

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

**A** For the 2014 calendar year, or tax year beginning **JUN 1, 2014** and ending **MAY 31, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES</b>		<b>D</b> Employer identification number <b>59-2751953</b>
	Doing business as		<b>E</b> Telephone number <b>(831) 429-6362</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1115 MISSION ST.</b>	<b>G</b> Gross receipts \$ <b>2,657,866.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA CRUZ, CA 95060</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>F</b> Name and address of principal officer: <b>RICHARD DOBLIN</b>		<b>H(c)</b> Group exemption number

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

**J** Website: **WWW.MAPS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1986** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>MEDICAL RESEARCH AND EDUCATION</b>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>5</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>4</b>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> <b>23</b>
	6	Total number of volunteers (estimate if necessary) <b>6</b> <b>53</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <b>4,179,388.</b> <b>2,407,910.</b>
	9	Program service revenue (Part VIII, line 2g) <b>30,680.</b> <b>112,278.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>40,156.</b> <b>46,052.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>24,885.</b> <b>44,311.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>4,275,109.</b> <b>2,610,551.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>902,113.</b> <b>979,877.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>271,469.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,468,260.</b> <b>1,496,427.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,370,373.</b> <b>2,476,304.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>1,904,736.</b> <b>134,247.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <b>9,491,194.</b> <b>11,010,571.</b>
	21	Total liabilities (Part X, line 26) <b>128,019.</b> <b>1,092,399.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 <b>9,363,175.</b> <b>9,918,172.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>RICHARD DOBLIN, EXECUTIVE DIRECTOR</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>FRANK L. BOITANO</b>	Preparer's signature	Date <b>04/09/16</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00058069</b>
	Firm's name <b>BOITANO, SARGENT &amp; LILLY, LLP</b>	Firm's EIN <b>94-2186228</b>			
	Firm's address <b>1760 THE ALAMEDA SAN JOSE, CA 95126-1728</b>	Phone no. <b>408-287-2123</b>			

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

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 2

**Part 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:  
MAPS IS A RESEARCH AND EDUCATIONAL ORGANIZATION THAT DEVELOPS MEDICAL, LEGAL, AND CULTURAL CONTEXTS FOR PEOPLE TO BENEFIT FROM THE CAREFUL USES OF PSYCHEDELICS AND MARIJUANA. MAPS FURTHERS ITS MISSION BY: 1) DEVELOPING PSYCHEDELICS AND MARIJUANA INTO PRESCRIPTION MEDICINES; 2)

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

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

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

4a (Code: ) (Expenses \$ 1,024,401. including grants of \$ ) (Revenue \$ )  
MAPS' PRIMARY FOCUS IS RESEARCH INTO MDMA-ASSISTED PSYCHOTHERAPY, ESPECIALLY PHASE 2 RESEARCH INTO MDMA-ASSISTED PSYCHOTHERAPY IN SUBJECTS WITH CHRONIC, TREATMENT-RESISTANT PTSD. IN THIS FISCAL YEAR, MAPS TREATED THE 18TH SUBJECT IN OUR CHARLESTON, SOUTH CAROLINA MDMA/PTSD STUDY IN 24 VETERANS, FIREFIGHTERS AND POLICE OFFICERS. AN 8TH SUBJECT WAS TREATED IN OUR STUDY IN BOULDER, COLORADO FOR PEOPLE SUFFERING FROM PTSD FROM ANY SOURCE, A FOURTH SUBJECT WAS TREATED IN OUR MDMA/PTSD STUDY IN BEER YAAKOV, ISRAEL, AND AN IRB APPROVED THE AMENDMENTS FOR OUR MDMA/PTSD STUDY IN VANCOUVER, CANADA. A 7TH THERAPIST PARTICIPATED IN OUR MDMA-ASSISTED PSYCHOTHERAPY THERAPIST TRAINING STUDY.

4b (Code: ) (Expenses \$ 716,837. including grants of \$ ) (Revenue \$ 156,589.)  
EDUCATION EXPENSES INCLUDE HARM REDUCTION, EVENTS, PUBLICATIONS AND COMMUNICATIONS PROGRAMS.  
OUR ZENDO PROJECT PROVIDES A SUPPORTIVE SPACE FOR PEOPLE UNDERGOING DIFFICULT PSYCHEDELIC EXPERIENCES IN ORDER TO HELP TURN THOSE EXPERIENCES INTO OPPORTUNITIES FOR LEARNING AND PERSONAL GROWTH, AND TO REDUCE THE NUMBER OF DRUG-RELATED PSYCHIATRIC HOSPITALIZATIONS AND ARRESTS. SERVICES WERE PROVIDED AT FIVE MAJOR EVENTS IN FISCAL YEAR 2015: BURNING MAN (BLACK ROCK CITY, NV), ENVISION (COSTA RICA), AFRIKABURN (SOUTH AFRICA), BICYCLE DAY (SAN FRANCISCO, CA), AND LIGHTNING IN A BOTTLE (BRADLEY, CA).

4c (Code: ) (Expenses \$ 117,871. including grants of \$ ) (Revenue \$ )  
THIS YEAR, MAPS OPERATIONALIZED ITS LONG-RUNNING FISCAL SPONSORSHIP PROGRAM, CLARIFYING AND UPDATING CONTRACTS, PROCESS, AND STRUCTURE. THIS PROGRAM SUPPORTS PROJECTS THAT ARE IN ALIGNMENT WITH MAPS MISSION AND VISION BY OFFERING DONORS A WAY TO GIVE TO A 501(C) 3 NONPROFIT ORGANIZATION. MAPS MONITORS THE PROJECT BUDGET, TAKES A SMALL FEE, AND SENDS THE DONOR A RECEIPT FOR THEIR CONTRIBUTION.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,859,109.

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 3

**Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2014)



MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 4

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014)

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>CANADA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2014)

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 6

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

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

**Section 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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **RICHARD DOBLIN**









MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 9

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,407,910.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		2,407,910.				
<b>Program Service Revenue</b>	<b>2 a</b> EDUCATIONAL EVENT INCO	<b>Business Code</b> 611710	112,278.	112,278.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		112,278.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		46,052.			46,052.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	91,626.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	47,315.				
	<b>c</b> Net income or (loss) from sales of inventory		44,311.	44,311.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			2,610,551.	156,589.	0.	46,052.	

432009  
11-07-14

Form 990 (2014)

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 10

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,000.	40,000.	8,000.	32,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	699,183.	507,721.	79,673.	111,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	143,287.	94,520.	32,333.	16,434.
10 Payroll taxes	57,407.	38,491.	7,829.	11,087.
11 Fees for services (non-employees):				
a Management	61,775.		36,930.	24,845.
b Legal	52,816.	26,408.	26,408.	
c Accounting	83,422.	30,762.	52,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	38,772.	21,789.		16,983.
13 Office expenses	44,181.	15,983.	10,365.	17,833.
14 Information technology	86,036.	52,711.	27,381.	5,944.
15 Royalties				
16 Occupancy	45,899.	17,802.	24,331.	3,766.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,538.	34,528.	20,010.	9,000.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,704.	232.	6,472.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CLINICAL RESEARCH</b>	665,233.	665,233.		
b <b>EVENT EXPENSES</b>	159,690.	139,349.	1,322.	19,019.
c <b>FISCAL SPONSOR - EDUCAT</b>	117,871.	117,871.		
d <b>POSTAGE AND DELIVERY</b>	39,438.	39,438.	0.	0.
e All other expenses	31,052.	16,271.	12,012.	2,769.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,476,304.</b>	<b>1,859,109.</b>	<b>345,726.</b>	<b>271,469.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	1,014,905.	2 1,892,490.
	3	Pledges and grants receivable, net	1,237,375.	3 333,570.
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net	36,954.	7 140,785.
	8	Inventories for sale or use	37,962.	8 76,605.
	9	Prepaid expenses and deferred charges	13,401.	9 15,421.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,503.	
	b	Less: accumulated depreciation	10b 66,275.	10c 12,228.
	11	Investments - publicly traded securities	7,150,597.	11 6,729,472.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13 1,810,000.
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,491,194.	16 11,010,571.	
Liabilities	17	Accounts payable and accrued expenses	128,019.	17 161,021.
	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		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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 X of Schedule D	0.	25 931,378.
	26	<b>Total liabilities.</b> Add lines 17 through 25	128,019.	26 1,092,399.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	8,451,907.	27 9,518,951.
	28	Temporarily restricted net assets	911,268.	28 399,221.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	9,363,175.	33 9,918,172.	
34	<b>Total liabilities and net assets/fund balances</b>	9,491,194.	34 11,010,571.	

Form 990 (2014)



MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Form 990 (2014)

59-2751953 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,610,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,476,304.
3	Revenue less expenses. Subtract line 2 from line 1	3	134,247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,363,175.
5	Net unrealized gains (losses) on investments	5	420,750.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,918,172.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2014)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization **MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES**

Employer identification number  
**59-2751953**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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" to 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 XIII, 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 the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Schedule D (Form 990) 2014

59-2751953 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		78,503.	66,275.	12,228.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,228.

Schedule D (Form 990) 2014



MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Schedule D (Form 990) 2014

59-2751953 Page 3

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MAPS PUBLIC		
(2) BENEFIT CORP (A WHOLLY		
(3) OWNED SUBSIDIARY)	1,810,000.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,810,000.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO MPBC	931,378.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	931,378.

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

Schedule D (Form 990) 2014

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,055,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	420,750.
	b Donated services and use of facilities	2b	24,361.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	445,111.
3	Subtract line 2e from line 1	3	2,610,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c 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	2,610,551.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,500,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	24,361.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	24,361.
3	Subtract line 2e from line 1	3	2,476,304.
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	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,476,304.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND BELIEVES THAT ALL OF THE POSITIONS TAKEN ON ITS UNRELATED BUSINESS TAXABLE INCOME RELATING TO MPBC AND IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY THREE YEARS AND FOUR YEARS RESPECTIVELY, AFTER THEY ARE FILED.





**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Employer identification number

59-2751953

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	1	1	CONDUCT RESEARCH ON USES OF PSYCHEDELICS AND MARIJUANA	CONDUCT RESEARCH ON USES OF PSYCHEDELICS AND MARIJUANA	140,382.
MIDDLE EAST AND NORTH AFRICA	0	1	CONDUCT RESEARCH ON USES OF PSYCHEDELICS AND MARIJUANA	CONDUCT RESEARCH ON USES OF PSYCHEDELICS AND MARIJUANA	65,277.
<b>3 a</b> Sub-total .....	1	2			205,659.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	2			205,659.

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

Schedule F (Form 990) 2014







MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Schedule F (Form 990) 2014

59-2751953 Page 4

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2014







MULTIDISCIPLINARY ASSOCIATION

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MAPS PUBLIC BENEFIT CORPORATION	WHOLLY OWNED SUBSID	0.	SHARED OFFI		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MAPS PUBLIC BENEFIT CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WHOLLY OWNED SUBSIDIARY

(D) DESCRIPTION OF TRANSACTION: SHARED OFFICER

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

Name of the organization

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Employer identification number  
59-2751953

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

TRAINING THERAPISTS AND WORKING TO ESTABLISH A NETWORK OF TREATMENT  
CENTERS; 3) SUPPORTING SCIENTIFIC RESEARCH INTO SPIRITUALITY,  
CREATIVITY, AND NEUROSCIENCE; AND 4) EDUCATING THE PUBLIC HONESTLY  
ABOUT THE RISKS AND BENEFITS OF PSYCHEDELICS AND MARIJUANA.

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

DURING 2015, MAPS ESTABLISHED A WHOLLY OWNED FOR-PROFIT SUBSIDIARY,  
MAPS PUBLIC BENEFIT CORPORATION, TO CARRY OUT MAPS' PSYCHEDELIC AND  
MARIJUANA RESEARCH INITIATIVES.

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

IN ADDITION TO OUR CORE CLINICAL RESEARCH, THIS FISCAL YEAR WE BEGAN  
PLANNING A SERIES OF STUDIES IN COLLABORATION WITH RESEARCHERS WHO WORK  
WITH THE U.S. DEPARTMENT OF VETERANS AFFAIRS' NATIONAL CENTER FOR PTSD.  
WE'LL BE EXPLORING THE USE OF MDMA ALONG WITH MORE TRADITIONAL  
PSYCHOTHERAPEUTIC METHODS FOR TREATING PTSD INCLUDING  
COGNITIVE-BEHAVIORAL CONJOINT THERAPY, COGNITIVE PROCESSING THERAPY,  
AND PROLONGED EXPOSURE THERAPY. WE ALSO BEGAN OUR STUDY LOOKING AT THE  
SAFETY AND EFFICACY OF USING MDMA-ASSISTED THERAPY FOR ANXIETY IN  
ADULTS ON THE AUTISM SPECTRUM AND BEGAN PREPARATIONS FOR A STUDY OF  
MDMA-ASSISTED PSYCHOTHERAPY FOR END-OF-LIFE ANXIETY. THESE STUDIES WILL  
GROW SIGNIFICANTLY IN THE COMING YEAR.

MDMA-STUDY RELATED PROGRAM EXPENSES INCLUDE COSTS OF VIDEO DATA STORAGE  
AND STREAMING SYSTEMS DEVELOPMENT, BUDGETING, CONTRACTING, AND

Name of the organization	MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES	Employer identification number	59-2751953
--------------------------	--	--------------------------------	------------

MEETINGS; THE COSTS OF DEVELOPING THE TREATMENT MANUAL; TRAINING THERAPISTS; BLINDED THERAPIST ADHERENCE TRAINING; AND COSTS OF REVIEWING AND DOCUMENTING ALL PUBLISHED MDMA LITERATURE. THERE ARE ALSO MDMA-STUDY RELATED SUPERVISION OF THERAPISTS, PRESENTATION OF OUR DATA AT PROFESSIONAL CONFERENCES, AND COSTS TO MANAGE THE MDMA PURCHASED EARLY IN OUR WORK AND TO SECURE THE DRUG FOR PHASE 3 TRIALS EXPECTED TO BEGIN IN 2016.

CLINICAL RESEARCH GENERAL COSTS COVER THE DEVELOPMENT OF THE INFRASTRUCTURE NEEDED FOR OUR MDMA CLINICAL TRIALS, INCLUDING WORK WITH COMMUNICATIONS AND FUNDRAISING DEPARTMENTS, STAFF PROFESSIONAL DEVELOPMENT AND CONFERENCES, AND VIDEO STREAMING AND STATISTICAL SOFTWARE.

MOST OF THE CLINICAL RESEARCH EXPENSES ARE PERSONNEL, INCLUDING PERSONNEL AT EACH STUDY SITE: PRINCIPAL INVESTIGATORS, CO-INVESTIGATORS, INDEPENDENT RATERS, OVERNIGHT PHYSICIANS, ATTENDANT, AND STUDY COORDINATORS, AS WELL AS MAPS' INTERNAL STAFF: THE CLINICAL DIRECTOR, RESEARCH ASSOCIATES, INFORMATION SPECIALS, DATA COORDINATORS AND STATISTICAL CONSULTANTS.

IBOGAINE RESEARCH EXPENSES WERE DEDICATED TO COMPLETING OUR STUDIES IN MEXICO, AND NEW ZEALAND. LSD RESEARCH EXPENSES WERE PRIMARILY USED FOR THE MARCH 2014 PUBLICATION OF OUR LSD END-OF-LIFE ANXIETY ARTICLE IN THE JOURNAL OF NERVOUS AND MENTAL DISEASE.

MARIJUANA RESEARCH COVERED THE COSTS OF DEVELOPING THE PROTOCOL FOR A PILOT STUDY IN WHICH MARIJUANA WILL BE TESTED TO MANAGE SYMPTOMS IN 76



Name of the organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES	Employer identification number 59-2751953
--	--

VETERANS WITH CHRONIC, TREATMENT-RESISTANT PTSD, AND OUR EFFORTS TO END THE PUBLIC HEALTH SERVICE (PHS) REVIEW AND THE NATIONAL INSTITUTE OF DRUG ABUSE (NIDA) MONOPOLY OF THE SALE OF MARIJUANA FOR CLINICAL RESEARCH.

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

IN ORDER TO SHARE RECENT FINDINGS AND TO INSPIRE EXISTING AND NEW SUPPORT, MAPS PRODUCED EVENTS ON PSYCHEDELIC AND MARIJUANA RESEARCH IN COLORADO, VANCOUVER AND SANTA CRUZ; AND ATTENDED MORE THAN 17 EVENTS THAT OTHERS PRODUCED, PROVIDING SPEAKERS, EXHIBITS, SALES OF BOOKS AND MAPS BULLETINS, AND FREE DISTRIBUTION OF CLINICAL PROTOCOLS AND ARTICLES FROM PEER-REVIEWED JOURNALS.

COMMUNICATIONS INCLUDED PUBLISHING THREE MAPS BULLETINS, AND 12 EMAIL NEWSLETTERS, MAINTAINING MAPS.ORG, MDMAPSD.ORG, MAPSCANADA.ORG, PSYCHEDELICSCIENCE.ORG, AND LAUNCHING MDMA-AUTISM.ORG. MAPS PRODUCED "MANIFESTING MINDS," WITH NORTH ATLANTIC BOOKS, REPRINTED ALBERT HOFMANN'S "LSD: MY PROBLEM CHILD," AND BEGAN WORK WITH STANISLAV GROF ON HIS NEW BOOK, "THE VISIONARY WORLD OF H.R. GIGER." IN SPRING 2014, MAPS OFFERED ITS FIRST WEBINAR, "PSYCHEDELIC SCIENCE," IN COLLABORATION WITH EVOLVER LEARNING LABS.

MAPS SAW SIGNIFICANT GROWTH IN COVERAGE OF ITS WORK IN SOCIAL, ONLINE, AND TRADITIONAL MEDIA. FACEBOOK FOLLOWERS INCREASED BY 53% TO 141,658. TWITTER FOLLOWERS INCREASED 58%, TO 22,959. YOUTUBE SUBSCRIPTIONS INCREASED 61% TO 9,374. MAPS RECEIVED 515 UNIQUE MEDIA MENTIONS FROM ONLINE AND PRINT PUBLICATIONS WITH SIGNIFICANT REACH. MEDIA OUTLETS INCLUDED THE NEW YORKER, CNN, BRITISH JOURNAL OF PSYCHIATRY, FORBES,

Name of the organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES	Employer identification number 59-2751953
--	--

THE HUFFINGTON POST, FOX NEWS, MILITARY TIMES, THE LANCET,  
 MILITARY.COM, AL JAZEERA AMERICA, NBC NEWS, THE VERGE, ENGADGET,  
 NONPROFIT QUARTERLY, HEALTHLINE, REUTERS, HAARETZ, AND NATURE

FORM 990, PART VI, SECTION B, LINE 11:  
 FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REIVEW PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:  
 THE BOARD OF DIRECTORS PERIODICALLY REVIEWS NEW AND ONGOING RELATIONSHIPS  
 TO ASSURE COMPLIANCE

FORM 990, PART VI, SECTION B, LINE 15:  
 IT IS A MATTER OF POLICY TO SEARCH AVAILABLE WAGE DATA FOR SIMILAR POSITION

FORM 990, PART VI, SECTION C, LINE 19:  
 GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE  
 ORGANIZATION'S SANTA CRUZ OFFICE.

FORM 990, PART XII, LINE 2C:  
 THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTING AUDITORS AND  
 APPROVING THE AUDIT.







**MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES**

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAPS PUBLIC BENEFIT CORPORATION	B	1,810,000	ACCRUAL
(2) MAPS PUBLIC BENEFIT CORPORATION	N	15,647	ACCRUAL
(3) MAPS PUBLIC BENEFIT CORPORATION	O	54,655	ACCRUAL
(4)			
(5)			
(6)			



2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LEASEHOLD IMPROVEMENT	05/31/15	SL	5.00		16	12,228.				12,228.			0.	
2	EQUIPMENTS	05/01/10	SL	5.00		16	66,275.				66,275.	66,275.		0.	66,275.
	* TOTAL 990 PAGE 10 DEPR						78,503.				78,503.	66,275.		0.	66,275.



2014

California Exempt Organization  
Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 06/01/2014, and ending (mm/dd/yyyy) 05/31/2015

Corporation/Organization Name  
**MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES**

California corporation number  
**3007610**

Additional Information. See instructions.

FEIN  
**59-2751953**

Street address (suite or room)  
**1115 MISSION ST.**

PMB no.

City  
**SANTA CRUZ**

State  
**CA**

ZIP code  
**95060**

Foreign country name

Foreign province/state/county

Foreign postal code

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: (mm/dd/yyyy)

**E** Check accounting method:  
 (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
 (1)  990T (2)  990-PF (3)  Sch H (990)

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  Yes  No

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is an IRS Form 1023/1024 pending? Date filed with IRS \_\_\_\_\_  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	249,956.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.	3	2,407,910.00
	4	This line must be completed. If the result is less than \$50,000, see General Instruction B.	4	2,657,866.00
	5	Cost of goods sold	5	47,315.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	47,315.00
	8	Total gross income. Subtract line 7 from line 4	8	2,610,551.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,476,304.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	134,247.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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: \_\_\_\_\_ Title: **EXECUTIVE DIRE** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **04/09/16** Check if self-employed:  PTIN: **P00058069**  
 Firm's name (or yours, if self-employed) and address: **BOITANO, SARGENT & LILLY, LLP**  
**1760 THE ALAMEDA**  
**SAN JOSE, CA 95126-1728** Telephone: **94-2186228**  
**408-287-2123**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

59-2751953

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	91,626.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	46,052.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	SEE STATEMENT 3	•	7	112,278.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	249,956.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	80,000.00
	12	Other salaries and wages		•	12	699,183.00
	13	Interest		•	13	00
	14	Taxes		•	14	57,407.00
	15	Rents		•	15	45,899.00
	16	Depreciation and depletion (See instructions)		•	16	00
	17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	1,593,815.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	2,476,304.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,014,905.		• 1,892,490.
2	Net accounts receivable				•
3	Net notes receivable	STMT 6	36,954.		• 140,785.
4	Inventories		37,962.		• 76,605.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments	STMT 7	7,150,597.		• 8,539,472.
10	a Depreciable assets	66,275.		78,503.	
	b Less accumulated depreciation	( 66,275. )		( 66,275. )	12,228.
11	Land				•
12	Other assets	STMT 8	1,250,776.		• 348,991.
13	<b>Total assets</b>		9,491,194.		11,010,571.
<b>Liabilities and net worth</b>					
14	Accounts payable		128,019.		• 161,021.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities	STMT 9			931,378.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		9,363,175.		• 9,918,172.
22	<b>Total liabilities and net worth</b>		9,491,194.		11,010,571.

**Schedule M-1** Reconciliation of income per books with income per return  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	• 134,247.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	134,247.
6	<b>Total.</b> Add line 1 through line 5	134,247.			

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN ENDOWMENT FOUNDATION (GOOGLE MATCHING GIFTS)		05/31/15	10,311.
AUBREY MARCUS		05/31/15	31,378.
AUSTIN COMMUNITY FOUNDATION (THE BARNHART FAMILY FUND)		05/31/15	10,000.
BERNARD F. & ALVA B. GIMBEL FOUNDATION		05/31/15	5,000.
BRITT SELVITELLE		05/31/15	10,000.
CAREY & CLAUDIA TURNBULL		05/31/15	15,000.
CAROLYN MARY KLEEFELD		05/31/15	5,500.
DAVID ROCKEFELLER FUND		05/31/15	10,000.
DEVERA & MICHAEL WITKIN		05/31/15	5,360.
DIXIE BRANDS, INC		05/31/15	15,000.
DR. BRONNERS MAGIC SOAPS		05/31/15	201,000.
FIDELITY CHARITABLE (ADAM WIGGINS CHARITABLE GIFT FUND)		05/31/15	60,000.
FIDELITY CHARITABLE (OMEGA POINT CHARITABLE GIVING FUND)		05/31/15	25,000.
FIDELITY CHARITABLE (WILLIAM N. MELTON FUND)		05/31/15	10,000.

FRIDRIK STEIN KRISTJANSSON	05/31/15	10,000.
FUNK SAC, LLC	05/31/15	10,000.
GIANCARLO CANAVESIO	05/31/15	6,000.
GRANT TOWN	05/31/15	50,000.
HASKELL FUND	05/31/15	5,000.
HILARY SILVER	05/31/15	10,000.
IAN BROWN	05/31/15	10,125.
INFLEXXION, INC.	05/31/15	10,300.
JARED LUXENBERG	05/31/15	5,311.
JOHN A BERG	05/31/15	5,300.
JOSHUA MAILMAN FOUNDATION, INC.	05/31/15	5,000.
JULIE HOLLAND	05/31/15	5,491.
JUNE & LEE STEIN	05/31/15	10,000.
MAX & ELENA TALAN	05/31/15	15,620.
MENTAL INSIGHT FOUNDATION	05/31/15	80,000.
NEVA GOODWIN	05/31/15	15,000.
PHILIP PAYSON	05/31/15	53,543.
REDDIT	05/31/15	82,796.



MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE

59-2751953

REN RUIZ	05/31/15	5,000.
RIVERSTYX FOUNDATION	05/31/15	278,000.
ROBERT J BARNHART	05/31/15	10,488.
ROCKEFELLER PHILANTHROPY ADVISORS	05/31/15	5,000.
RODNEY GARCIA	05/31/15	5,000.
ROLAND WIEDERAENDERS	05/31/15	5,000.
SAN FRANCISCO FOUNDATION (ENTHEOGEN FUND)	05/31/15	90,000.
SILICON VALLEY COMMUNITY FOUNDATION	05/31/15	5,500.
SURNA, INC.	05/31/15	5,000.
THE GEORGE SARLO FOUNDATION	05/31/15	15,000.
THE LIBRA FOUNDATION	05/31/15	600,000.
THE PEACEMAN FOUNDATION	05/31/15	6,000.
VANGUARD CHARITABLE (THE SCORPIO RISING FUND)	05/31/15	200,000.
WILLIAM F. HARRISON	05/31/15	11,000.
YAVANNA FOUNDATION	05/31/15	10,000.
TOTAL INCLUDED ON LINE 3		<u>2,054,023.</u>

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		36,954
2. MERCHANDISE PURCHASED. . . . .		
3. COST OF LABOR. . . . .	86,966	
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		123,920
7. INVENTORY AT END OF YEAR . . . . .		76,605
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . .		47,315



MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE

59-2751953

LEGAL FEES	52,816.
ACCOUNTING FEES	83,422.
ADVERTISING AND PROMOTION	38,772.
OFFICE EXPENSES	44,181.
INFORMATION TECHNOLOGY	86,036.
CONFERENCES AND CONVENTIONS	63,538.
INSURANCE	6,704.
ALL OTHER EXPENSES	31,052.
TOTAL TO FORM 199, PART II, LINE 17	1,593,815.

FORM 199 NET NOTES RECEIVABLE STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	36,954.	140,785.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	36,954.	140,785.

FORM 199 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SAN FRANCISCO FUND	7,150,597.	6,729,472.
INVESTMENT IN MAPS PUBLIC BENEFIT CORP (A WHOLLY OWNED SUBSIDIARY)	0.	1,810,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	7,150,597.	8,539,472.

FORM 199 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,237,375.	333,570.
PREPAID EXPENSES AND DEFERRED CHARGES	13,401.	15,421.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,250,776.	348,991.



---



---

FORM 199	OTHER LIABILITIES	STATEMENT	9
----------	-------------------	-----------	---

---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO MPBC	0.	931,378.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	931,378.

---



---



---



---

FORM 199	FUND BALANCES	STATEMENT	10
----------	---------------	-----------	----

---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	8,451,907.	9,518,951.
TEMPORARILY RESTRICTED ASSETS	911,268.	399,221.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	9,363,175.	9,918,172.

---



---

**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 59-2751953

Corporation name

**MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES**

California corporation number

3007610

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 LEASEHOLD IMPROVEMENT	05/31/15	12,228.		SL	5.00	0.	
2 EQUIPMENTS	05/01/10	66,275.	66,275.	SL	5.00	0.	
<b>TOTALS</b>		78,503.	66,275.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22				

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Fiscal Year - See instructions.  
Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

439035  
12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

3007610      MULT 59-2751953      000000000000      14      FORM 3  
TYB 06-01-2014      TYE 05-31-2015  
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

1115 MISSION ST  
SANTA CRUZ      CA 95060

(831) 429-6362

Total Payment Amt      10.

TAXABLE YEAR  
**2014**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES</b>	Identifying number <b>59-2751953</b>
--	---

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> 2,657,866.00
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> 2,610,551.00
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> 2,476,304.00

**Part II Settle Your Account Electronically for Taxable Year 2014**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number	<b>6</b> Account number	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
-------------------------	-------------------------	--

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

<b>Sign Here</b>			
	Signature of Officer	Date	Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address				FEIN 94-2186228
					ZIP Code 95126-1728

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			P00058069
				FEIN 94-2186228
				ZIP Code 95126-1728



MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 0197855</u>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
<b>MULTIDISCIPLINARY ASSOCIATION          FOR PSYCHEDELIC STUDIES</b> <small>Name of Organization</small>	Corporate or Organization No. <u>3007610</u>
<u>1115 MISSION ST.</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>59-2751953</u>
<u>SANTA CRUZ, CA 95060</u> <small>City or Town, State and ZIP Code</small>	

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 06/01/2014 ending 05/31/2015 ) list:  
 Gross annual revenue \$ 2,610,551. Total assets \$ 11,010,571.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (831) 429-6362

Organization's e-mail address ASKMAPS@MAPS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**RICHARD DOBLIN**

**EXECUTIVE DIRECTOR**

Signature of authorized officer

Printed Name

Title

Date