

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUN 1, 2015** and ending **MAY 31, 2016**

<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> Doing business as		<b>D</b> Employer identification number <b>59-2751953</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1115 MISSION ST.</b>	<b>E</b> Telephone number <b>(831) 429-6362</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA CRUZ, CA 95060</b>		<b>G</b> Gross receipts \$ <b>5,549,102.</b>
	<b>F</b> Name and address of principal officer: <b>RICHARD DOBLIN</b> [Redacted]		<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>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.MAPS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1986</b>
			<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MEDICAL RESEARCH AND EDUCATION</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) <b>5</b> <b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>2,407,910.</b> <b>5,236,842.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>112,278.</b> <b>145,229.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>46,052.</b> <b>53,504.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>44,311.</b> <b>44,945.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,610,551.</b> <b>5,480,520.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>979,877.</b> <b>956,810.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>349,390.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,496,427.</b> <b>1,498,765.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,476,304.</b> <b>2,455,575.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>134,247.</b> <b>3,024,945.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>11,010,571.</b> <b>13,223,852.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>1,092,399.</b> <b>494,246.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>9,918,172.</b> <b>12,729,606.</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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>RICHARD DOBLIN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>FRANK L. BOITANO</b>		<b>02/20/17</b>		<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

**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 \$ 353,770. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**IN 2015, MAPS PUBLIC BENEFIT CORPORATION (MPBC) WAS ESTABLISHED AS A VEHICLE FOR CONDUCTING MAPS' PSYCHEDELIC AND MARIJUANA RESEARCH INITIATIVES. MPBC IS A WHOLLY OWNED SUBSIDIARY OF MAPS. SEE SCHEDULE L AND SCHEDULE R FOR ADDITIONAL DISCLOSURE.**

**MAPS' PRIMARY FOCUS IS RESEARCH INTO MDMA-ASSISTED PSYCHOTHERAPY FOR MULTIPLE INDICATIONS, ESPECIALLY PHASE 2 RESEARCH IN PARTICIPANTS WITH CHRONIC, TREATMENT-RESISTANT PTSD. IN THIS FISCAL YEAR, MAPS COMPLETED TREATMENTS FOR ALL PHASE 2 PTSD STUDIES. THIS INCLUDED FINAL TREATMENTS OF THE LAST 2 OF 26 PARTICIPANTS IN OUR CHARLESTON, SOUTH CAROLINA MDMA/PTSD STUDY AMONG VETERANS, FIREFIGHTERS AND POLICE OFFICERS. IT**

4b (Code: \_\_\_\_\_) (Expenses \$ 1,428,110. including grants of \$ \_\_\_\_\_) (Revenue \$ 190,174.)  
**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 2016: BURNING MAN (BLACK ROCK CITY, NV), ENVISION (COSTA RICA), AFRIKABURN (SOUTH AFRICA), SYMBIOSIS (OAKDALE, CA), YOUTOPIA (SAN DIEGO, CA) AND LIGHTNING IN A BOTTLE (BRADLEY, CA).**

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

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

4e Total program service expenses **1,781,880.**

**MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....	<b>X</b>	
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

**MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES**

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		<b>X</b>
<b>22</b> 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> .....		<b>X</b>
<b>23</b> 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> .....		<b>X</b>
<b>24a</b> 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> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> 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> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> 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> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36 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> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

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**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>c</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>b</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>b</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>b</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>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</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>b</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>a</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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</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>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</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>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</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>a</b>	Gross income from members or shareholders		
<b>b</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>b</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>a</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>b</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>c</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>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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
<b>1a</b>	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.	5	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	4	
<b>2</b>	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?	2	X
<b>3</b>	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?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	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	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	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?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	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?	16b	

**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 - [REDACTED]**







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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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>	34,610.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,202,232.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		5,236,842.				
	<b>Program Service Revenue</b>	<b>2 a</b> EDUCATIONAL EVENT INCO	<b>Business Code</b> 611710	145,229.	145,229.		
<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			145,229.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		53,504.			53,504.	
	<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>	113,527.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	68,582.				
	<b>c</b> Net income or (loss) from sales of inventory		44,945.	44,945.			
<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.			5,480,520.	190,174.	0.	53,504.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	72,885.	45,553.	7,289.	20,043.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	706,544.	467,161.	49,422.	189,961.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	118,889.	94,499.	7,939.	16,451.
<b>10</b> Payroll taxes	58,492.	39,177.	4,344.	14,971.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	124,012.	68,748.	18,550.	36,714.
<b>b</b> Legal				
<b>c</b> Accounting	82,285.		82,285.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	80,643.		80,643.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	56,407.	49,429.	50.	6,928.
<b>13</b> Office expenses	61,858.	24,824.	14,437.	22,597.
<b>14</b> Information technology	75,851.	63,703.	5,066.	7,082.
<b>15</b> Royalties				
<b>16</b> Occupancy	56,683.	41,624.	5,250.	9,809.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	75,068.	55,470.	9,618.	9,980.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,894.	1,894.		
<b>23</b> Insurance	11,041.	1,661.	9,380.	
<b>24</b> 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.)				
<b>a FISCAL SPONSOR - EDUCAT</b>	351,889.	351,889.		
<b>b EVENT EXPENSES</b>	260,409.	249,670.		10,739.
<b>c EDUCATION AND OUTREACH</b>	122,284.	122,284.		
<b>d CLINICAL RESEARCH</b>	90,716.	90,716.		
<b>e All other expenses</b>	47,725.	13,578.	30,032.	4,115.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,455,575.	1,781,880.	324,305.	349,390.
<b>26 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)

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,892,490.	<b>2</b>	693,476.
	<b>3</b> Pledges and grants receivable, net .....	333,570.	<b>3</b>	2,194,352.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	34,610.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	140,785.	<b>7</b>	197,052.
	<b>8</b> Inventories for sale or use .....	76,605.	<b>8</b>	81,782.
	<b>9</b> Prepaid expenses and deferred charges .....	15,421.	<b>9</b>	140,053.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,025.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,894.		
	<b>11</b> Investments - publicly traded securities .....	12,228.	<b>10c</b>	16,131.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,729,472.	<b>11</b>	6,486,396.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,810,000.	<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	3,380,000.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,010,571.	<b>15</b>		
		<b>16</b>	13,223,852.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	161,021.	<b>17</b>	185,371.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	931,378.	<b>25</b>	308,875.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,092,399.	<b>26</b>	494,246.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	9,518,951.	<b>27</b>	11,764,182.
	<b>28</b> Temporarily restricted net assets .....	399,221.	<b>28</b>	965,424.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	9,918,172.	<b>33</b>	12,729,606.
	<b>34</b> Total liabilities and net assets/fund balances .....	11,010,571.	<b>34</b>	13,223,852.

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**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	5,480,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,455,575.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,024,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,918,172.
5	Net unrealized gains (losses) on investments	5	-213,511.
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	12,729,606.

**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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) 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**

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

	(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" on 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? .....

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MAPS PUBLIC		
(2) BENEFIT CORP (A WHOLLY		
(3) OWNED SUBSIDIARY)	3,380,000.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	3,380,000.	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO WHOLLY OWED SUBSIDIARY	308,875.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	308,875.

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

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,267,022.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-213,498.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-213,498.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,480,520.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,480,520.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,455,575.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,455,575.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,455,575.

**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.











MULTIDISCIPLINARY ASSOCIATION

FOR PSYCHEDELIC STUDIES

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No









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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALSO INCLUDED THE LAST 6 OF 28 PARTICIPANTS IN OUR STUDY IN BOULDER,  
COLORADO FOR PEOPLE SUFFERING FROM PTSD FROM ANY CAUSE, THE LAST 6 OF  
10 PARTICIPANTS IN OUR MDMA/PTSD STUDY IN BEER YAAKOV, ISRAEL, AND THE  
LAST 2 OF 6 PARTICIPANTS FOR OUR MDMA/PTSD STUDY IN VANCOUVER, CANADA.  
IN ADDITION, WE EXPANDED OUR MDMA-ASSISTED PSYCHOTHERAPY THERAPIST  
TRAINING PHASE 1 SAFETY STUDY TO INCLUDE UP TO 100 THERAPISTS ACROSS  
TWO CLINICAL SITES, AND 5 NEW THERAPISTS WERE TREATED THIS FISCAL YEAR.

IN ADDITION TO OUR CORE CLINICAL RESEARCH, THIS FISCAL YEAR WE  
ACTUALIZED COLLABORATION ON TWO STUDIES IN COLLABORATION WITH  
RESEARCHERS WHO WORK WITH THE U.S. DEPARTMENT OF VETERANS AFFAIRS'  
NATIONAL CENTER FOR PTSD. FDA, IRB, AND DEA SUBMISSIONS WERE APPROVED  
AND THE SITE INITIATION VISIT WAS CONDUCTED FOR A PILOT STUDY ON THE  
COMBINED USE OF MDMA-ASSISTED PSYCHOTHERAPY WITH THE GOLD STANDARD IN  
COUPLES THERAPY, CALLED COGNITIVE BEHAVIORAL JOINT THERAPY. WE ALSO  
TREATED 4 OF 12 PARTICIPANTS IN OUR STUDY EXPLORING THE SAFETY AND  
EFFICACY OF USING MDMA-ASSISTED THERAPY FOR SOCIAL ANXIETY IN ADULTS ON  
THE AUTISM SPECTRUM AND TREATED 9 OF 18 PARTICIPANTS IN OUR STUDY OF  
MDMA-ASSISTED PSYCHOTHERAPY FOR END-OF-LIFE ANXIETY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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

Employer identification number  
**59-2751953**

MDMA-STUDY RELATED PROGRAM EXPENSES INCLUDE COSTS OF VIDEO DATA STORAGE AND STREAMING SYSTEMS DEVELOPMENT, BUDGETING, CONTRACTING, AND 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 TRAINING AND 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 2017.

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, NIGHT ATTENDANTS, AND STUDY COORDINATORS, AS WELL AS MAPS' INTERNAL STAFF: THE CLINICAL DIRECTOR, DATA SCIENTISTS, RESEARCH ASSOCIATES, INFORMATION SPECIALIST, DATA COORDINATORS AND STATISTICAL CONSULTANTS.

IBOGAINE RESEARCH EXPENSES WERE DEDICATED TO PUBLISHING ON OUR COMPLETED STUDIES IN MEXICO AND NEW ZEALAND. AYAHUASCA RESEARCH EXPENSES WERE USED TO EXPLORE FEASIBILITY OF FDA-REGULATED CLINICAL TRIALS WITH THIS BOTANICAL INVESTIGATIONAL PRODUCT.

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

Employer identification number  
**59-2751953**

MARIJUANA RESEARCH COVERED THE COSTS OF CONTINUED DEVELOPMENT OF THE  
PROTOCOL FOR A PILOT STUDY IN WHICH MARIJUANA WILL BE TESTED TO MANAGE  
SYMPTOMS IN 76 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  
AUSTIN, SAN FRANCISCO, NEW YORK, AND OAKLAND; AND ATTENDED 35 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, MDMA-AUTISM.ORG,  
MAPSCANADA.ORG, PSYCHEDELICSCIENCE.ORG, PSYCHEDELICDINNERS.ORG,  
MAPSBCORP.COM, AND ZENDOPROJECT.ORG; AND ONGOING MEDIA OUTREACH. MAPS  
ALSO REPRINTED ALBERT HOFMANN'S "LSD: MY PROBLEM CHILD," PUBLISHED  
STANISLAV GROF'S NEW BOOK, "THE VISIONARY WORLD OF H.R. GIGER," AND  
BEGAN WORK ON THE NEW EDITED COLLECTION "THE KETAMINE PAPERS." IN THE  
FALL OF 2016, MAPS OFFERED ITS SECOND WEBINAR, "PSYCHEDELIC SCIENCE AND  
SPIRITUALITY," IN COLLABORATION WITH EVOLVER LEARNING LABS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER RESEARCH. (\$46,921) THIS YEAR WE FINALIZED OUR IBOGAIN RESEARCH  
STUDIES IN MEXICO (\$7,653), AND NEW ZEALAND (\$2,914); AND COMPLETED OUR

Name of the organization	MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES	Employer identification number	59-2751953
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LSA AND END-OF-LIFE ANXIETY RESEARCH (\$26,294). OUR MARIJUANA/PTSD STUDY IS STILL IN THE PROTOCOL APPROVAL PROCESS; THIS YEAR FUNDS (\$6,214) WERE USED TO OBTAIN FDA AND IRB APPROVAL.

FISCAL SPONSORSHIPS (\$23,702) OUR FISCAL SPONSORSHIP PROGRAM PROVIDED FUNDRAISING ASSISTANCE TO ORGANIZATIONS THAT ARE IN CLOSE ALIGNMENT WITH OUR MISSION AND VALUES, INCLUDING: BLUELIGHT, YAWANAWA AYAHUASCA PROJECT, WAMM, AND THE TEMPLE OF WHOLLYNESS AT BURNING MAN.

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2015

**MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MAPS PUBLIC BENEFIT CORP. - 47-2616460 1215 MISSION STREET SANTA CRUZ, CA 95060	CLINICAL RESEARCH	CA		C CORP	-2,067,474.	655,420.	100%		X

**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	1,570,000.	ACCRUAL
(2) MAPS PUBLIC BENEFIT CORPORATION	N	35,937.	ACCRUAL
(3) MAPS PUBLIC BENEFIT CORPORATION	O	116,298.	ACCRUAL
(4)			
(5)			
(6)			





2015 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
	BUILDINGS														
1	APPLE COMPUTER	11/01/15	SL	5.00		16	5,532.				5,532.			645.	645.
	* 990 PAGE 10 TOTAL BUILDINGS						5,532.				5,532.	0.		645.	645.
	MACHINERY & EQUIPMENT														
2	IMPROVEMENT	06/01/15	SL	10.00		16	12,493.				12,493.			1,249.	1,249.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						12,493.				12,493.	0.		1,249.	1,249.
	* GRAND TOTAL 990 PAGE 10 DEPR						18,025.				18,025.	0.		1,894.	1,894.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			
	ACQUISITIONS						18,025.			0.	18,025.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						18,025.			0.	18,025.	0.			
	ENDING ACCUM DEPR											1,894.			
	ENDING BOOK VALUE											16,131.			

California Exempt Organization  
Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 06/01/2015, and ending (mm/dd/yyyy) 05/31/2016

Corporation/Organization name <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES</b>		California corporation number <b>3007610</b>
Additional information. See instructions.		FEIN <b>59-2751953</b>
Street address (suite or room) <b>1115 MISSION ST.</b>		PMB no.
City <b>SANTA CRUZ</b>	State <b>CA</b>	ZIP code <b>95060</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	<b>L</b> If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/>
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	<b>P</b> Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	312,260.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	5,236,842.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	5,549,102.00
	5	Cost of goods sold <b>STMT 2</b>	5	68,582.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	68,582.00
	8	Total gross income. Subtract line 7 from line 4	8	5,480,520.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,455,575.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,024,945.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	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.

<b>Sign Here</b>	Signature of officer	Title <b>EXECUTIVE DIRE</b>	Date	Telephone
	Preparer's signature	Date <b>02/20/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00058069</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>BOITANO, SARGENT &amp; LILLY, LLP 1760 THE ALAMEDA SAN JOSE, CA 95126-1728</b>	Telephone <b>94-2186228</b>		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

59-2751953

528951 11-25-15

**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.

Receipts from Other Sources  Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	113,527.00
	2	Interest	•	2	00
	3	Dividends	•	3	53,504.00
	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	•	7	145,229.00
	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	312,260.00
	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	•	11	72,885.00
	12	Other salaries and wages	•	12	706,544.00
	13	Interest	•	13	00
	14	Taxes	•	14	58,492.00
	15	Rents	•	15	56,683.00
	16	Depreciation and depletion (See instructions)	•	16	1,894.00
	17	Other Expenses and Disbursements	•	17	1,559,077.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,455,575.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,892,490.		693,476.
2 Net accounts receivable				34,610.
3 Net notes receivable <b>STMT 6</b>		140,785.		197,052.
4 Inventories		76,605.		81,782.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments <b>STMT 7</b>		8,539,472.		9,866,396.
10 a Depreciable assets	12,228.		18,025.	
b Less accumulated depreciation	( )	12,228.	( 1,894. )	16,131.
11 Land				
12 Other assets <b>STMT 8</b>		348,991.		2,334,405.
13 <b>Total assets</b>		11,010,571.		13,223,852.
<b>Liabilities and net worth</b>				
14 Accounts payable		161,021.		185,371.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 9</b>		931,378.		308,875.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		9,918,172.		12,729,606.
22 <b>Total liabilities and net worth</b>		11,010,571.		13,223,852.

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	•	3,024,945.	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	
6 Total. Add line 1 through line 5		3,024,945.		3,024,945.

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MOSHE TOV KREPS	[REDACTED]	05/31/16	1,025,000.
RIVERSTYX FOUNDATION	[REDACTED]	05/31/16	361,000.
TIDES FOUNDATION	[REDACTED]	05/31/16	1,500,000.
DR. BRONNER'S	[REDACTED]	05/31/16	318,075.
MENTAL INSIGHT FOUNDATION	[REDACTED]	05/31/16	290,000.
FIDELITY CHRITABLE TRUST	[REDACTED]	05/31/16	106,000.
DAVID ROCKEFELLER FUND	[REDACTED]	05/31/16	100,000.
ROCKEFELLER PHILANTHROPY ADVISORS	[REDACTED]	05/31/16	200,000.
VANGUARD CHARITABLE	[REDACTED]	05/31/16	200,000.
GRANT TOWN	[REDACTED]	05/31/16	200,000.
TOTAL INCLUDED ON LINE 3			<u>4,300,075.</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 . . . . .		76,605
2. MERCHANDISE PURCHASED. . . . .	73,759	
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		150,364
7. INVENTORY AT END OF YEAR . . . . .		81,782
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		68,582

FORM 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
EDUCATIONAL EVENT INCOME		145,229.	
TOTAL TO FORM 199, PART II, LINE 7		145,229.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
RICK DOBLIN 1115 MISSION ST. SANTA CRUZ, CA 95060	PRESIDENT 45.00	72,885.	
JOHN GILMORE 1115 MISSION ST. SANTA CRUZ, CA 95060	DIRECTOR 2.00	0.	
ROBERT BARNHART 1115 MISSION ST. SANTA CRUZ, CA 95060	DIRECTOR 2.00	0.	
DAVID BRONNER 1115 MISSION ST. SANTA CRUZ, CA 95060	DIRECTOR 2.00	0.	
JOBY PRITZKER 1115 MISSION ST. SANTA CRUZ, CA 95060	DIRECTOR 2.00	0.	
TOTAL TO FORM 199, PART II, LINE 11		72,885.	

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
FISCAL SPONSOR - EDUCAT EVENT EXPENSES		351,889.	
EDUCATION AND OUTREACH		260,409.	
CLINICAL RESEARCH		122,284.	
OTHER EMPLOYEE BENEFITS		90,716.	
MANAGEMENT FEES		118,889.	
		124,012.	

ACCOUNTING FEES	82,285.
INVESTMENT MANAGEMENT FEES	80,643.
ADVERTISING AND PROMOTION	56,407.
OFFICE EXPENSES	61,858.
INFORMATION TECHNOLOGY	75,851.
CONFERENCES AND CONVENTIONS	75,068.
INSURANCE	11,041.
ALL OTHER EXPENSES	47,725.
TOTAL TO FORM 199, PART II, LINE 17	1,559,077.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	140,785.	197,052.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	140,785.	197,052.

FORM 199	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
SAN FRANCISCO FUND	6,729,472.	6,486,396.
INVESTMENT IN MAPS PUBLIC BENEFIT CORP (A WHOLLY OWNED SUBSIDIARY)	1,810,000.	3,380,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	8,539,472.	9,866,396.

FORM 199	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	333,570.	2,194,352.
PREPAID EXPENSES AND DEFERRED CHARGES	15,421.	140,053.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	348,991.	2,334,405.

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DUE TO WHOLLY OWED SUBSIDIARY	931,378.	308,875.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	931,378.	308,875.	

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	9,518,951.	11,764,182.	
TEMPORARILY RESTRICTED ASSETS	399,221.	965,424.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	9,918,172.	12,729,606.	



**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	
<b>(a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6		
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 <b>smaller</b> 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 2016. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation 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 APPLE COMPUTER	11/01/15	5,532.		SL	5.00	645.	
2 IMPROVEMENT	06/01/15	12,493.		SL	10.00	1,249.	
<b>TOTALS</b>		<b>18,025.</b>					
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					<b>1,894.</b>	

**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	<b>1,894.</b>
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	<b>1,894.</b>
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 2, 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	<b>0.</b>

**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 2, 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 "2015 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 corporations - File and Pay by March 15, 2016.**  
**Calendar year exempt organizations - File and Pay by May 16, 2016**  
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.  
Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

**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.

539035  
12-09-15

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

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

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

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

3007610 MULT 59-2751953 000000000000 15 FORM 3  
TYB 06-01-2015 TYE 05-31-2016  
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

1115 MISSION ST  
SANTA CRUZ CA 95060

(831) 429-6362

Amount of Payment 10.

TAXABLE YEAR  
**2015**

# 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> 5,549,102.00
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> 5,480,520.00
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> 2,455,575.00

**Part II Settle Your Account Electronically for Taxable Year 2015**

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

**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 2015 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> 	_____	<b>EXECUTIVE DIRECTOR</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, 2015 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</b> 	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>BOITANO, SARGENT &amp; LILLY, LLP</b>	FEIN	<b>94-2186228</b>		
	<b>1760 THE ALAMEDA</b>				
	<b>SAN JOSE, CA</b>	ZIP code	<b>95126-1728</b>		

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</b> 	_____	_____	<input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>BOITANO, SARGENT &amp; LILLY, LLP</b>	FEIN	<b>94-2186228</b>	
	<b>1760 THE ALAMEDA</b>			
	<b>SAN JOSE, CA</b>	ZIP code	<b>95126-1728</b>	

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

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

**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

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: <b>CT 0197855</b>  <b>MULTIDISCIPLINARY ASSOCIATION          FOR PSYCHEDELIC STUDIES</b> <small>Name of Organization</small>  <b>1115 MISSION ST.</b> <small>Address (Number and Street)</small>  <b>SANTA CRUZ, CA 95060</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>3007610</u>  Federal Employer I.D. No. <u>59-2751953</u>
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**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 06/01/2015 ending 05/31/2016 ) list:  
 Gross annual revenue \$ 5,480,520. Total assets \$ 13,223,852.

**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. <span style="float:right"><b>SEE STATEMENT 11</b></span>	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.

<b>RICHARD DOBLIN</b>	<b>EXECUTIVE DIRECTOR</b>		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

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FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 11

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KEN GERSHMAN

MEDICAL MARIJUANA RESEARCH GRANT PROGRAM MANAGER

