

Form 990

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning JUN 1, 2006 and ending MAY 31, 2007

B Check if applicable: C Name of organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. D Employer identification number 59-2751953

G Website: WWW.MAPS.ORG H and I are not applicable to section 527 organizations.

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

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,779,781.72 M Check [] if the organization is not required to attach Sch. B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning/end of year.

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.00</u> noncash \$ <u>0.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.00</u> noncash \$ <u>0.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	55,000.00	41,250.00	13,750.00	0.00
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.00	0.00	0.00	0.00
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	184,492.02	124,619.02	59,873.00	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	56,154.73	42,116.05	14,038.68	
29 Payroll taxes	30,054.43	22,540.82	7,513.61	
30 Professional fundraising fees				
31 Accounting fees	4,625.00		4,625.00	
32 Legal fees				
33 Supplies	10,098.32	5,049.16	5,049.16	
34 Telephone	15,452.46	11,589.35	3,863.11	
35 Postage and shipping	13,911.02	10,433.27	3,477.75	
36 Occupancy	20,021.48		20,021.48	
37 Equipment rental and maintenance				
38 Printing and publications	254,483.88	254,483.88		
39 Travel	27,341.87	13,670.94	13,670.93	
40 Conferences, conventions, and meetings	2,222.28	1,111.14	1,111.14	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	6,715.90		6,715.90	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	614,740.81	575,510.41	25,295.71	13,934.69
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,295,314.20	1,102,374.04	179,005.47	13,934.69

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

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

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

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

What is the organization's primary exempt purpose? MEDICAL RESEARCH AND EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 1. MDMA PTSD-SC-THIS ITEM IS FOR ONGOING COSTS FOR MAPS PILOT MDMA-PSYCHOTHERAPY STUDY UNDER THE DIRECTION OF MICHAEL MITHOEFER, M.D. AND ANN MITHOEFER R.N. IN CHARLESTON, SOUTH CAROLINA INVESTIGATING MDMA IN THE TREATMENT OF POSTTRAUMATIC STRESS DISORDER. THIS STUDY WILL BE COMPLETED IN THE MIDDLE OF 2008 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	185,455.68
b 2. EROWID WEBSITE - MAPS ACTED AS THE FISCAL SPONSOR FOR THE EROWID DRUG INFORMATION WEBSITE (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	139,245.89
c SEE STATEMENT 4 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	85,520.87
d 4. S.A.F.E.R/UC BOULDER COLORADO STATE - MAPS ACTED AS THE FISCAL SPONSOR FOR S.A.F.E.R., A STUDENT-RUN DRUG POLICY EDUCATIONAL AND REFORM GROUP. ALL EXPENSES WERE FOR EDUCATIONAL PURPOSES. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	60,670.00
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	631,481.60
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,102,374.04

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45 <0.06>
	46 Savings and temporary cash investments	612,979.67	46 524,768.42
	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 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	260.06	53
	54 a Investments - publicly-traded securities STMT 7 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	128,280.88	54a 213,925.92
	b Investments - other securities		54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b 40,000.00	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 121,644.78	
b Less: accumulated depreciation STMT 6	57b 52,025.10	57c 17,995.07 69,619.68	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58 0.00	
59 Total assets (must equal line 74). Add lines 45 through 58	799,515.68	59 808,313.96	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> UNREALIZED GAIN ON STOCKS)	15,992.69	65 24,099.43
66 Total liabilities. Add lines 60 through 65	15,992.69	66 24,099.43	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and 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 equipment fund	0.00	71 0.00
	72 Retained earnings, endowment, accumulated income, or other funds	783,522.99	72 784,214.53
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	783,522.99	73 784,214.53	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	799,515.68	74 808,313.96	

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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	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
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	
e	Total revenue (Part I, line 12). Add lines c and d	e	

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478	PRESIDENT 50.00	55,000.00	0.00	0.00
MARYBETH HOME 154 GLENWOOD AVENUE SARASOTA, FL 34232	VICE-PRESIDENT 0.00	0.00	0.00	0.00
RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478	SECRETARY 0.00	0.00	0.00	0.00
JOHN GILMORE 2105 ROBINSON AVENUE SARASOTA, FL 34232	DIRECTOR 0.00	0.00	0.00	0.00

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Part VI Other Information <i>(continued)</i>		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?		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 <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	84a <u>N/A</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a <u>N/A</u>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b <u>N/A</u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures		
	85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g <u>N/A</u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h <u>N/A</u>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b <u>N/A</u>		
88 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.00</u> ; section 4912 <u>0.00</u> ; section 4955 <u>0.00</u>		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>0.00</u>	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>0.00</u>	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	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, 2006	90b <u>5</u>	
91 a	The books are in care of RICHARD DOBLIN Telephone no. <u>617/484-9509</u> Located at 3 FRANCIS STREET, BELMONT, MA ZIP + 4 <u>02478</u>		
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
	If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a BOOKS & TAPES SALES					127,775.56
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					31,327.66
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					4,421.69
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a CREDITS FOR REFUNDS					8,697.68
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.00		0.00	172,222.59
105 Total (add line 104, columns (B), (D), and (E))					172,222.59

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

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

SALE OF EDUCATIONAL MATERIALS TO MEMBERS

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	02/28/08		
PROFESSIONAL NON-PROFIT CONSULTANTS	EIN		
P.O. BOX 3319	Phone no.		941-957-0777
SARASOTA, FL 34230			

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

2006

Name of the organization **MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.** Employer identification number **59 2751953**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

MULTIDISCIPLINARY ASSOCIATION FOR

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 8	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.00	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.00	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2006

PSYCHEDELIC STUDIES, INC.

59-2751953

Page 4

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	962,759.95	779,911.22	1,029,674.99	576,521.11	3,348,867.27
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	27,590.53	17,080.88	11,903.23	15,702.26	72,276.90
19 Net income from unrelated business activities not included in line 18					
20 Tax 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	990,350.48	796,992.10	1,041,578.22	592,223.37	3,421,144.17
24 Line 23 minus line 17	990,350.48	796,992.10	1,041,578.22	592,223.37	3,421,144.17
25 Enter 1% of line 23	9,903.50	7,969.92	10,415.78	5,922.23	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0.00 (2004) 0.00 (2003) 0.00 (2002) 0.00					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 0.00 (2004) 0.00 (2003) 0.00 (2002) 0.00					
c Add: Amounts from column (e) for lines: 15 3,348,867.27 16 _____ 17 _____ 20 _____ 21 _____					27c 3,348,867.27
d Add: Line 27a total 0.00 and line 27b total 0.00					27d 0.00
e Public support (line 27c total minus line 27d total)					27e 3,348,867.27
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,421,144.17
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.8873%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.1127%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

623131 01-18-07

Schedule A (Form 990 or 990-EZ) 2006

Part V

Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
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?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	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	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	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.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

MULTIDISCIPLINARY ASSOCIATION FOR

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
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				0.00

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a 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			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g 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.

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	Current Year Deduction
	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	7,783.90		0.00
11	OFFICE EQUIPMENT	053102	200DB	5.00	17	3,038.90		911.67	2,127.23	1,923.53		232.80
12	COMPUTER EQUIPMENT	053102	200DB	5.00	17	1,199.72		359.92	839.80	759.38		91.91
13	COMPUTER EQUIPMENT	053103	200DB	5.00	17	11,137.89			11,137.89	9,015.14		1,886.89
14	OFFICE EQUIPMENT	060104	200DB	5.00	17	6,379.01		3,189.51	3,189.50	1,658.54		612.38
15	COMPUTER EQUIPMENT	060104	200DB	5.00	17	1,817.79		908.90	908.89	472.62		174.51
16	OFFICE EQUIPMENT	053106	200DB	5.00	17	4,668.07			4,668.07	233.40		1,773.87
17	COMPUTER EQUIPMENT	053106	200DB	5.00	17	4,017.16			4,017.16	200.86		1,526.52

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	Current Year Deduction
18	OFFICE EQUIPMENT	053107	200DB	5.00	19B	4,980.27			4,980.27			249.01
19	OFFICE EQUIPMENT	053107	200DB	5.00	19B	3,360.24			3,360.24			168.01
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					71,644.78		5,370.00	66,274.78	45,309.20	0.00	6,715.90
	OTHER											
20	LAND	VARIABLE	SL			50,000.00			50,000.00			0.00
	* 990 PAGE 2 TOTAL OTHER					50,000.00		0.00	50,000.00	0.00	0.00	0.00
	* GRAND TOTAL 990 PAGE 2 DEPR					121,644.78		5,370.00	116,274.78	45,309.20	0.00	6,715.90

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
VARIOUS STOCKS	370,197.67	362,071.36	0.00	8,126.31	
VARIOUS STOCKS	118,000.00	121,704.62	0.00	<3,704.62>	
TO FORM 990, PART I, LINE 8	488,197.67	483,775.98	0.00	4,421.69	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
RESEARCH & EDUCATIONAL PROJECTS	572,800.36	572,800.36				
FUNDRAISING	13,934.69			13,934.69		
EQUIPMENT - LEASED	2,594.72		2,594.72			
LICENSES, FEES & PERMITS	10,812.59		10,812.59			
BOOKS AND TAPES FOR ORDER	2,710.05	2,710.05				
MOVING EXPENSE	11,888.40		11,888.40			
TOTAL TO FM 990, LN 43	614,740.81	575,510.41	25,295.71	13,934.69		

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD DOBLIN	55,000.00			55,000.00
A. PROGRAM SERVICES	41,250.00			41,250.00
B. MANAGEMENT AND GENERAL	13,750.00			13,750.00
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				41,250.00
TOTAL MANAGEMENT AND GENERAL				13,750.00
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>55,000.00</u>

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

3. BURNING MAN 2006 - ENTHEON VILLAGE 2006, AND ALSO PSYCHEDELIC EMERGENCY SERVICES AND LECTURE SERIES. MAPS HELD ITS 20TH ANNIVERSARY CELEBRATION IN 2006 AT BURNING MAN. THESE EXPENSES ARE MOSTLY FOR ENTHEON VILLAGE, WHERE ABOUT 375 PEOPLE CAMPED. ENTHEON VILLAGE EXPENSES WERE FULLY COVERED BY CAMPING FEES AND OTHER PAYMENTS. THESE EXPENSES ALSO INCLUDE STAFF WORK ON THE CELEBRATION, ON THE LECTURE SERIES, AND ON COORDINATING OUR PSYCHEDELIC EMERGENCY WORK. MAPS ASSISTS BLACK ROCK CITY RANGERS IN STAFFING THE SANCTUARY TENT, OPERATED BY EXPERIENCED PEERS, THERAPISTS, AND DOCTORS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		85,520.87

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION OF OTHER PROGRAM SERVICES GRANTS AND ALLOCATIONS EXPENSES

5. LSD SWISS END OF LIFE STUDY - MAPS SUPPORTED PETER GASSER, M.D. A SWISS PSYCHIATRIST, WITH THE DEVELOPMENT OF A PROTOCOL INVESTIGATING THE EFFECTIVENESS OF LSD THERAPY IN REDUCING ANXIETY AND PAIN IN PATIENTS WITH END-OF-LIFE DIAGNOSES. THE PROTOCOL HAS BEEN APPROVED BY SWISSMEDIC AND THE ETHICS COMMITTEE AND IS AWAITING FINAL APPROVAL FROM THE BAG (SWISS DEA), WHICH IS EXPECTED BEFORE THE END OF 2007 0.00 17,815.81

6. LSD/PSILOCYBIN CLUSTER HEADACHE - MAPS SUPPORTED ANDREW SEWELL, M.D., AND JOHN HALPERN, M.D., MCLEAN HOSPITAL, HARVARD UNIVERSITY, IN COLLECTING AND ANALYZING HUNDREDS OF CASE REPORTS FROM EROWID.ORG AND CLUSTERBUSTERS, AN ORGANIZATION RUN BY AND FOR PEOPLE WITH CLUSTER HEADACHES 0.00 8,624.59

7. MDMA ANALYSIS (ECSTASY PILL TESTING) - THE ECSTASYDATA.ORG PILL TESING PROJECT, CURRENTLY OUT OF FUNDS, WAS CO-SPONSORED BY MAPS, DANCESAFE, AND EROWID. IT ALLOWED PEOPLE TO ANONYMOUSLY SEND PILLS

TO A DEA-LICENSED LABORATORY FOR ANALYSIS, WITH THE REULTS POSTED ONLINE.	0.00	500.00
8. MDMA ASPERGER STUDY - MAPS SPONSORED ANECDOTAL CASE STUDY OF MDMA'S HELPFULNESS TO PEOPLE WITH ASPERGER'S, PI IS PAL JOHANSEN PH.D. CAND.	0.00	3,980.31
9. MDMA CANCER/HALPERN (HARVARD) - MAPS SUPPORTED THE PROTOCOL DESIGN AND APPROVAL PROCESS FOR A STUDY BY JOHN HALPERN, M.D., HARVARD MEDICAL SCHOOL, EXPLORING THE USE OF MDMA-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF ADVANCED-STAGE CANCER PATIENTS WITH ANXIETY	0.00	3,980.31
10. MDMA-DEFENSE MECHANISMS - THIS ONGOING STUDY ANALYSES AUDIO AND VIDEO RECORDINGS OF THERAPY SESSIONS FROM MAPS-SPONSORED STUDIES OF MDMA-ASSISTED PSYCHOTHERAPY 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 EVIDENCE ON HOW MDMA INFLUENCES BEHAVIOR IN THE CONTEXT OF PSYCHOTHERAPY, TO UNDERSTAND HOW MDMA MIGHT FACILITATE THE THERAPEUTIC PROCESS, AND FINALLY TO EMPIRICALLY INFORM THE DEVELOPMENT OF A STANDARDIZED TREATMENT MANUAL FOR MDMA-ASSISTED PSYCHOTHERAPY. THE STUDY IS CONDUCTED BY TERI S. KREBS, B.S., PROGRAM IN NEUROSCIENCE, BOSTON UNIVERSITY AND PAL JOHANSEN, LICENSED PSYCHOLOGIST (NPF), CAND PH.D. TRONDHEIM PSYCHOTHERAPY RESEARCH PROGRAM, DEPARTMENT OF PSYCHOLOGY, THE NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY	0.00	6,000.00
11. MDMA ISRAEL - THESE EXPENSES WERE FOR TRAINING, SITE INITIATION, AND THE FIRST PAYMENT OF \$25,000 FOR A STUDY EVALUATING MDMA - ASSISTED PSYCHOTHERAPY AS A TREATMENT OF TERRORISM - AND WAR-RELATED PTSD. THIS STUDY IS FULLY APPROVED AND HAS BEGUN ENROLLMENT UNDER PRINCIPAL INVESTIGATOR HOSHE KOTLER., M.D., CHAIR OF THE DEPARTMENT OF PSYCHIATRY AT THE SACKLER SCHOOL OF MEDICINE AT TEL AVIV UNIVERSITY AND FORMER CHIEF PSYCHIATRIST OF THE ISRAELI DEFENSE FORCES. THIS STUDY, CONDUCTED IN ISRAEL, WILL ALSO BE SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG APPLICATION (IND) FOR MDMA AND THEREFORE FITS INTO MAPS' MISSION OF DEVELOPING MDMA AS A PRESCRIPTION MEDICINE APPROVED BY BOTH THE FDA AND EUROPEAN MEDICINES AGENCY	0.00	44,687.39
12. MDMA THERAPIST TRAINING - MAPS SUPPORTED BEGINNING PHASES OF PROTOCOL DEVELOPMENT SEEKING TO CREATE AN FDA-APPROVED PROGRAM TO ALLOW THERAPISTS TO RECEIVE MDMA-ASSISTED PSYCHOTHERAPY AS PART OF THEIR TRAINING FOR POSSIBLE MAPS-SPONSORED MDMA/PTSD PHASE 3 MULTISITE STUDIES	0.00	305.25

<p>13. MDMA LIT REVIEW - MAPS RESEARCH ASSOCIATE LISA JEROME, PH.D. CONTINUED THIS ONGOING REVIEW OF ALL PEER-REVIEWED SCIENTIFIC LITERATURE ON MDMA THROUGHOUT FY 06-07. WHEN APPLYING TO THE FDA AND INSTITUTIONAL REVIEW BOARDS WITH A NEW PROTOCOL, IT IS NECESSARY TO HAVE A COMPREHENSIVE LITERATURE 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.</p>	0.00	8,204.75
<p>14. MDMA PHASE I SAFETY STUDY - INITIAL PROTOCOL DESIGN EXPENSES FOR A STUDY TO EXPLORE THE SAFETY PROFILE OF THE USE OF MDMA IN HIGHER RISK POPULATIONS WITH CONTROLLED HYPERTENSION, HIV AND HEP-C</p>	0.00	305.25
<p>15. MDMA PTSD - SPAIN - JOSE CARLOS BUOSO, PH.D. CANDIDATE, WAS FUNDED TO DO SOME PRELIMINARY WORK 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, PERHAPS NEAR THE END OF 2008</p>	0.00	453.25
<p>16. MDMA PTSD - SWISS - DR. PETER OEHEN'S MAPS/SAEPT SPONSORED MDMA/PTSD STUDY IS FULLY APPROVED AND ENROLLING PATIENTS. THIS STUDY HAS BEEN SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA IN THE TREATMENT OF PTSD.</p>	0.00	30,683.04
<p>17. 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, ORIGINALLY APPLIED TO DEA IN JUNE 2001 FOR A SCHEDULE I LICENSE FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION FACILITY. ENDING THE SIX DECADES LONG GOVERNMENTAL MONOPOLY ON THE SUPPLY OF MARIJUANA FOR RESEARCH PURPOSES IS A PREREQUISITE TO SPONSORING FDA CLINICAL TRIALS WITH MARIJUANA. IN FEB 2007, FUNDS WERE PAID DIRECTLY TO UMass AMHERST FOR PROF. CRAKER'S TIME SPENT WORKING WITH THE APPLICATION</p>	0.00	11,800.00
<p>18. MJ VAPORIZER STUDY - THESE EXPENSES WERE FOR PROTOCOL DESIGN OF A REVISED STUDY OF THE CONSTITUENTS OF MARIJUANA VAPORS PRODUCED BY THE VOLCANO VAPORIZER. A PREVIOUS PROTOCOL WAS IGNORED FOR SEVERAL YEARS BY NIDA AND THEN REJECTED. WE FILED AN APPEAL WHICH HAS BEEN IGNORED FOR ANOTHER TWO YEARS. WE'RE NOW PLANNING ON SUBMITTING A NEW PROTOCOL TO NIDA IN 2007 WHICH WE INTEND TO BE MORE DIFFICULT TO IGNORE OR</p>		

REJECT.	0.00	1,135.94
19. PEYOTE NATIVE AMERICAN NEUROCOGNITIVE STUDY - FUNDS ARE FOR PRIOR RESEARCH WITH MEMBERS OF THE NATIVE AMERICAN CHURCH, MEASURING COGNITIVE CHANGES IN PEOPLE WHO USE PEYOTE	0.00	604.16
20. PSILOCYBIN/CANCER ANXIETY STUDY (MIAMI BEACH) THIS EXPENSE IS FOR PROTOCOL DEVELOPMENT AND REGULATORY SUBMISSION OF A STUDY TO TAKE PLACE AT MT. SINAI CANCER CENTER INVESTIGATING THE EFFECTIVENESS OF PSILOCYBIN-ASSISTED THERAPY IN TREATING ANXIETY AND PAIN IN ADVANCED-STAGE MELANOMA PATIENTS. THIS STUDY HAS BEEN APPROVED BY THE FDA AND IS NOW BEING REVIEWED BY AN IRB.	0.00	1,652.22
21. 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	0.00	928.45
22. BOOK - THE ULTIMATE JOURNEY - THESE COSTS ARE FOR PRODUCTION OF DR. STANISLAV GROF'S LATEST BOOK. THE ULTIMATE JOURNEY: CONSCIOUSNESS AND THE MYSTERY OF DEATH. THIS INCLUDES EDITING AND PRINTING COSTS	0.00	18,933.80
23. BURNING MAN 2007 - THESE COSTS ARE FOR PRE-PLANNING OF PSYCHEDELIC EMERGENCY SERVICES AND PSYCHEDELIC-THEMED CAMP AT BURNING MAN 2007	0.00	32.50
24. CONFERENCE - BOOM - THE ORGANIZERS OF BOOM FESTIVAL, WHICH TAKES PLACE IN PORTUGAL EVERY OTHER AUGUST, CONTRACTED WITH MAPS TO PROVIDE PSYCHEDELIC EMERGENCY SERVICES AT THEIR FESTIVAL. THESE EXPENSES WERE PRIMARILY FOR TRAVEL EXPENSES FOR MAPS' PSYCHEDELIC EMERGENCY SERVICES TEAM. BOOM CONTRIBUTED FUNDS TO MAPS, PLUS TICKETS AND FOOD FOR 8 CORE STAFF MEMBERS AND 15 VOLUNTEERS.	0.00	7,535.21
25. CONFERENCE PERU - TO HELP FACILITATE THE AMAZONIAN SHAMANISM CONFERENCE, MAPS PROCESSED CREDIT CARD ORDERS ON THEIR BEHALF AND FORWARDED 100% OF TICKET SALES RECEIVED TO CONFERENCE ORGANIZERS.	0.00	10,610.62
26. DEA/UMASS CONG. SIGN ON LETTER - MAPS STAFFERS LAUREN PAYNE AND JAG DAVIES WORKED ON ASKING MEMBERS OF THE US HOUSE OF REPRESENTATIVES TO SIGN ON TO REP. JOHN OLVER'S LETTER TO DEA IN SUPPORT OF PROF. CRAKER. THIS EFFORT, AIDED BY LOCAL CHAPTERS OF SSDP, NORML, ASA, ACLU, AND OTHER LOCALIZED DRUG POLICY REFORM ORGANIZATIONS, YIELDED A TOTAL OF 45 SIGNATURES FROM		

<u>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE</u>		<u>59-2751953</u>
CONGRESSIONAL REPRESENTATIVES	0.00	23,603.11
27. FINAL FRONTIER - THESE FUNDS WERE COSTS FOR HOSTING MAPS' FINAL FRONTIER FUNDRAISER IN SAN FRANCISCO, WHICH BROUGHT IN \$30,393.70 IN REVENUE	0.00	5,830.53
28. IBOGAIN DVD - THIS EXPENSE IS FOR 100 DVD COPIES OF AN IBOGAIN DOCUMENTARY PURCHASED AT WHOLESALE PRICE ON CONSIGNMENT FROM THE FILMMAKER AND SOLD THROUGH THE MAPS WEBSTORE	0.00	1,524.00
29. MAPS FORUM - THIS SUM IS THE AMOUNT PAID TO JON FREDERICK FOR MAINTAINING AND MODERATING THE MAPS EMAIL FORUM	0.00	2,114.00
30. MAPS STAFF RETREAT - THIS EXPENSE WAS FOR FOOD FOR A STAFF MEETING	0.00	82.00
31. VIDEO - DIFFICULT TRIP GUIDANCE - 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 AGENDA	0.00	584.96
32. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA (WAMM) - MAPS IS FISCAL SPONSOR FOR WAMM, A SANTA CRUZ-BASED NON-PROFIT COOPERATIVE MEDICAL MARIJUANA PATIENT ASSOCIATION	0.00	3,200.00
33. 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, STEPH SHERER (10K) , KAT HARRISON (10K), TANIA MANNING (5K), AND MAPS STAFFER VALERIE MOJEIKO (6640.43) WHOSE FUNDS WERE USED TO ATTEND COLLEGE AT CIIS	0.00	31,640.43
34. 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 E-MAIL WHENEVER POSSIBLE, THERE ARE CERTAIN SITUATIONS WHEN PHONE CONVERSATIONS ARE DESIRABLE	0.00	11,589.35
35. POSTAL - POSTAL COSTS ARE FOR MAPS MEMBERSHIP RENEWAL MAILINGS, SHIPPING OF MAPS MERCHANDISE, AND MAPS MAIL COMMUNICATIONS ALL OVER THE WORLD	0.00	10,433.27
36. CONFERENCE FEES - FEES FOR MAPS STAFF TO ATTAND RESEARCH, EDUCATIONAL, AND ACTIVIST CONFERENCES AROUND THE WORLD	0.00	1,111.14

37. STAFF TRAVEL - AS THE NUMBER AND LOCATIONS OF MAPS' PROJECTS INCREASES, AS MAPS STAFF SPEAK AT MORE CONFERENCES AND EVENTS, STAFF TRAVEL CONTINUES TO INCREASE	0.00	13,670.94
38. BENEFITS - MAPS BELIEVES IN OFFERING EMPLOYEES A STRONG BENEFITS PACKAGE AND HEALTHCARE	0.00	42,116.05
39. IBOGAIN FOLLOW UP (CANADA & MEXICO) - MAPS IS SPONSORING TWO STUDIES OF THE LONG TERM EFFECTIVENESS OF IBOGAIN-ASSISTED THERAPY IN THE TREATMENT OF OPIATE ADDICTION. ONE STUDY IS LOCATED IN VANCOUVER, BC, WITH PATIENTS TREATED AT THE IBOGA THERAPY HOUSE, AND FUNDS WERE USED THIS YEAR FOR STUDY INITIATION AND ONGOING STUDY RELATED COSTS. THE OTHER STUDY IS LOCATED IN MEXICO WITH PATIENTS TREATED AT THE IBOGAIN ASSOCIATION, AND FUNDS WERE USED FOR PROTOCOL DEVELOPMENT AND TRAINING.	0.00	10,614.55
40. LSA CLUSTER HEADACHE STUDY - MAPS SUPPORTED CONDUCT OF A PROTOCOL TO INVESTIGATE THE EFFECTIVENESS OF LSA IN TREATING CLUSTER HEADACHES	0.00	5,264.25
41. BULLETIN-EDITING, PRINTING & MAILING COSTS FOR THE MAPS BULLETIN, MAPS' PRIMARY MEANS OF COMMUNICATION WITH ITS MEMBERS. MAPS ALSO SENDS THE BULLETIN 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' 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	0.00	24,311.25
42. BOOKS, TAPES AND ACCESSORIES - MERCHANDISE THAT WE RESELL	0.00	2,710.05
43. OFFICE SUPPLIES - INCLUDES CUSTOMIZED ENVELOPES, VARIOUS PRINTED HANDOUTS, BROCHURES, BOOK BLYERS, AND REGULAR OFFICE SUPPLIES. COSTS WERE HIGHER THIS YEAR DUE TO RELOCATION AND THE NEED TO PRINT MATERIALS WITH THE NEW ADDRESS, AND TO STOCK THE NEW LOCATION WITH OFFICE SUPPLIES	0.00	5,049.16
44. SALARY & TAXES - AS WITH MOST NON-PROFIT ORGANIZATIONS, STAFF SALARIES ARE LOWER THAN THOSE FOR JOBS IN THE PRIVATE-SECTOR WITH COMPARABLE SKILLS AND RESPONSIBILITIES. OVER TIME, AS MAPS' FINANCES IMPROVE, WE'RE GRADUALLY INCREASING OUR COMPENSATION TO MARKET RATES IN ORDER TO RECRUIT AND RETAIN		

HIGH-PERFORMING STAFF	0.00	207,191.11
45. LG HOFMANN/CHAMBERLAIN PORTRAIT - ROYALTIES ON LARG PORTRAIT OF ALBERT HOFMANN BY DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	0.00	295.00
46. HUXLEY/CHAMBERLAIN PORTRAIT - ROYALTIES ON PORTRAIT OF LAURA HUXLEY BY DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	0.00	295.00
47. RAM DASS/CHAMBERLAIN PORTRAIT - EXPENSES TO CREATE 50 COPIES OF A PORTRAIT OF RAM DASS BY DEAN CHAMBERLAIN, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	0.00	2,835.55
48. SHULGIN/CHAMBERLAIN PORTRAIT - ROYALTIES ON PORTRAIT OF SHULGINS BY DEAN CHAMBERLAIN, THE ARTIST	0.00	343.52
49. GREY/HOFMANN PORTRAIT - ROYALTIES ON PORTRAIT OF ALBERT HOFMANN BY ALEX GREY, THE ARTIST	0.00	23,113.50
50. VENOSA/HOFMANN PORTRAIT - ROYALTIES ON PORTRAIT OF ALBERT HOFMANN BY ROBERT VENOSA, THE ARTIST, AND EXPENSES FOR PRODUCING/MAILING	0.00	23,186.03
TOTAL TO FORM 990, PART III, LINE E		<u>631,481.60</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MACHINERY & OTHER EQUIPMENT	71,644.78	52,025.10	19,619.68
OTHER	50,000.00	0.00	50,000.00
TOTAL TO FORM 990, PART IV, LN 57	<u>121,644.78</u>	<u>52,025.10</u>	<u>69,619.68</u>

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.**

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.00
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.00
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 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	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity 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)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	6,298.88
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	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		8,340.51	5 YRS.	MQ	200DB	417.02
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,715.90
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.**

Form 4562 (2006)

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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity 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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 employees?	Yes	No
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.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44