       | <b>d</b>  |            |
| <b>e</b> | <b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . . | <b>e</b>  | 5,639,441. |

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)**

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| SEE STATEMENT 4      |  | NONE                                      | NONE  | NONE                                     |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |

| <b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b> |   | Yes        | No |
|--|---|------------|----|
| <b>75a</b>   | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>5</u>   |            |    |
| <b>b</b>   | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .   | <b>75b</b> | X  |
| <b>c</b>   | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . .<br>If "Yes," attach a statement that includes the information described in the instructions | <b>75c</b> | X  |
| <b>d</b>   | Does the organization have a written conflict of interest policy? . . . . .   | <b>75d</b> | X  |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|---|---|--|
|                      | -0-                    | -0-                                       | -0-   | -0-                                      |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |
|                      |                        |   |   |  |

| <b>Part VI Other Information (See the instructions.)</b> |   | Yes        | No  |
|--|---|------------|-----|
| <b>76</b>  | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .  | <b>76</b>  | X   |
| <b>77</b>  | Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . .<br>If "Yes," attach a conformed copy of the changes   | <b>77</b>  | X   |
| <b>78a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .  | <b>78a</b> | X   |
| <b>b</b>   | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .  | <b>78b</b> | N/A |
| <b>79</b>  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .   | <b>79</b>  | X   |
| <b>80a</b>   | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . | <b>80a</b> | X   |
| <b>b</b>   | If "Yes," enter the name of the organization ▶ <u>NAT'L ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA &amp; DEPRESSION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt        |            |     |
| <b>81a</b>   | Enter direct and indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b> NONE   |            |     |
| <b>b</b>   | Did the organization file Form 1120-POL for this year? . . . . .  | <b>81b</b> | X   |

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
89d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE
89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed NY
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) NONE
91a The books are in care of NARSAD RESEARCH INSTITUTE, INC Telephone no 516-829-0091
Located at 60 CUTTERMILL ROAD, STE 404, GREAT NECK, NY ZIP + 4 11021-3196
b 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)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly

(b) Did the organization, during the year, pay premiums, directly or indirectly

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

|     |     |
|-----|-----|
| Yes | No  |
|     | N/A |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----<br>-----                         |                                       |                                |                           |
| b             | -----<br>-----<br>-----                         |                                       |                                |                           |
| c             | -----<br>-----<br>-----                         |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

|     |     |
|-----|-----|
| Yes | No  |
|     | N/A |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----<br>-----                         |                                       |                                |                           |
| b             | -----<br>-----<br>-----                         |                                       |                                |                           |
| c             | -----<br>-----<br>-----                         |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|     |     |
|-----|-----|
| Yes | No  |
|     | N/A |

**Please Sign Here**

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.

Signature of officer: *[Handwritten Signature]* Date: 5/14/08

Type or print name and title: Stephen Lieber Treasurer

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]* Date: 5/7/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BDO SEIDMAN, LLP  
330 MADISON AVENUE  
NEW YORK, NY 10017-5001

Preparer's SSN or PTIN (See Gen Inst X): P00037219  
EIN: 13-5381590  
Phone no: 212-885-8000

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**2007**

|  |   |
|--|---|
| Name of the organization<br><b>NARSAD RESEARCH INSTITUTE, INC.</b> | Employer identification number<br><b>11-3401438</b> |
|--|---|

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 . . . ▶    |  | NONE             |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000      | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services . . . ▶ |                     | NONE             |

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000          | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services . . . ▶ |                     | NONE             |

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number or donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions )

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
| SEE STATEMENT 5                             |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b> . . . . .                      |   |  |   |    | <b>5,639,316.</b>        |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Table with 5 columns: (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE. 26b: Prepare a list for your records to show the name of and amount contributed by each person. 26c: Total support for section 509(a)(1) test. 26d: Add Amounts from column (e) for lines 18, 19, 22, 26b. 26e: Public support (line 26c minus line 26d total). 26f: Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

Table for lines 27c-27h. 27c: Add Amounts from column (e) for lines 15, 16, 17, 20, 21. 27d: Add Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test. 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|             |   | Yes        | No |
|-------------|---|------------|----|
| <b>29</b>   | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .   | <b>29</b>  |    |
| <b>30</b>   | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .  | <b>30</b>  |    |
| <b>31</b>   | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)<br>-----<br>-----<br>----- | <b>31</b>  |    |
| <b>32</b>   | Does the organization maintain the following  |            |    |
| <b>a</b>    | Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .   | <b>32a</b> |    |
| <b>b</b>    | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .   | <b>32b</b> |    |
| <b>c</b>    | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .   | <b>32c</b> |    |
| <b>d</b>    | Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br><br>If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----   | <b>32d</b> |    |
| <b>33</b>   | Does the organization discriminate by race in any way with respect to   |            |    |
| <b>a</b>    | Students' rights or privileges? . . . . .   | <b>33a</b> |    |
| <b>b</b>    | Admissions policies? . . . . .  | <b>33b</b> |    |
| <b>c</b>    | Employment of faculty or administrative staff? . . . . .  | <b>33c</b> |    |
| <b>d</b>    | Scholarships or other financial assistance? . . . . .   | <b>33d</b> |    |
| <b>e</b>    | Educational policies? . . . . .   | <b>33e</b> |    |
| <b>f</b>    | Use of facilities? . . . . .  | <b>33f</b> |    |
| <b>g</b>    | Athletic programs? . . . . .  | <b>33g</b> |    |
| <b>h</b>    | Other extracurricular activities? . . . . .<br><br>If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----<br>-----  | <b>33h</b> |    |
| <b>34 a</b> | Does the organization receive any financial aid or assistance from a governmental agency? . . . . .   | <b>34a</b> |    |
| <b>b</b>    | Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either 34a or b, please explain using an attached statement  | <b>34b</b> |    |
| <b>35</b>   | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .  | <b>35</b>  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

| <b>Limits on Lobbying Expenditures</b>                    |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) |   |                                   |   |
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   | <b>36</b>                         |   |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   | <b>37</b>                         |   |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37) . . . . .   | <b>38</b>                         |   |
| <b>39</b>   | Other exempt purpose expenditures . . . . .   | <b>39</b>                         |   |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39) . . . . .   | <b>40</b>                         |   |
| <b>41</b>   | Lobbying nontaxable amount Enter the amount from the following table -<br>If the amount on line 40 is -                      The lobbying nontaxable amount is -<br>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .<br>Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000 . . \$225,000 plus 5% of the excess over \$1,500,000<br>Over \$17,000,000 . . . . . \$1,000,000 | <b>41</b>                         |   |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41) . . . . .   | <b>42</b>                         |   |
| <b>43</b>   | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .   | <b>43</b>                         |   |
| <b>44</b>   | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .   | <b>44</b>                         |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 13 of the instructions )

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>        |             |             |             |             |              |
|--|-------------|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal<br>year beginning in) ▶                   | (a)<br>2007 | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount . . . . .                     |             |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .   |             |             |             |             |              |
| <b>47</b> Total lobbying expenditures                              |             |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount . . . . .                   |             |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . . |             |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures . . . . .               |             |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes                      | No                                  | Amount |
|---|--------------------------|-------------------------------------|--------|
| <b>a</b> Volunteers . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>c</b> Media advertisements . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>d</b> Mailings to members, legislators, or the public . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>e</b> Publications, or published or broadcast statements . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>f</b> Grants to other organizations for lobbying purposes . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .  |                          |                                     |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION  | AMOUNT     |
|---|--|-----------------------------------|------------|
| GRANTS PAID<br>=====<br>NATIONAL ALLIANCE FOR RESEARCH ON<br>SCHIZOPHRENIA AND DEPRESSION<br>GREAT NECK, NY 11021 | RELATED 501(C) (3) ORGANIZATION<br>PUBLIC CHARITY                                | FUND RESEARCH ON MENTAL ILLNESSES | 5,639,316. |
| TOTAL CONTRIBUTIONS PAID  |  |                                   | 5,639,316. |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE INSTITUTE WAS FOUNDED TO GENERATE CONTRIBUTIONS FROM INDIVIDUALS AND GROUPS TO SUPPORT NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION, AN AFFILIATED ENTITY. THE INSTITUTE DISTRIBUTES GRANTS AND SCHOLARSHIPS TO INDIVIDUALS AND GROUPS WHO ARE MAKING AND DOING RESEARCH TO CURE AND PREVENT MENTAL ILLNESS.

FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION     | ENDING<br>BOOK VALUE       |
|-----------------|----------------------------|
| -----           | -----                      |
| DUE FROM BROKER | 702,091.                   |
| TOTALS          | -----<br>702,091.<br>===== |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
|---|---|--------------|---|---|
| J. ROBERT PETERSON<br>60 CUTTERMILL ROAD, STE 404<br>GREAT NECK, NY 11021 | PRESIDENT<br>0.25                                       | NONE         | NONE  | NONE                                    |
| STEVE LIEBER<br>60 CUTTERMILL ROAD, STE 404<br>GREAT NECK, NY 11021       | TREASURER<br>0.25                                       | NONE         | NONE  | NONE                                    |
| JOEL GURIN<br>60 CUTTERMILL ROAD, STE 404<br>GREAT NECK, NY 11021         | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| HAL B. HOLLISTER<br>60 CUTTERMILL ROAD, STE 404<br>GREAT NECK, NY 11021   | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| JEAN STONE<br>60 CUTTERMILL ROAD, STE 404<br>GREAT NECK, NY 11021         | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
|   | GRAND TOTALS  | NONE         | NONE  | NONE                                    |

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

| (A) NAME(S) OF SUPPORTED ORGANIZATION(S)                  | (B) EIN    | (C) TYPE OF ORGANIZATION | (D) LISTED IN DOC. |    | (E) AMOUNT OF SUPPORT |
|---|------------|--------------------------|--------------------|----|-----------------------|
|   |            |                          | YES                | NO |                       |
| NAT'L ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA & DEPRESSION | 31-1020010 | 12                       | X                  |    | 5,639,316.            |
| TOTAL AMOUNT OF SUPPORT                                   |            |                          |                    |    | 5,639,316.            |

# Capital Gains and Losses

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

**2007**

Name of estate or trust: **NARSAD RESEARCH INSTITUTE, INC.** Employer identification number: **11-3401438**

Note: Form 5227 filers need to complete only Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo, day, yr) | (c) Date sold<br>(mo, day, yr) | (d) Sales price | (e) Cost or other basis<br>(see page 40 of the instructions) | (f) Gain or (loss)<br>for the entire year<br>Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|--|--|
| 1a   |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |

|  |           |     |
|--|-----------|-----|
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .  | <b>1b</b> |     |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .  | <b>2</b>  |     |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                             | <b>3</b>  |     |
| 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .     | <b>4</b>  | ( ) |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. . . . . | <b>5</b>  |     |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo, day, yr) | (c) Date sold<br>(mo, day, yr) | (d) Sales price | (e) Cost or other basis<br>(see page 40 of the instructions) | (f) Gain or (loss)<br>for the entire year<br>Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|--|--|
| 6a   |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |
|  |                                    |                                |                 |  |  |

|  |           |         |
|--|-----------|---------|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. . . . .  | <b>6b</b> | -6,984. |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .   | <b>7</b>  |         |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                | <b>8</b>  |         |
| 9 Capital gain distributions . . . . .   | <b>9</b>  |         |
| 10 Gain from Form 4797, Part I . . . . .   | <b>10</b> |         |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .      | <b>11</b> | ( )     |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back. . . . . | <b>12</b> | -6,984. |

| <b>Part III Summary of Parts I and II</b><br><b>Caution: Read the instructions before completing this part.</b> |   | (1) Beneficiaries' (see page 41) | (2) Estate's or trust's | (3) Total |
|---|---|----------------------------------|-------------------------|-----------|
| <b>13</b>   | <b>Net short-term gain or (loss)</b> . . . . .                        | <b>13</b>                        |                         |           |
| <b>14</b>   | <b>Net long-term gain or (loss):</b>                                  |                                  |                         |           |
| <b>a</b>  | Total for year . . . . .  | <b>14a</b>                       |                         | -6,984.   |
| <b>b</b>  | Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . .   | <b>14b</b>                       |                         |           |
| <b>c</b>  | 28% rate gain . . . . .   | <b>14c</b>                       |                         |           |
| <b>15</b>   | <b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶ | <b>15</b>                        |                         | -6,984.   |

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary

**Part IV Capital Loss Limitation**

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>16</b> | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of<br><b>a</b> The loss on line 15, column (3) or <b>b</b> \$3,000 . . . . . | <b>16</b> | ( 3,000.) |
|-----------|--|-----------|-----------|

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

|           |   |           |  |  |
|-----------|---|-----------|--|--|
| <b>17</b> | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . .   | <b>17</b> |  |  |
| <b>18</b> | Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .  | <b>18</b> |  |  |
| <b>19</b> | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .  | <b>19</b> |  |  |
| <b>20</b> | Add lines 18 and 19 . . . . .   | <b>20</b> |  |  |
| <b>21</b> | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶   | <b>21</b> |  |  |
| <b>22</b> | Subtract line 21 from line 20 If zero or less, enter -0- . . . . .  | <b>22</b> |  |  |
| <b>23</b> | Subtract line 22 from line 17 If zero or less, enter -0- . . . . .  | <b>23</b> |  |  |
| <b>24</b> | Enter the smaller of the amount on line 17 or \$2,150 . . . . .   | <b>24</b> |  |  |
| <b>25</b> | Is the amount on line 23 equal to or more than the amount on line 24?<br><input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box<br><input type="checkbox"/> No. Enter the amount from line 23 . . . . . | <b>25</b> |  |  |
| <b>26</b> | Subtract line 25 from line 24 . . . . .   | <b>26</b> |  |  |
| <b>27</b> | Multiply line 26 by 5% (.05) . . . . .  | <b>27</b> |  |  |
| <b>28</b> | Are the amounts on lines 22 and 26 the same?<br><input type="checkbox"/> Yes. Skip lines 28 thru 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .   | <b>28</b> |  |  |
| <b>29</b> | Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .  | <b>29</b> |  |  |
| <b>30</b> | Subtract line 29 from line 28 . . . . .   | <b>30</b> |  |  |
| <b>31</b> | Multiply line 30 by 15% (.15) . . . . .   | <b>31</b> |  |  |
| <b>32</b> | Figure the tax on the amount on line 23 Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .   | <b>32</b> |  |  |
| <b>33</b> | Add lines 27, 31, and 32 . . . . .  | <b>33</b> |  |  |
| <b>34</b> | Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .  | <b>34</b> |  |  |
| <b>35</b> | <b>Tax on all taxable income.</b> Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T). . . . .  | <b>35</b> |  |  |

