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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Capacidation	Α	For the 2	1005 calendar year, or tax year beginning JUN 1, 2005 and ending MAY 31, 2	006	<u> </u>
Second Content		Check if	C Name of organization D Emp	oloyer	identification number
No. Section 5		applicable		•	
Boom/Subset Felephone number Corner Cor				9-2	751953
Second	F	Name	type. Number and street (or P.O. hox if mail is not delivered to street address). Boom/suite F.Tele		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 Contributions, grants, and similar amounts received:	F	∏Initial	Jee I		
SARASOTA FL 34230	F	Final	Instruc-		
Note	F	Amende	SARASOTA, FL 34230		
New Note No	F		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Hand Lare not applicable		
G Website: ►N / A Togalization type lease service X 501(c) (3		portains	must attach a completed Schedule A (Form UUI) or UUII-F/)		
The complete product with program and the p	G	Website:			 _
K Check here					·
organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Contributions, gins, grants, and tibb to line 12 ▶ 1,533,874.18	_		if the organization's gross receipts are normally not more than \$25,000. The (If "No," attach a list.)		
Sure to file a complete return. Some states require a complete return.			I HILL IS LIIIS A SEDAIALE IELUII	a group	oruling? Yes X No
Cross receipts: Add lines 6b, 8b, 9b, and 10b to line 12		-			
Part					ation is not required to attach
1 Contributions, gifts, grants, and similar amounts received: a	L	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 1 , 5 3 3 , 8 7 4 . 18 Sch. B (Form 990, 990	-EZ, or	990-PF).
1 Contributions, gifts, grants, and similar amounts received: a	Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
December Control Con					
Description		a	Direct public support 1a 962,759.95		
Covernment contributions (grants) Covernment contributions (g		· .			
d Total (add lines 1a through 1c) (cash \$ 824, 862.69 noncash \$ 137,897.26) 1d 962,759.95 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 166,160.97 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 27,590.53 6 a Gross rents 6a		С	Government contributions (grants)		
2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6 b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ► 8 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ► 0 Less: cost or goods sold a Gross revenue (not including \$ of contributions reported on line 1a) b Less: cost of goods sold c Gross profit or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (B)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 72, column (A)) 20 Net assets or fund balances at beginning of year (from line 73, column (A)) 21 Net assets or fund balances at beginning of year (from line 73, column (A)) 21 Net assets or fund balances at tend of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at tend of year (combine lines 18, 19, and 20) 21 Total text combined the combine lines 18, 19, and 20) 21 Total polyments to affiliate at the combine lines 18, 19, and 20) 21 Total polyments to affiliate at the combine lines 18, 19, and 20) 21 Total polyments to affiliate at the combine line		d	Total (add lines 1a through 1c) (cash \$ 824,862.69 noncash \$ 137,897.26)	1d	962,759.95
4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6 Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ►) 7 8 a Gross amount from sales of assets other than inventory		2		2	166,160.97
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S		4	Interest on savings and temporary cash investments	4	
Figure		5		5	27,590.53
b Less: rental expenses 6b 6c		6 a			
C Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ►) 7 Other investment income or (loss) and sales of inventory (altach schedule) (subtract Investment Investment Inventory (altach schedule) (subtract Investment Investment Inventory (altach schedule) (subtract line 10b from line 10a) 10c		b			
8 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (datach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 STMT 2 8 d <493.69>8c 4 of the gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 STMT 2 8 d <493.69>8c 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses 9 b c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (B)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20)		С		6c	
b Less: cost or other basis and sales expenses	a)	7	Other investment income (describe >	7	
b Less: cost or other basis and sales expenses	Ž	8 a			
b Less: cost or other basis and sales expenses	ě				
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 STMT 2 86 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$	<u></u>	b			
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶□ a Gross revenue (not including \$		C			
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21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 783,522.99	Se Se	19	Not assets or fund balances at beginning or year (norm line 73, column (A))		
	<	٠ <u>-</u> -			
	523	001		21	

Page 2

orm 990 (2	2005)	PSICHEDELIC	STUDIES, IN	L•	39-2/31933	٢
Part II	Statement of		ons must complete columi	n (A). Columns (B), (C), and (D) are requi	ired for section 501(c)(3)	
	Functional Exc	penses and (4) orga	nizations and section 4947	(a)(1) nonexempt charitable trusts but or	otional for others.	

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ 0 • 0 0 noncash \$ 0 • 0 0)				
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc	25			26,716.00	0.00
	Other salaries and wages	26	93,537.73	77,690.29	15,847.44	
27	Pension plan contributions	27				
28	Other employee benefits	28		18,125.01	6,041.67	
29	Payroll taxes	29	17,317.00	12,987.75	4,329.25	
30	Professional fundraising fees	30				
31	Accounting fees	31	3,050.00		3,050.00	
32	Legal fees	32				
33	Supplies	33	6,996.74		3,498.37	
	Telephone	34	18,120.76		4,530.19	
	Postage and shipping	35	13,823.97	10,367.98	3,455.99	
36	Occupancy	36	20,259.24		20,259.24	
	Equipment rental and maintenance	37				
38	Printing and publications	38	224,792.91	224,792.91		
39	Travel	39	- ,		12,886.51	
	Conferences, conventions, and meetings	40	570.00	285.00	285.00	
41	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	4,702.73		4,702.73	
43	Other expenses not covered above (itemize):					
á	1	43a				
t)	43b				
(;	43c				
(1	43d				
6	•	43e				
f	-	43f				
Ç	SEE STATEMENT 3	43g	495,648.40	479,346.09	10,990.94	5,311.37
44	Total functional expenses. Add lines 22		-	-	-	-
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	1,025,475.22	903,570.52	116,593.33	5,311.37
Joi	int Costs. Check Dif you are following	SOF		-	-	<u>-</u>
	any joint costs from a combined educational campai			ported in (B) Program servi	ces? ▶□	Yes X No
	Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
) the amount allocated to Management and general \$			(iv) the amount allocated to		N/A

Form **990** (2005)

Page 3

Form 990 (2005)

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

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

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a 11. MDMA-PTSD STUDY IN SOUTH CAROLINA - DR. MICHAEL MITHOEFE PHASE II MDMA-PTSD PILOT STUDY - THE FIRST FDA-APPROVED STUDY THERAPEUTIC USE OF MDMA - WAS MAPS' MOST STRATEGICALLY CRITIC RESEARCH PROJECT IN FY 05-06. THIS STUDY WILL BE COMPLETED I (Grants and allocations \$) If this amount includes foreign grants, check here	quired for 501(c)(3) nd (4) orgs., and 47(a)(1) trusts; but ottional for others.)
PHASE II MDMA-PTSD PILOT STUDY - THE FIRST FDA-APPROVED STUDY THERAPEUTIC USE OF MDMA - WAS MAPS' MOST STRATEGICALLY CRITIC RESEARCH PROJECT IN FY 05-06. THIS STUDY WILL BE COMPLETED I (Grants and allocations \$) If this amount includes foreign grants, check here	
b 36. S.A.F.E.R MAPS IS FISCAL SPONOR FOR SAFER'S EDUCATIONAL ACTIVITIES. SAFER SPONSORS HARM REDUCTION EDUCATION AT COLLEGE CAMPUSES ACROSS THE COUNTRY	L61,448.95
(Grants and allocations \$) If this amount includes foreign grants, check here c 28. EROWID WEBSITE - MAPS IS THE FISCAL SPONSOR FOR EROWID.ORG, AN EDUCATIONAL WEBSITE FOCUSED ON PROVIDING INFO. ABOUT PSYCHOACTIVE PLANTS AND DRUGS. EROWID IS THE MOST FREQ VISITED PSYCHOACTIVE DRUG INFORMATION SITE ON THE WEB	75,175.00
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ d 29. DEA/ALJ LAWSUITE - \$32,290 OF THIS SUME WAS FOR LEGAL FEES PAID TO DC LAW FIRM JENNER & BLOCK, THE LEAD LAW FIRM IN MAPS AND PROF. CRAKER'S LAWSUIT AGAINST THE DEA FOR REJECTING PROF. CRAKERS APPLICATION TO DEA FOR A SHEDULE I	62,004.76
e Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ 5	46,625.48 558,316.33 903,570.52

523021 02-03-06

MULTIDISCIPLINARY ASSOCIATION FOR

Form 990 (2005) PSYCHEDELIC STUDIES, INC. 59-2751953 Page **4** Part IV Balance Sheets (See the instructions.)

te: Whe	ere required, attached schedules and amounts with	thin the description column	(A)		(B)
sho	uld be for end-of-year amounts only.		Beginning of year		End of year
45	Cash - non-interest-bearing			45	
46	Savings and temporary cash investments		397,502.23	46	612,979.67
47 a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
48 a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees,				
	and key employees			50	
51 a	Other notes and loans receivable				
	Less: allowance for doubtful accounts		67.68	51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		101.66		260.06
54	Investments - securities TMT 5	► X Cost FMV	222,650.72		128,280.88
1	Investments - land, buildings, and		222,0001,2	<u> </u>	220,20000
"	equipment: basis	55a 40,000.00			
	equipment. basis	350 40,000.00			
١,	Less: accumulated depreciation	556	40,000.00	550	40,000.0
56			40,000.00	56	40,000.00
	Investments - other			30	
	Less: accumulated depreciation STMT 6	57b 45,309.20	9,914.16	57c	17,995.0
	Other assets (describe	45,509.20	9,914.10	57 C	11,995.0
58	Other assets (describe			56	
59	Total assets (must equal line 74). Add lines 45	through 58	670,236.45	59	799,515.68
60	Accounts payable and accrued expenses		0707230113	60	733731300
61	Grants payable			61	
62				62	
63	Deferred revenue			63	
1				64a	
	a Tax-exempt bond liabilities			64b	
	b Mortgages and other notes payable	PE CUNTEMENT 7	17,256.00		15,992.69
65	Other liabilities (describe SE	E SIAIEMENI /	17,230.00	00	13,992.03
66	Total liabilities. Add lines 60 through 65)		17,256.00	66	15,992.69
Org	anizations that follow SFAS 117, check here ▶	and complete lines			
	67 through 69 and lines 73 and 74.				
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
Org	anizations that do not follow SFAS 117, check				
	complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		0.00	70	0.00
71	Paid-in or capital surplus, or land, building, and		0.00	71	0.00
72	Retained earnings, endowment, accumulated in	_	652,980.45	72	783,522.99
73	Total net assets or fund balances (add lines 67 throu		-		•
	· · · · · · · · · · · · · · · · · · ·		652,980.45	73	783,522.99
	column (A) must equal line 19; column (B) must equa	l line 21) I	034,300.43	/ 0	,00,000

Form **990** (2005)

Form 990 (2005) PSYCHEDELIC STUDIES, INC. 59-2751953

| Part IV-A | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	instructions.)			
a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	. b1		
2	Donated services and use of facilities	. b2		
3	Recoveries of prior year grants	. b3		
	Other (specify):	b4		
	Add lines b1 through b4		b	
C	Subtract line b from line a			
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	. d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
е	Total revenue (Part I, line 12). Add lines c and dart IV-B Reconciliation of Expenses per Audited Financial Statement		> e	
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statement	s With Expen	ses per Return	
	Total expenses and losses per audited financial statements			N/A
a				
a b 1	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities	b1		
a b 1 2	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20	b1 b2		
a b 1 2	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20	b1 b2		
a b 1 2 3	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities	b1 b2		
a b 1 2 3	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20	b1 b2 b3 b4	a	
a b 1 2 3 4	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify):	b1 b2 b3 b4	a	
a b 1 2 3 4	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4	b1 b2 b3 b4	a	
a b 1 2 3 4 c	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4 Subtract line b from line a	b1 b2 b3 b4	a	
a b 1 2 3 4 c d	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a:	b1 b2 b3 b4	a	
a b 1 2 3 4 c d	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b	b1 b2 b3 b4 d1 d2	b c	
a b 1 2 3 4 c d 1 2	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b Other (specify):	b1 b2 b3 b4 d1 d2	b c d	N/A

or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position		(D)Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RICHARD DOBLIN	PRESIDENT			
3 FRANCIS STREET				
BELMONT, MA 02478	1 -	50,000.04	0.00	0.00
MARYBETH HOME	VICE-PRESIDEN	T		
154 GLENWOOD AVENUE				
SARASOTA, FL	0.00	0.00	0.00	0.00
RICHARD DOBLIN	SECRETARY			
3 FRANCIS STREET				
BELMONT, MA 02478	0.00	0.00	0.00	0.00
	DIRECTOR			
2105 ROBINSON AVENUE				
SARASOTA, FL 34232	0.00	0.00		0.00
NICOLE TAVERNIER	DIR. OF ORGAN	IZATIONAL	DEV	
2301 47TH AVE. DR. W.				
BRADENTON, FL 34207	2,080.00	26,981.00	0.00	0.00
MISC SMALL SALARIES				
	0.00		0 00	0 00
	0.00	0.00	0.00	0.00

Form **990** (2005)

Pai	rt V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ıed)			Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board							
meetings							
b	Are any officers, directors, trustees, or key employees listed in Form	n 990, Part V-A, or highest	compensated emp	loyees			
	listed in Schedule A, Part I, or highest compensated professional ar						
	Part II-A or II-B, related to each other through family or business relative individuals and explains the relationship(s)	•		dentifies	75b		X
					7 30		21
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar						
	Part II-A or II-B, receive compensation from any other organizations,						
	organization through common supervision or common control?	·		ľ	75c		X
	Note. Related organizations include section 509(a)(3) supporting or	·					
	If "Yes," attach a statement that identifies the individuals, explains the relation			ization(s), and			
_	describes the compensation arrangements, including amounts paid to each i	ilulviuuai by eacii relateu orga	mzauon.				37
	Does the organization have a written conflict of interest policy? rt V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	nensation (75d	her	X
ı aı	Benefits (If any former officer, director, trustee, or key e						ring
	the year, list that person below and enter the amount of co			ate column. See	the in		
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions of employee benefit	',	E) Expe	
	NONE	(b) Edund und Advantoos	(C) componication	plans & deferred compensation plan	- 41	er allow	
					_		
					+		
					-		
					-		
Pai	rt VI Other Information (See the instructions.)		1		-1	Yes	No
76	Did the organization engage in any activity not previously reported t	o the IRS? If "Yes," attach	a detailed				
	description of each activity				76		X
77	Were any changes made in the organizing or governing documents				77		X
	If "Yes," attach a conformed copy of the changes.						
	Did the organization have unrelated business gross income of \$1,00				78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial cont	raction during the year? If		N/A	78b 79		Х
79 80 a	Is the organization related (other than by association with a statewic				18		21
-υ α	membership, governing bodies, trustees, officers, etc., to any other				80a		Х
b	If "Yes," enter the name of the organization ► N/A	,					
	<u>-</u>	and check whether it is	exempt or	nonexempt			
	Enter direct or indirect political expenditures. (See line 81 instruction	-		0.00			
	,				81b	000	(200E)
52316	1/02-03-06				rorm	990	(2005)

PSYCHEDELIC STUDIES INC

	990 (2005) PSYCHEDELIC STUDIES, INC. 59-2751	L953	Р	age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	0.45		
0.5	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a 85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	000		
	waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c N/A			
q	Section 162(e) lobbying and political expenditures 85d N/A	-		
u e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	-		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	009		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 \triangleright 0.00; section 4912 \triangleright 0.00; section 4955 \triangleright 0.00			
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		^	
	sections 4912, 4955, and 4958			.00
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		U	.00
	List the states with which a copy of this return is filed ▶FL			
b	Number of employees employed in the pay period that includes March 12, 2005 90b	24 0	<u> </u>	5
91 a	The books are in care of ► RICHARD DOBLIN Located at ► 3 FRANCIS STREET, BELMONT, MA Telephone no. ► 617/48			
		1441	0	
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	1	Yes	No
			103	X
	account)? If "Yes," enter the name of the foreign country ▶ N/A	91b		Λ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
Ü	If "Yes," enter the name of the foreign country N/A	310		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		⊾ Г	\neg
٠.	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/	Ā	
	and and any one and one			(2005)

523162 02-03-06

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

Part VI	I Analysis of Income-Producing				33 2	1731333 Tage 0
	ter gross amounts unless otherwise		ted business income	Exclud	ded by section 512, 513, or 514	/E\
indicated	•	(A) Business	(B)	(C) Exclu-	(D)	(E) Related or exempt
93 Prog	ram service revenue:	code	Amount	sion code	Amount	function income
	OKS & TAPES SALES					166,160.97
b						
c						
d						
e						
f Medi	care/Medicaid payments					
	and contracts from government agencies					
-	bership dues and assessments					
	est on savings and temporary cash investments					
	ends and interest from securities					27,590.53
	ental income or (loss) from real estate:					,
	financed property					
	lebt-financed property					
	ental income or (loss) from personal property					
	r investment income					
	or (loss) from sales of assets					
	r than inventory					<493.69
	ncome or (loss) from special events	1				1250105
	s profit or (loss) from sales of inventory					
	r revenue:					
2	revenue.					
" —						
Ğ —						
ď —						
u						
104 Subt	otal (add columns (B), (D), and (E))		0.00	0	0.00	193,257.81
						193,257.81
Note: Line	I (add line 104, columns (B), (D), and (E)) e 105 plus line 1d, Part I, should equal the am	ount on line 1	 12 Part I			175,257.01
	II Relationship of Activities to the			nt Pur	noses (See the instruction	19.)
Line No.	Explain how each activity for which income is re					· · · · · · · · · · · · · · · · · · ·
■	exempt purposes (other than by providing funds			u iiipoi	taining to the accomplishment of	tile organization 3
	SALE OF EDUCATIONAL MA'					
	DALL OF EDUCATIONAL MA	THITTHE	TO MIMBIND			
-						
Part IX	Information Regarding Taxable	Subsidia	ries and Disregar	ded Fr	ntities (See the instruction	2)
			(C)	100 L.	(D)	(E)
Name, a	ddress, and EIN of corporation, Percentage o		Nature of activities		Total`income	End-of-year
parti	ership, or disregarded entity ownership inter	%				assets
	N/A	%				
	N/A	%				
		%				
Part X	Information Regarding Transfe		ted with Persona	l Bene	efit Contracts (Socitor)	instructions)
					· · · · · · · · · · · · · · · · · · ·	
	the organization, during the year, receive any funds			-		
	the organization, during the year, pay premiums, di	-		contract?		Yes X No
	"Yes" to (b), file Form 8870 and Form 4720 (s			id stateme	nts, and to the best of my knowledge	and belief, it is true
Please	Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than of the correct of th	officer) is based or	all information of which prepar	rer has any	y knowledge.	and sone, me has,
Sign	Signature of officer		Data 7	Tung or s	rint name and title	
Here			,	, · ·	orint name and title.	Preparer's SSN or PTIN
Paid	Preparer's			ate O / 2.1	self	reparer's SON OF PTIN
Preparer's	Signature Firm's name (or DDOFFSSTONAT. 1	1017 555	1	0/31	- 	
Use Only	vours if	NON-PRO	FIT CONSULTA	ANTS	EIN ▶	
523163	self-employed), address, and P.O.BOX 3319	24020				41\050 0005
02-03-06	ZIP + 4 SARASOTA, FL	54 ⊿3U			Phone no. ► (9	41)957-0775

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization MULTIDISCIPLINARY ASSOC	IATION FOR		Employer identifi	cation number
PSYCHEDELIC STUDIES, IN			59 27519	
Part I Compensation of the Five Highest Paid E (See page 1 of the instructions. List each one. If there are non		Officers, Dire	ctors, and Tr	ustees
(a) Name and address of each employee paid more than \$50,000	(b) Litle and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
RICHARD DOBLIN	PRESIDENT			
	2,080.00	50,000.04	0.00	0.00
NICOLE TAVERNIER	2,080.00	26,982.00	0.00	0.00
	. — —			
Total number of other employees paid over \$50,000	0			
Part II-A Compensation of the Five Highest Paid II (See page 2 of the instructions. List each one (whether individual)			ional Service	es
(a) Name and address of each independent contractor paid mor	re than \$50,000	(b) Type of	service (c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	D 0			
Part II-B Compensation of the Five Highest Paid II (List each contractor who performed services other than profifirms. If there are none, enter "None." See page 2 of the instru	essional services, whether individ		ervices	
(a) Name and address of each independent contractor paid mor	re than \$50,000	(b) Type of	service (c) Compensation
NONE				
Total number of other contractors receiving over				

Ρ	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		х
C	Furnishing of goods, services, or facilities?	2c		х
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
е	Transfer of any part of its income or assets?	2e		х
	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	<u>-</u> -		 -
	you determine that recipients qualify to receive payments.) SEE STATEMENT 8	3a		Х
b	Do you have a section 403(b) annuity plan for your employees?	3b		Х
C	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		Х
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice			
	on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х
P	art IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	e organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5				
6				
7				
8				
9				
	and state >			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
11				
٠.	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11				
12				
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		ibed in:		
	(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that described the type of supporting organization: ► Type 1 Type 2 Type 3	bes		
	Provide the following information about the supported organizations. (See page 6 of the instructions.)			
	(a) Name(s) of supported organization(s)		ne num om abo	
_	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
523 02-0	111 ₀₃₋₀₆ Schedule A (Form	990 or	990-EZ	2005

Schedule A (Form 990 or 990-EZ) 2005 PSYCHEDELTC STUDIES TNC

Pa	rt IV-A Support Schedule (C	omplete only if you che e worksheet in the insti	ecked a box on line 10	, 11, or 12.) Use cash	method of acc	ounti	ng.
Cale	ndar year (or fiscal year					JI acci	
	nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	received. (Do not include unusual grants. See line 28.)	779,911.22	1,029,674.99	576,521.11	754,962	.83	3,141,070.15
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17,080.88	11,903.23	15,702.26	16,478	.21	61,164.58
19	Net income from unrelated business						
20	activities not included in line 18 I ax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	796,992.10					3,202,234.73
24	Line 23 minus line 17	796,992.10	1,041,578.22	592,223.37	771,441		3,202,234.73
25	Enter 1% of line 23	7,969.92	10,415.78		-	.41	
26	Organizations described on lines 1					26a	N/A
b				,			
	unit or publicly supported organizati	,	-	ded the amount shown in			27./2
	Do not file this list with your return				>	26b	N/A
C	Total support for section 509(a)(1) t				>	26c	N/A
d	Add: Amounts from column (e) for li		19			004	NT / A
_	Dublic compant (line OCc mainus line O		26b		_	26d	N/A N/A
e	Public support (line 26c minus line 2 Public support percentage (line 26	/				26e 26f	N/A %
<u>'</u> 27	Organizations described on line 12						·
21	records to show the name of, and to						•
	such amounts for each year:	tai amounts received in ea	ion year nom, each disqu	uaillieu person. Do llot li	ie iiis iist witii yt	uiiciu	iiii. Liitei tile Sulli Ol
		0 (2003)	0.00 (2)	002)	0.00 (200	11)	0.00
b	For any amount included in line 17 th						
	and amount received for each year, t		•		-		
	described in lines 5 through 11b, as		•	,	• · · ·		•
	the larger amount described in (1) o	•	=	· -			
	(2004) 0.0	0 (2003)	0.00 (2	002)	0.00 (200	11)	0.00
C	Add: Amounts from column (e) for li 17	ines: 15 3	.141.070.15	16 21			3,141,070.15
d		0.00 an	d line 27b total		0.00▶	27d	3,141,070.15
е	Public support (line 27c total minus	line 27d total)				27e	3,141,070.15
f	Total support for section 509(a)(2) t	est: Enter amount on line	23, column (e)	► 27f 3,20	2,234.73		
g						27g	98.0899%
h	Investment income percentag	e (line 18, column (e)	numerator) divided b	y line 27f (denominat	tor)) ►	27h	1.9101%
28	Unusual Grants: For an organization show, for each year, the name of the co	n described in line 10, 11, ontributor, the date and ar	or 12 that received any u nount of the grant, and a	nusual grants during 200 brief description of the na	1 through 2004, pature of the grant.	repare Do no	a list for your records to tfile this list with your

NONE

523121 02-03-06

return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2005

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

No Yes Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a Admissions policies? 33b 33c c Employment of faculty or administrative staff? 33d d Scholarships or other financial assistance? Educational policies? 33e Use of facilities? 33f g Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain, (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 35 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 PSYCHEDELIC STUDIES, INC.

Part VI-A	Lobbying Expenditures by Electing Public Charities	(See page 9 of the instructions.)
	(To be completed ONLY by an eligible organization that filed Form 5768)	

N/A

Che	eck > a	if the organization belong	s to an affiliated group.	Check ▶ b	if y	you che	ecked "a" and "limited contr	ol" provisions apply.
			Lobbying Expenditures" means amounts paid or				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40	Total lob Total lob Other exe	oying expenditures to influence a bying expenditures to influence a bying expenditures (add lines 36 empt purpose expenditures mpt purpose expenditures (add	legislative body (direct lobby and 37)	ying)		36 37 38 39 40	N/A	
42 43	If the am Not over \$ Over \$500 Over \$1,00 Over \$1,50 Over \$17,0 Grassroo Subtract	nontaxable amount. Enter the a ount on line 40 is - 500,000 000 but not over \$1,000,000 0,000 but not over \$17,000,000 0,000 but not over \$17,000,000 ts nontaxable amount (enter 25° line 42 from line 36. Enter -0- if	The lobbying nontaxabl 20% of the amount on line 40 \$100,000 plus 15% of the exc \$175,000 plus 10% of the exc \$225,000 plus 5% of the exce \$1,000,000 6 of line 41) ine 42 is more than line 36	e amount is - cess over \$500,000 cess over \$1,000,000 ess over \$1,500,000		41 42 43 44		
_	Caution:	If there is an amount on eith	er line 43 or line 44, you r	nust file Form 4720.	7			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.00
46 Lobbying ceiling amount (150% of line 45(e))					0.00
47 Total lobbying expenditures					0.00
48 Grassroots nontaxable amount					0.00
49 Grassroots ceiling amount (150% of line 48(e))					0.00
50 Grassroots lobbying expenditures					0.0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

Dui	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Vaa	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	Yes	NO	Aillouilt
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h .)			0.00
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.	-		

523141 02-03-06

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 PSYCHEDELIC STUDIES, INC. 59-27519

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable 59-2751953 Page 6 Exempt Organizations (See page 12 of the instructions.)

		rectly or indirectly engage in any of	• •	· ·			
	• • •	ection 501(c)(3) organizations) or in		litical organizations?	г	Voc	No
а		panization to a noncharitable exempt	-		E10(i)	Yes	No
							X
					a(ii)		X
D (Other transactions:	ha a sidda a a a a a b a sida b la a a a a a a b	-tatt		h(i)		v
							X
,	(II) Purchases of assets from a	noncharitable exempt organization			b(ii)		X
(iii) Rental of facilities, equipme	nt, or other assets			b(iii)		X
(X
							X
							X
		mailing lists, other assets, or paid en		lugge of the			Λ
		given by the reporting organization.	• •	Ilways show the fair market value of the			
		igiven by the reporting organization. tent, show in column (d) the value of	-		1	N/A	
			i ille goods, olilei assels, ol	i		N/A	
(a) Line no	(b) Amount involved	(c) Name of noncharitable exc	empt organization	(d) Description of transfers, transactions, and s	haring arr	angem	nents
				, , , , , , , , , , , , , , , , , , , ,			
				•			
				<u>/</u>			
			/				
52 a	s the organization directly or inc	directly affiliated with or related to o	one or more tax-exempt orga	anizations described in section 501(c) of the			
		(3)) or in section 527?		` '	Yes	X	No
	f "Yes," complete the following s						
	(a)		(b)	(c)			
	Name of org	, janization	Type of organization	Description of relationsh	ip		
					-		
					-		
523151 02-03-06				Schedule A (Forn	1 990 or 9	90-EZ	2005

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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7	7	u	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MACHINERY & EQUIPMENT											
1	OFFICE EQUIPMENT	123196	200DB	5.00	17	614.54			614.54	614.54		0.00
2	COMPUTER EQUIPMENT	123196	200DB	5.00	17	6,109.47			6,109.47	6,109.47		0.00
3	OFFICE EQUIPMENT	111597	200DB	5.00	17	1,161.48			1,161.48	1,161.48		0.00
4	COMPUTER EQUIPMENT	111597	200DB	5.00	17	3,927.02			3,927.02	3,927.02		0.00
5	OFFICE EQUIPMENT	120198	200DB	5.00	17	685.24			685.24	685.24		0.00
6	COMPUTER EQUIPMENT	120198	200DB	5.00	17	74.94			74.94	74.94		0.00
7	CAR	120198	200DB	5.00	17	3,923.58			3,923.58	3,923.58		0.00
8	OFFICE EQUIPMENT	053000	200DB	5.00	17	2,817.10			2,817.10	2,817.10		0.00
9	COMPUTER EQUIPMENT	053000	200DB	5.00	17	3,948.46			3,948.46	3,948.46		0.00
10	OFFICE EQUIPMENT	053101	200DB	5.00	17	7,783.90			7,783.90	7,038.52		745.38
11	OFFICE EQUIPMENT	053102	200DB	5.00	17	3,038.90		911.67	2,127.23	1,690.72		232.81
12	COMPUTER EQUIPMENT	053102	200DB	5.00	17	1,199.72		359.92	839.80	667.47		91.91
13	COMPUTER EQUIPMENT	053103	200DB	5.00	17	11,137.89			11,137.89	7,128.25		1,886.89
14	OFFICE EQUIPMENT	060104	200DB	5.00	17	6,379.01		3,189.51	3,189.50	637.90		1,020.64
15		060104	200DB	5.00	17	1,817.79		908.90	908.89	181.78		290.84
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					54,619.04		5,370.00	49,249.04	40,606.47	0.00	4,268.47
	MANAGEMENT AND GENERAL											

528102 01-06-06

⁽D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
16	OFFICE EQUIPMENT	05310	6200DE	5.00	19в	4,668.07			4,668.07			233.40
	COMPUTER EQUIPMENT * 990 PAGE 2 TOTAL	05310	6200DE	5.00	19в	4,017.16			4,017.16			200.86
	MANAGEMENT AND GENERAL					8,685.23		0.00	8,685.23	0.00	0.00	434.26
	* GRAND TOTAL 990 PAGE 2 DEPR					63,304.27		5,370.00	57,934.27	40,606.47	0.00	4,702.73

FORM 990 GAIN (LOSS) F	ROM PUBLICLY T	RADED SECURIT	IES	STATEMENT 1
	GROSS	COST OR	EXPENSE	NET GAIN
DESCRIPTION	SALES PRICE	OTHER BASIS	OF SALE	OR (LOSS)
CORTS-GS CAP I CHILDRENS PLACE RETAIL	47,888.55	50,000.00	0.00	<2,111.45>
STORES	11,939.63	11,634.00	0.00	305.63
DOV PHARMACEUTICAL INC	6,819.79	16,371.00	0.00	
FEDERATED KAUFMANN	28,906.25	25,000.00	0.00	•
FEDERATED KAUFMANN	1,698.53	1,434.57	0.00	
FEDERATED KAUFMANN	1,909.05	1,709.11	0.00	199.94
NUVEEN PFD AND CONV	12,374.12	15,000.00	0.00	<2,625.88>
NUVEEN PFD AND CONV	726.59	819.88	0.00	<93.29>
NUVEEN PFD AND CONV	1,228.52	1,253.88	0.00	<25.36>
NUVEEN PFD AND CONV	8.30	8.50	0.00	
USB CAPITAL 7.25%	50,458.45	50,000.00	0.00	
USB CAPITAL 7.25%	2,663.93	2,765.76	0.00	<101.83>
USB CAPITAL 7.25%	3,870.44	3,916.10	0.00	<45.66>
USB CAPITAL 7.25%	2.50	2.49	0.00	0.01
WASHINGTON MUTUAL INVESTORS	32,481.49	30,000.00	0.00	-
WASHINGTON MUTUAL INVESTORS	27,483.80	25,000.00	0.00	2,483.80
WASHINGTON MUTUAL INVESTORS	3,629.54	3,137.78	0.00	491.76
WASHINGTON MUTUAL INVESTORS	1,634.45	1,580.44	0.00	
CRITICAL PATH	6.49	25.65	0.00	
CALL DQW JUN 06 CALL CHK JUNE 06	2,599.92	150.00 150.00	0.00 0.00	-
TO FORM 990, PART I, LINE 8	239,330.30	239,959.16	0.00	<628.86>

FORM 990 GAIN (LOSS) FROM	NON-PUBLICLY T	RADED SECURIT	IES S'	PATEMENT 2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METI ACQU	
PROGRESSIVE CORP (PGR)	07/01/05	07/01/05	DONA	red
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	58,755.54	58,755.54	0.00	0.00
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METI ACQU	
PROGRESSIVE CORP (PGR)	07/01/05	07/01/05	DONA	red
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	29,377.77	29,377.77	0.00	0.00
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METI ACQU	
PROGRESSIVE CORP (PGR)	07/01/05	07/01/05	DONA	red
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	11,842.03	11,842.03	0.00	0.00
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METI ACQU	
NEWPARK RESOURCES INC (NR)	01/10/05	01/19/05	DONA	red
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	2,146.85	2,011.68	0.00	135.17
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METI ACQU	
PROGRESSIVE CORP (PGR)	03/20/05	03/20/05	DONA	red
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	32,158.01	32,158.01	0.00	0.00

HODITED DOTT DIMINIT 1100	00111110	14 1 010 1 1	10111				33 2731	,,,,
DESCRIPTION		DAT ACQUI			TE LD		THOD UIRED	
PROGRESSIVE CORP (PGR)		03/20	/05	03/20/0		DON	NATED	
NAME OF BUYER			GROSS SALES PRICE		OR BASIS	EXPENSE OF SALE	NET GAI OR (LOS	-
		3,75	2.23	3,75	2.23	0.00	0	.00
TOTAL TO FM 990, PART I	, LN 8	138,03	2.43	137,89	7.26	0.00	135	.17
FORM 990		OTHER	EXPE	NSES			STATEMENT	3
	(A	.)	-	B) GRAM	-	C) AGEMENT	(D)	
DESCRIPTION	TOT	AL	SER	VICES	AND	GENERAL	FUNDRAISI	NG
NON-ACCOUNTING PROFESSIONAL SRVCS RESEARCH PROJECTS EDUCATIONAL PROJECTS	247, 222,	235.00 156.51 300.77	247	,426.25 ,156.51 ,300.77		808.75		
FUNDRAISING EQUIPMENT - LEASED LICENSES, FEES &	•	311.37 494.03	5			2,494.03	5,311	.37
PERMITS BOOKS AND TAPES FOR	4,	258.16				4,258.16		
ORDER MOVING EXPENSE		462.56 430.00	7	,462.56		3,430.00		
		7.10	V					

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
			_

479,346.09

495,648.40

DESCRIPTION ALLOCATIONS EXPENSES

1 AVAILABLE REC - MARS SUPPORTED FRANK

594.13

5,311.37

10,990.94

TOTAL TO FM 990, LN 43

^{1.} AYAHUASCA EEG - MAPS SUPPORTED FRANK ECHENHOFFER, PH.D. FOR HIS STUDY EVALUATING THE EFFECT OF AYAHUASCA ON EEG READINGS.

^{2.} IBOGAINE FOLLOW UP - MAPS SPONSORED THE PROTOCOL DESIGN AND PILOT TESTING OF A STUDY OF THE LONG-TERM OUTCOME OF OPIATE ABUSERS TREATED WITH IBOGAINE AT THE IBOGA THERAPY HOUSE. THE PROTOCOL HAS BEEN APPROVED BY A

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
CANADIAN INSTITUTIONAL REVIEW BOARD (IRB) 3. IBOGA THERAPY HOUSE - MAPS DONATED \$1,700 TO VANCOUVER'S IBOGA THERAPY HOUSE FOR MEDICAL EQUIPMENT. THE IBOGA THERAPY	15,594.53
HOUSE WILL BE THE TREATMENT SITE FOR THE MAPS-SPONSORED FOLLOW-UP STUDY. 4. MDE GERMAN PASSIE COUPLES THERAPY - TORSTEN PASSIE, M.D., A GERMAN LG IN THE DECREE OF THE AND ADDRESS AND AD	1,700.00
IS IN THE PROTOCOL DEVELOPMENT AND APPROVAL STAGE FOR A STUDY OF MDE (METHELENEDIOXYETHYLAMPHETAMINE, A SUBSTANCE SIMILAR TO MDMA) AS AN ADJUNCT	
TO TRADITIONAL COUPLES THERAPY. MAPS BROUGHT DR. PASSIE TO ISRAEL TO SPEAK AT A CONFERENCE ABOUT MDMA AND PSYCHEDELIC RESEARCH, WHICH WAS ATTENDED BY	
MEMBERS OF THE ISRAELI MINISTRY OF HEALTH AND ANTI-DRUG AUTHORITY. THE CONFERENCE HELPED MAPS OBTAIN PERMISSION FOR THE MDMA/PTSD RESEARCH IN	
ISRAEL. 5. MDMA ANALYSIS (ECSTACY PILL TESTING) - THE ECSTASYDATA.ORG PILL TESTING PROJECT, CURRENTLY OUT OF FUNDS, WAS CO-SPONSORED BY MAPS, DANCESAFE, AND EROWID. IT ALLOWED PEOPLE TO ANONYMOUSLY SEND PILLS TO A DEA-LICENSED	387.00
LABORATORY FOR ANALYSIS, WITH THE RESULTS POSTED ONLINE. 6. MDMA CANCER/HALPERN (HARVARD) - MAPS SUPPORTED THE PROTOCOL DESIGN AND APPROVAL PROCESS FOR A STUDY BY JOHN HALPERN, MD, HARVARD MEDICAL SCHOOL, EXPLORING THE USE OF MDMA-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF	3,000.00
ADVANCED-STAGE CANCER PATIENTS WITH ANXIETY. 7. MDMA-DEFENCE MECHANISM - THIS ONGOING STUDY, CONDUCTED BY TERI S. KREBS, B.S., PROGRAM IN NEUROSCIENCE, BOSTON UNIVERSIY AND PAL JOHANSEN, LICENSED PSYCHOLOGIST (NPF), CAND PH.D. TRONDHEIM PSYCHOTHERAPY RESEARCH PROGRAM, DEPARTMENT OF PSYCHOLOGY, THE NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOG, ANALYZES AUDIO AND VIDEO RECORDINGS OF THERAPY	4,311.11
SESSIONS FROM MAPS-SPONSORED STUDIES OF MDMA-ASSISTED PSYCHOTHERAPY STUDY IN THE TREATMENT OF PTSD, SO FAR ONLY FROM THE SITE OF MAPS-SPONSORED RESEARCH CONDUCTED BY MICHAEL MITHOEFER, M.D. THE OBJECTIVE OF THIS STUDY IS TO PROVIDE EMPIRICAL EFIDENCE ON HOW MDMA INFLUENCES BEHAVIOR IN THE CONTEXT OF PSYCHOTHERAPY, TO	

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE

MDMA ISRAEL - THESE EXPENSES WERE FOR A

AND PSYCHEDELIC RESEARCH IN ISRAEL COORDINATED

MEMBERS OF THE ISRAELI MINISTRY OF HEALTH AND

PROTOCOL DEVELOPMENT AND APPROVAL EXPENSES FOR

THIS MDMA/PTSD STUDY IS FULLY APPROVED AND WILL

INVESTIGATOR MOSHE KOTLER, M.D., CHAIR OF THE

THE SACKLER SCHOOL OF MEDICINE AT TEL AVIV

ASSISTED PSYCHOTHERAPY AS A TREATMENT OF

UNDERSTAND HOW MDMA MIGHT FACILITATE THE

THERAPEUTIC PROCESS, AND FINALLY TO EMPIRICALLY INFORM THE DEVELOPMENT OF A

STANDARDIZED TREATMENT MANUAL FOR

MDMA-ASSISTED PSYCHOTHERAPY.

BY MAPS AND ATTENDED BY

A STUDY EVALUATING MDMA-

BE LED BY PRINCIPAL

SCIENTIFIC CONFERENCE ON MDMA

ANTI-DRUG AUTHORITY, AND FOR

DEPARTMENT OF PSYCHIATRY AT

UNIVERSITY AND FORMER CHIEF

TERRORISM- AND WAR-RELATED PTSD.

4,132.00

10. MDMA LIT REVIEW - MAPS RESEARCH ASSOCIATE LLSA JEROME, PH.D. CONTINUED

THE ONGOING REVIEW OF ALL PEER-REVIEWED SCIENTIFIC LITERATURE ON MDMA

THROUGHOUT FY 05-06. WHEN APPLYING TO THE FDA

AND INSTITUTIONAL REVIEW

PILOT DATA.

BOARDS WITH A NEW PROTOCOL, IT IS NECESSARY TO

HAVE A COMPREHENSIVE REVIEW OF ALL FACTORS RELATED TO RISK. THE LITERATURE

REVIEW HAS BEEN SUBMITTED AS

PART OF OUR ISRAELI AND SWISS MDMA-PTSD

PROTOCOLS, AND WAS A NECESSARY PART

OF THOSE APPLICATIONS.

8,185.13

MDMA PTSD - SPAIN - JOSE CARLOS BOUSO, 12. PH.D. CANDIDATE, IS WORKING ON THE DESIGN AND APPROVAL PROCESS FOR A NEW VERSION OF THE MAPS-SPONSORED MDMA/PTSD STUDY WHICH WAS HALTED IN 2002 DUE TO POLITICAL PRESSURE. WE ARE HOPEFUL THAT SINCE WE HAVE NOW OBTAINED GOVERNMENT APPROVAL FOR MDMA/PTSD STUDIES IN THE US, SWITZERLAND, AND ISRAEL, IT WILL BE POLITICALLY FEASIBLE TO RESUME RESEARCH IN SPAIN. 13. MDMA PTSD - SWISS - DR. PETER OEHEN'S MAPS - THE SWISS MEDICAL ASSOC. FOR PSYCHOLYTIC THERAPY - SPONSORED MDMA/PTSD STUDY HAS RECEIVED FULL GOVERNEMENTAL APPROVAL - FROM THE ETHICS COMMITTEE (SWITZERLAND'S IRB EQUIVALENT), SWISSMEDIC (SWITZERLAND'S FDA EQUIVALENT), AND BAG (SWITZERLAND'S DEA EQUIVALENT). THIS STUDY WILL ALSO BE SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA IN THE TREATMENT OF PTSD. 14. MJ PRODUCTION FACILITY/UMASS AMHERST -MAPS AND PROF. LYLE CRAKER. DIRECTOR OF THE MEDICINAL PLANT PROGRAM AT THE UMASS-AMHERST DEPARTMENT OF PLANT, SOIL AND INSECT SCIENCES, HAVE BEEN WORKING SINCE JUNE 2000 TO OBTAIN A DEA SCHEDULE I LICENS FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION FACILITY. ENDING THE SIX-DECADES-LONG GOVERNMENT MOMOPOLY ON THE PRODUCTION OF MARIJUANA FOR RESEARCH PURPOSES IS THE KEY PREREQUISITE TO SPONSORING FDA CLINICAL TRIALS WITH MARIJUANA TO DETERMINE IF IT HAS THE POTENTIAL TO BE APPROVED AS A PRESCRIPTION MEDICINE. DURING FY 05-06 THE CASE CAME UP BEFORE A DEA ADMINISTRATIVE LAW JUDGE ATTRACTING CONSIDERABLE ATTENTION FROM MEDICAL GROUPS, POLITICIANS, AND THE MEDIA. THE \$5,537.50 WAS PAID DIRECTLY UMASS-AMHERST FOR PROF. CRAKER'S TIME SPENT ON WORKING WITH THE APPLICATION. MAPS OBTAINED A GRANT FROM THE MARIJUANA POLICY PROJECT (MPP) FOR THESE

PSILOCYBIN/LSD CLUSTER HEADACHE - MAPS

AND JOHN HALPERN, M.D., MCLEAN HOSPITAL,

9,496.32

317.82

5,537.50

SUPPORTED ANDREW SEWELL, M.D.,

HARVARD UNIVERSITY, IN COLLECTING

FUNDS.

AND ANALYZING HUNDREDS OF CASE REPORTS FROM EROWID.ORG AND CLUSTERBUSTERS, AN ORGANIZATION RUN BY AND FOR PEOPLE WITH CLUSTER HEADACHES. IN JUNE 2006, DR. SEWELL PUBLISHED AN ARTICLE FEATURING THESE CASE REPORTS IN NEUROLOGY, THE OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF NEUROLOGY. BASED ON THIS DATA. DRS SEWELL AND HALPERN ARE CURRENTLY WORKING ON A PROTOCOL FOR A PROSPECTIVE STUDY OF PSILOCYBIN AND LSD IN PEOPLE WITH EPISODIC CLUSTER 8,084.50 HEADACHES. AMICUS CURIAE BRIEF (RAICH MEDICAL 16. MARIJUANA) - MAPS SUBMITTED AMICUS CURIAE BRIEFS FOR ANGEL RAICH'S SUPREME COURT CASE DECIDED LAST JUNE, AND FOR HER NEW "RIGHT TO LIFE" 9TH CIRCUIT COURT CASE. 590.91 17. BOOK - LSD MY PROBLEM CHILD - MAPS PUBLISHED A NEW EDITION OF DR. ALBERT HOFMANN'S AUTOBIOGRAPHY, WHICH WAS OUT-OF-PRINT FOR TWO DECADES. MAPS TIMED THE PRINTING OF THE BOOK TO COINCIDE WITH DR. HOFMANN'S 100TH BIRTHDAY CELEBRATION IN JANUARY 2006. SALES HAVE BEEN RELATIVELY SWIFT. 15,991.64 BOOK-SECREDT CHIEF REVEALED - ROYALTIES TO 66.00 AUTHOR MYRON STOLAROFF BOOK - THE ULTIMATE JOURNEY - THESE COSTS ARE FOR PRE-PRODUCTION OF DR. STANISLAV GROF'S LATEST BOOK, THE ULTIMATE JOURNEY: CONSCIEOUSNESS AND THE MYSTERY OF DEATH. THIS INCLUDES STAFF TIME FOR EDITING, LAYOUT, AND INDEXING. 5,850.80 20: BOOM: PSYCHEDELIC EMERGENCY SERVICES -THE ORGANIZERS OF BOOM FESTIVAL, WHICH TAKES PLACE IN PORTUGAL EVERY OTHER AUGUST, CONTRACTED WITH MAPS TO PROVIDE PSYCHEDELIC EMERGENCY SERVICES AT THIS YEAR'S FESTIVAL. THESE EXPENSES WERE FOR TRAVEL EXPENSES FOR MAPS' PSYCHEDELIC EMERGENCY SERVICES TEAM. BOOM CONTRIBUTED \$9600 TO MAPS, PLUS TICKETS AND FOOD FOR 8 CORE STAFF MEMBERS AND 15 VOLUNTEERS. 1,515.53 BURING MAN: PSYCHEDELIC EMERGENCY SERVICES AND LECTURE SERIES: MAPS HELD IT'S 20TH ANNIVERSARY CELEBRATION AT BURNING MAN IN 2006. THESE

EXPENSES WERE FOR STAFF WORK ON THE CELEBRATION, ON THE LECTURE SERIES AND

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE ON COORDINATING OUR PSYCHEDELIC EMERGENCY WORK. OPERATING BY EXPERIENCED PEERS, THERAPISTS, AND DOCTORS, MAPS ASSISTS IN BLACK ROCK CITY RANGERS IN STAFFING THE SANCTUARY TENT. CONFERENCE-BASEL/HOFMANN - THE SPIRIT OF BASEL AND THE GAIA MEDIA FOUNDATION HOSTED A SYMPOSIUM ENTITLED "LSD: PROBLEM CHILD AND WONDER DRUG" IN HONOR OF DR. ALBERT HOFMANN'S 100TH BIRTHDAY, BRINING TOGETHER OVER 2000 PARTICIPANTS AND PRESENTERS. MAPS BROUGHT SEVERAL SPEAKERS TO DISCUSS TOPICS RELATED TO PSYCHEDELIC THERAPY, INCLUDING DRS. MICHAEL MITHOEFER, JOHN HALPERN, ANDREW SEWELL, CHARLES GROB, AND MAPS STAFFERS RICK DOBLIN AND VALERIE MOJEIKO. WE ALSO USED THIS TRIP TO COORDINATE MEETINGS WITH THE SWISS MDMA/PTSD THERAPY TEAM. CONFERENCE - DRUG POLICY ALLIANCE - STAFF COSTS FOR TRAVEL AND LODGING. NOVEMBER'S CONFERENCE IN LONG BEACH. CA FEATURED NEARLY 1000 PARTICIPANTS AND OVER 70 SESSIONIS. RICK DOBLIN REPRESENTED MAPS IN THREE SESSION PANELS." MAPS STAFFERS JULIA ONNIE-HAY AND JAG DAVIES AND FORMER MAPS STAFFER FALON MIHALIC RAN A MAPS INFORMATION TABLE, AND THE COSTS OF THEIR ATTENDANCE WERE SIGNIFICANTLY REDUCED BY ROBERT E. FIELD'S SCHOLARSHIP PROGRAM FOR BUDDING DRUG POLICY REFORMERS. 24. CONFERENCE - MINDSTATES - MAPS STAFFERS RICK DOBLIN, JULIA ONNIE-HAY AND VALERIE MOJEIKO RAN AN INFORMATION BOOTH AND GAVE SEVERAL PRESENTATIONS. RICK DOBLIN ALSO GAVE A TALK ABOUT MAPS' STRATEGY FOR PSYCHEDELIC RESEARCH DEVELOPMENT. MINDSTATES ORGANIZER JON HANNA PUT TOGETHER AN EXCELLENT CONFERENCE, BUT LOST A SIGNIFICANT AMOUNT OF MONEY. SINCE THE CONFERENCE SERVED AN IMPORTANT FUNCTION, MAPS RAISED \$10,000 TO OFFSET JON'S DEBTS -\$5,000 WAS GIVEN DIRECTLY TO JON BY DONOR SHAWN

3,191.26

HAILEY, AND \$5,000 WAS

5,000.00

DONATED BY JOHN GILMORE TO MAPS FOR JON HANNA. CONFERENCE PERU - TO HELP FACILITATE THE AMAZONIAN SHAMANISM CONFERENCE IN JULY 2005 AND JULY 2006, MAPS PROCESSED CREDIT CARD ORDERS ON THEIR BEHALF AND FORWARDED 100% OF TICKET SALES RECEIVED TO CONFERENCE ORGANIZERS.

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
IN EXCHANGE, SOGA DEL ALMA DONATED A FREE	
CONFERENCE	
REGISTRATION (VALUE \$250) TO MAPS STAFFER JULIA	
ONNIEHAY, WHO GAVE A	
PRESENTATION ABOUT MAPS AND RAN A MAPS	10 400 22
INFORMATION TABLE AT THE CONFERENCE. 26. CONFERENCE PSYTOPIA - TRAVEL EXPENSES FOR	18,409.22
MAPS STAFFER VALERIE MOJEIKO	
TO ATTEND THE CONFERENCE AND MAKE PRESENTATIONS	
ABOUT MAPS. THE CONFERENCE	
WAS NOT AS ADVERTISED; FOR MORE, SEE JON	
HANNA'S ARTICLE IN THE ENTHEOGEN	
REVIEW.	1,824.00
27. CONFERENCE - SHESHAMANS - MAPS STAFFER	
JULIA ONNIE-HAY ATTENED THIS CONFERENCE, GAVE A PRESENTATION ABOUT MAPS, AND	
RAN A SILENT AUCTION THAT	
RAISED OVER \$500 FOR MAPS' WOMEN'S ENTHEOGEN	
FUND. CONFERENCE ORGANIZER	
DIANE DARLING ALSO DONATED \$1000 TO MAPS FROM	
THE PROFITS OF THE CONFERENCE	970.19
30. DEA/UMASS CONG. SIGN ON LETTER - MAPS	
STAFFER JAG DAVIES AND MAPS	
ASSOCIATES KELLY BURNS, ABBY BAIR, JESSICA	
FLEUTI AND MICHAEL MCFADDEN WORKED ON AND OFF OVER A PERIOD OF TWO MONTHS	
OUT OF THE DRUG POLICY	
ALLIANCE OFFICE IN WASHINGTON D.C., LOBBYING	
MEMBERS OF THE US HOUSE OF	
REPRESENTATIVES TO SIGN ON TO US REP. JOHN	
OLIVER'S LETTER TO DEA IN SUPPORT	
OF PROF. CRAKER. THIS EFFORT, AIDED BY LOCAL	
CHAPTERS OF SSDP, NORML, ASA,	
AND OTHER LOCALIZED DRUG POLICY REFORM ORGANIZATIONS, YIELDED A TOTAL OF 38	
SIGNATURES FROM CONGRESSIONAL REPRESENTATIVES.	13,298.08
31. EVENT - MPP - RICHARD WOLFE DONATED \$1,000	
TO MAPS FOR MAPS STAFFERS	
RICK DOBLIN AND VALERIE MOJEIKO TO ATTEND MPP'S	
GALA AT THE PLAYBOY MANSION	
TO MEET WITH POTENTIAL DONORS.	1,000.00
32. FILM - GROF - MAPS WAS FISCAL SPONSOR FOR	
A FILM ABOUT DR. STAN GROF AND HIS WORK. MAPS ALLOCATED 100% OF THE FUNDS	
TO THE PROJECT	5,393.13
33. FILM - SHULGIN LITTLEFIELD - MAPS SERVED	3,333.13
AS FISCAL SPONSOR FOR CANADIAN	
FILMMATER CONNIE LITTLEFIELD'S DOCUMENTARY	
ABOUT ANN AND SASHA SHULGIN,	
WHICH IS STILL UNDER PRODUCTION.	50.00
34. MAPS FORAM - THIS SUM IS THE AMOUNT PAID	
TO JOHN FREDERICK FOR MAINTAINING AND MODERATING THE MAPS FORUM.	4,620.34
MUTATATATING AND MODERATING THE MAPS FORUM.	4,040.34

35. MAPS STAFF RETREAT - IN FEBRUARY 2005. MAPS STAFFERS SPENT A WEEKEND IN A RENTS HOUSE ON JEWFISH KEY, AN UNINHABITED ISLAND NEAR SARASOTA. WE DISCUSSED THE RE-VAMPING OF THE MEMBERSHIP AND SALES OFFICE, JOB TASKS, AND THE POTENTIAL OF RE-LOCATION OF THE MAPS OFFICE TO THE SAN FRANCISCO BAY AREA. MATT ATWOOD, FORMER DIRECTOR OF SSDP AND IDEAL REFORM, JOINED US FOR THE WEEKEND, ACTING AS A CONSULTANT BY PROVIDING FEEDBACK ABOUT NON-PROFIT MANAGEMENT AND MAPS' MEMBERSHIP AND SALES PROCEDURES. THIS STAFF RETREAT CONTRIBUTED TO THE DECISION TO RE-LOCATE THE MAPS OFFICE TO CALIFORNIA. EDUCATIONAL VIDEO - "WORKING WITH DIFFICULT PSYCHEDELIC EXPERIENCES" -MAPS STAFFER JAG DAVIES WROTE AND DIRECTED A 20-MINUTE EDUCATIONAL VIDEO ENTITLED "WORKING WITH DIFFICULT PSYCHEDELIC EXPERIENCES". THIS PROJECT IS INTENDED FOR YOUNG ADULTS AND IS PART OF MAPS' HARM REDUCTION EDUCATION AGENDA. 38. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA (WAMM) - MAPS IS FISCAL SPONSOR FOR WAMM, A SANTA CRUZ-BASED NON-PROFIT COOPERATIVE MEDICAL MARIJUANA PATIENT ASSOCIATION. 39. WOMEN'S ENTHEOGEN FUND (WEF) - THIS FUND WAS ESTABLISHED BY AN ANONYMOUS DONOR TO SUPPORT WOMEN'S INVOLVEMENT IN PSYCHEDELIC RESEARCH. THE WEF FACILITATES WOMEN'S INVOLVEMENT IN PSYCHEDELIC RESEARCH. THIS YEAR'S RECIPIENTS WERE SANDRA KARPETAS (\$5,000), AMELIA BARLOW (\$5,000), FIRE EROWID (\$2,500). AN ADDITIONAL \$700 WAS USED TO SUBSIDIZE SPEAKERS FOR THE SHE SHAMANS CONFERENCE. BULLETIN - PRINTING AND MAILING COSTS FOR THE MAPS BULLETIN, MAPS' PRIMARY MEANS OF COMMUNICATION WITH ITS MEMBERS. MAPS ALSO SENDS THE BULLET FOR FREE AS AN EDUCATIONAL TOOL TO ABOUT 400 SCIENTISTS, GOVERNMENT OFFICIALS, DRUG WAR PRISONERS, AND INFLUENTIAL ACADEMICS. EVEN THOUGH THE BULLETIN HAS BEEN AVAILABLE ON THE MAPS WEBSITE FOR NEARLY A DECADE, THE HARD-COPY ISSUES OF THE BULLETIN ARE STILL IMPORTANT TO MAPS'

400.00

1,415.04

4,285.00

18,200.00

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
EDUCATIONAL AND COMMUNITY-BUILDING MISSION. WE'RE ALSO EXPANDING THE USE OF OUR MONTHLY E-MAIL UPDATES AS AN INEXPENSIVE	
AND QUICKER WAY TO COMMUNICATE WITH MAPS SUPPORTERS. 41. COPIES - EXPENSES FOR PHOTOCOPIES - MINIMAL BECAUSE WE POST DOCUMENTS	34,361.85
ON OUR WEBSITE WHEN POSSIBLE. 42. INFORMATION - THIS CATEGORY IS FOR BOOKS, SUBSCRIPTIONS, AND OTHER	776.04
ITEMS MAPS STAFF MUST PURCHASE TO EDUCATE OURSELVES ABOUT VARIOUS TOPICS. 43. INTERNET - INTERNET ACCESS, BOTH FOR THE MAPS WEBSITE ITSELF AND OFFICE COMPUTERS.	650.69
44. MAPS ADS, MEMB. DRIVE - THESE EXPENSES ARE FOR THE MAPS ONLINE AUCTION, SEVERAL FUNDRAISING EVENTS, KEYWORD ADVERTISEMENTS WITH YAHOO AND GOOGLE, AND MAPS INFORMATION TABLES AT EVENTS. 45. PHONES - ONE CONSEQUENCE OF STAFF,	
RESEARCHERS, AND VOLUNTEERS SPREAD OUT ACROSS THE WORLD IS HIGHER PHONE COSTS THAN WE WOULD LIKE. ALTHOUGH WE TRY TO COMMUNICATE VIA EMAIL WHENEVER POSSIBLE, THERE ARE	
CERTAIN SITUATIONS WHERE PHONE CONVERSATIOINS ARE NECESSARY. 46. POSTAL - POSTAL COSTS ARE FOR MAPS MEMBERSHIP RENEWAL MAILINGS, SHIPPING OF MAPS MERCHANDISE, AND MAPS MAIL	13,590.57
COMMUNICATIONS AL OVER THE WORLD. 47. WEB ADMINISTRATION - EXPENSES PAID TO INDEPENDENT CONTRACTORS FOR MANAGING THE SECURITY OF THE MAPS WEBSITE AND CUSTOMIZING	10,367.98
SOFTWARE. THE MAPS.ORG WEBISTE IS MAPS' PRIMARY EDUCATIONIAL RESOURCE. IT AVERAGED OVER 3000 UNIQUE VISITORS PER DAY DURING FY 05-06. 48. WEB CONTENT/RES PAGE/INFO @ - MAPS STAFF EXPENSES RELATED TO FORMATING AND POSTING DOCUMENTS FOR THE WEBSITE, UPDATING	27,105.14
CONTENT, AND UPDATING OUR PAGE ABOUT PSYCHEDELIC RESEARCH PROJECTS AROUND THE WORLD. 49. PROFESSIONAL SERVICE - HALF ACCOUNTING. ANNUAL REPORTS, PAYROLL. HALF COMPUTER CONSULTING AND TROUBLESHOOTING. 50. STAFF TRAVEL - AS OUR INTERNATIONAL CLINICAL RESEARCH AGENDA HAS GAINED TRACTION, WITH KEY PHASE II MDMA/PTSD STUDIES IN	2,426.25

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
SWITZERLAND AND ISRAEL BEING INITIATED THIS YEAR, STAFF TRAVEL CONTINUED TO INCREASE.	12,886.51
51. SALARY & BENEFITS & TAXES - AS WITH MOST NON-PROFIT ORGANIZATIONS,	,
MAPS' SALARIES ARE LOWER THAN THOSE FOR JOBS IN THE PRIVATE-SECTOR WITH	
COMPARABLE SKILLS AND RESPONSIBILITIES. THE LOWER SALARY IS COMPENSATED FOR	
BY THE SATISFACTION OF WORKING ON ISSUES THAT HAVE PERSONAL AND SOCIAL THE TANKE THE WASTE DESCRIPTION OF THE TOTAL OF THE	
RELEVANCE. THIS WAGE DISPARITY IS ALSO DUE TO THE FACT THAT A LARGE FRACTION OF MAP'S INCOME CONSISTS OF RESTRICTED	
FUNDS THAT GO 100% TO PROJECTS OR OTHER ORGANIZATIONS, LEAVING LESS	
FOR ORGANIZATIONIAL EXPENSES THAN A QUICK GLANCE AT MAPS' FY 05-06	
INCOME WOULD SUGGEST. 56. OFFICE SUPPLIES	158,803.09 3,498.37
57. BOOKS AND TAPES - MERCHANDISE THAT WE RE-SALL	7,462.56
58. SM HOFMANN/CHAMBERLAIN PORTRAIT - ROYALTIES ON STANDARD-SIZE PORTRAIT OF ALBERT HOFMANN BY DEAN CHAMBERLAIN,	
THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	21,606.92
59. LG HOFMANN/CHAMBERLAIN PORTRAIT - ROYALTIES ON LARGE PORTRAIT OF	,
ALBERT HOFMANN BY DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR	45 500 45
PRODUCING/MAILING. 60. HUXLEY/CHAMBERLAIN PORTRAIT - ROYALTIES ON PORTRAIT OF LAURA HUXLEY BY	15,500.15
DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	3,060.00
61. SHULGIN/CHAMBERLAIN - ROYALTIES ON PORTRAIT OF ANN AND SASHA SHULGIN	2,000
BY DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	4,749.97
62. ALEX GREY/HOFFMAN PORTRAIT - ROYALTIES ON PORTRAIT OF ALBERT HOFMANN BY ALEX GREY, THE ARTIST, AND EXPENSES FOR	
PRODUCING/MAILING	31,754.75
TOTAL TO FORM 990, PART III, LINE E	558,316.33

FORM 990 NON-GOV	VERNMENT S	ECURITIES		STATEMENT	
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES	
SECURITIES COST			128,280.8	8 128,280.8	
TO FORM 990, LINE 54, COL B			128,280.8	8 128,280.8	
FORM 990 DEPRECIATION OF AS	SSETS NOT	HELD FOR INV	/ESTMENT	STATEMENT	
DESCRIPTION	COST OTHER		CUMULATED PRECIATION	BOOK VALUE	
MACHINERY & OTHER EQUIPMENT OTHER		,619.04 ,685.23	44,874.94 434.26	9,7 44.1 8,250.9	
TOTAL TO FORM 990, PART IV, LN 5	57 63	,304.27	45,309.20	17,995.0	
FORM 990 OTH	HER LIABIL	ITIES		STATEMENT	
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON STOCKS STATE U/I TAX PAYABLE STATE W/H TAXES PAYABLE				13,978.3 1,930.3 83.9	
TOTAL TO FORM 990, PART IV, LINE	E 65, COLU	MN B	- -	15,992.6	
SCHEDULE A EXPLANATION OF QUA	ALIFICATIO	NS TO RECEIV	/E PAYMENTS	STATEMENT	

RESEARCHERS ARE CHOSEN WHO: 1) HOLD SOME FORM OF DEGREE OR CERTIFICATION, 2) HOLD EXCELLENT PROFESSIONAL REPUTATIONS, AND 3) ARE AFFILIATED WITH ACADEMIC INSTITUTIONS.

RESEARCHERS RECEIVE PAYMENTS FOR COMPILING DATA & STATISTICAL SUMMARIES.

4562

(Rev. January 2006) Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.
▶ Atta

► Attach to your tax return.

990

OMB No. 1545-0172

2005

Attachment
Sequence No. 67

Sequence No. 6

Business or activity to which this form relates MULTIDISCIPLINARY ASSOCIATION FOR FORM 990 PAGE 2 59-2751953 PSYCHEDELIC STUDIES, INC. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 105,000.00 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 420,000.00 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 4,268.47 17 MACRS deductions for assets placed in service in tax years beginning before 2005 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 8,685.23 5 YRS. MO 200DB 434.26 b 5-year property 7-year property C d 10-year property 15-year property е f 20-year property 25 yrs. S/L g 25-year property S/L 27.5 yrs. MM Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L b 12 yrs. 40-year S/L C Part IV Summary (see instructions) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

⁶²⁵¹₀₅₋₀₆ LHA For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

4,702.73

23

MULTIDISCIPLINARY ASSOCIATION FOR Form 4562 (2005) (Rev. 1-2006) PSYCHEDELIC STUDIES, INC. 59-2751953 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment Part V recreation or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (d) (a) Date Business/ Elected Basis for depreciation Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period service use percentage cost 25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(;	a)	(I)	(c)	(d)	(€))	(1	f)
30	Total business/investment miles driven during the	Veh	icle	Veh	icle	Veh	icle	Veh	iicle	Vehicle		Vehicle Vehic	
	year (do not include commuting miles)			1									
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven												
	Total miles driven during the year.	4											
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			, in the second									
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
	Amortization		, in the second

110tol 11 your answer to 01, 00, 00, 40, 01 41	15 105, 40110	t complete occitor B for	the covered vernor	.o.		
Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percen		(f) Amortization for this year
42 Amortization of costs that begins during you	2005 tax year					
	1 1					
	1 1					
43 Amortization of costs that began before your	2005 tax year				43	
44 Total. Add amounts in column (f). See the ins	structions for w	here to report		[7	44	
516252/01-05-06					For	m 4562 (2005) (Rev. 1-200

Form 4562 (2005) (Rev. 1-2006)