

Short Form

990-EZ

Return of Organization Exempt From Income Tax

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning June 1, 2002, and ending May 31, 2003

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
CENTER FOR STUDY of PSYCHIATRY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1036 PARK Avenue 1B

City or town, state or country, and ZIP + 4
New York, New York 10028-0971

D Employer identification number
23: 7378417

E Telephone number
(212) 861-7400

F Enter 4-digit (GEN) ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Web site. ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 35139

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

SCANNED NOV 13 2003

1	Contributions, gifts, grants, and similar amounts received	1	693
2	Program service revenue, including government fees and contracts	2	
3	Membership dues and assessments	3	11,150
4	Investment income	4	61
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	23235
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	23235
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	35139

10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	11271
15	Printing, publications, postage, and shipping	15	15400
16	Other expenses (describe ▶ <u>WIRE-FE-3250 Telephone-827 office-1648</u>)	16	5726
17	Total expenses (add lines 10 through 16)	17	32397

18	Excess or (deficit) for the year (line 9 less line 17)	18	2742
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22171
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	24839

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)

	(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	22	22171	24913
23	Land and buildings	23		
24	Other assets (describe ▶ _____)	24		
25	Total assets	25	22171	24913
26	Total liabilities (describe ▶ _____)	26	-	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	22171	24913

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>RESEARCH + EDUCATION</u>		
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>conference</u> (Grants \$)	28a 11271
29	<u>Newsletter</u> (Grants \$)	29a 15400
30	<u>Research</u> (Grants \$)	30a 5726
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 32397

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED STATEMENTS</u>		0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		<u>Maryland</u>
42	The books are in care of <u>Dominick Riccio</u> Telephone no <u>(212) 861-7400</u> Located at <u>1036 Park Avenue 1B NY NY</u> ZIP + 4 <u>10028-0921</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>

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 the information reported hereon is true and correct. I am a preparer (other than officer) is based on all information of which preparer has any knowledge

Date 10/31/03
10. EXECUTIVE DIRECTOR

Part III—Statement of Program Service Accomplishments

Organization's primary exempt purpose research & education

28 conferences and workshops to further educate professionals and public on benefits and how to deliver psychosocial approaches to mental health and hazards of bio-medical model of psychiatry

29 Distribution of informational materials to further knowledge of the hazards of bio-medical model of psychiatry and the benefits of psychosocial approaches

30 Research and data collection of scientific and explanatory materials to further knowledge of the hazards of bio-medical model of psychiatry and the benefits of psychosocial approaches

Center for the Study of Psychiatry and Psychology

23-7378417

<u>Officers/Directors/Trustees/Key Employees</u>	<u>Avg Hours Per Week</u>	<u>Compensation</u>
<u>BOARD OF DIRECTORS</u>		
Bemak, Fred, Ed.D. Graduate School of Education George Mason University MSN4B3 4400 University Drive Fairfax, VA 22030-444	0	0
<u>CHAIRMAN</u>		
Cohen, David 501 Collins Ave Apt 3J Miami Beach, FL 33140	0	0
Foltz, Robert, Psy.D 319 South Western Avenue Park Ridge, IL 60068	0	0
Gordon, James, M.D. 2934 Macomb Street N.W. Washington, D.C. 20008	0	0
Hopson, Ron, Ph.D. 928 Lake Front Drive Mitchelville, MD 20721	0	0
Grace, Jackson, M.D. 15612 Marathon Circle #102 North Potomac, MD 20878	0	0
Johnson, Jake A., Ed.D. Dept of Education Bowie State University Bowie, MD 20715	0	0
Levine, Andrew, CSW 98 Mayberry Lane New Rochelle, NY 10804	0	0

McReady, Kevin, Ph.D
3114 Willow Avenue
Clovis, CA 93612 0 0

Mosher, Loren, M.D
2616 Angell Ave
San Diego, CA 92122 0 0

Plumlee, Lawrence, M.D.
5717 Beech Avenue
Bethesda, MD 20817 0 0

EXECUTIVE DIRECTOR

Riccio, Dominick, Ph.D.
1036 Park Ave Suite 1 B
New York, NY 10028 0 0

Shore, Milton F. Ph.D.
418 Lamberton Drive
Silver Spring, MD 0 0

Simon, Lawrence, Ph.D.
2717 Belle Road
Bellmore, NY 11710 0 0

Smith, Doug, M.D.
9340 View Drive
Juneau, Alaska 99801 0 0

Stein, David, Ph.D.
Longwood College
Psychology Department
Farmville, VA 23909 0 0

Tarantolo, Joseph, M.D
613 South Carolina Ave S.E.
Washington, DC 20003 0 0

Vontress, Clemmont E., Ph.D
2301 Naylor Rd S.E.
Washington, DC 20020 0 0

Chairman: David Cohen 0 0
Secretary: Ron Hopson 0 0
Treasurer: Kevin McCready 0 0
Exec Director: Dominick Riccio 5 0

(see addresses above)