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GOVERNMENT COPY

COPY

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)

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 2007 calendar year, or tax year beginning **JUN 1, 2007** and ending **MAY 31, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O P.O. BOX 3319 City or town, state or country, and ZIP + 4 SARASOTA, FL 34230	D Employer identification number 59-2751953 E Telephone number 617-484-8711 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.MAPS.ORG**

J Organization type (check only one) 501(c) (**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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,431,863.12**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	1,617,728.37
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ 1,408,442.43 noncash \$ 209,285.94)	1e	1,617,728.37
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	78,977.38
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	33,695.84
	5	Dividends and interest from securities	5	1,697.94
Revenue	6 a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
	7	Other investment income (describe ▶)	7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
			697,485.94	8a
	b	Less: cost or other basis and sales expenses	709,964.54	8b
	c	Gain or (loss) (attach schedule)	<12,478.60>	8c
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	8d
				<12,478.60>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	
	b	Less: direct expenses other than fundraising expenses	9b	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
	10 a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	2,277.65
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,721,898.58
Expenses	13	Program services (from line 44, column (B))	13	1,224,712.07
	14	Management and general (from line 44, column (C))	14	170,674.27
	15	Fundraising (from line 44, column (D))	15	58,906.26
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,454,292.60
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	267,605.98
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	784,214.53
	20	Other changes in net assets or fund balances (attach explanation)	20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,051,820.51

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

Form 990 (2007)

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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	60,000.00	45,000.00	15,000.00	0.00
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.00	0.00	0.00	0.00
25c 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	168,213.77	126,160.33	42,053.44	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	55,953.26	41,964.95	13,988.31	
29 Payroll taxes	23,079.36	17,309.52	5,769.84	
30 Professional fundraising fees				
31 Accounting fees	3,425.00		3,425.00	
32 Legal fees	1,375.01		1,375.01	
33 Supplies	10,864.43	8,148.32	2,716.11	
34 Telephone	12,218.85	9,164.14	3,054.71	
35 Postage and shipping	17,532.08	13,149.06	4,383.02	
36 Occupancy	47,765.34		47,765.34	
37 Equipment rental and maintenance	5,861.59		5,861.59	
38 Printing and publications	204,674.12	204,674.12		
39 Travel	18,512.17	13,884.13	4,628.04	
40 Conferences, conventions, and meetings	10,486.95	7,865.21	2,621.74	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	5,857.61		5,857.61	
43 Other expenses not covered above (itemize):				
a RESEARCH & EDUCATIONAL				
b PROJECTS	728,886.79	728,886.79		
c FUNDRAISING	58,906.26			58,906.26
d BOOKS AND TAPES FOR				
e ORDER	8,505.50	8,505.50		
f LICENSES, FEES &				
g PERMITS	12,174.51		12,174.51	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,454,292.60	1,224,712.07	170,674.27	58,906.26

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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Form 990 (2007)

MULTIDISCIPLINARY ASSOCIATION FOR
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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 SEE STATEMENT 2	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	235,843.00
b SEE STATEMENT 3	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	82,359.00
c SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	128,273.00
d SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	61,369.00
e Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	716,868.07
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,224,712.07

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MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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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	<0.06	45
	46 Savings and temporary cash investments	524,768.42	46 918,666.40
	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		53
	54 a Investments - publicly-traded securities STMT 8 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	213,925.92	54a 72,344.07
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 121,644.78	
b Less: accumulated depreciation STMT 7	57b 57,882.71	57c 63,762.07	
58 Other assets, including program-related investments (describe DEPOSITS)	0.00	58 8,000.00	
59 Total assets (must equal line 74). Add lines 45 through 58	808,313.96	59 1,062,772.54	
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 UNREALIZED GAIN ON STOCKS)	24,099.43	65 10,952.03
66 Total liabilities. Add lines 60 through 65	24,099.43	66 10,952.03	
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	784,214.53	72 1,051,820.51
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)	784,214.53	73 1,051,820.51	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	808,313.96	74 1,062,772.54	

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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	60,000.00	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
ASHAWNA HAILEY 1781 SANTA LUCIA DRIVE SAN JOSE, CA 95125	DIRECTOR 0.00	0.00	0.00	0.00

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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ N/A		
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.00
b	Did the organization file Form 1120-POL for this year?	81b	X

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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 <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	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 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	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		
	89b <u>0.00</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	89c <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, 2007	90b	<u>5</u>
91 a	The books are in care of RICHARD DOBLIN Telephone no. 617/484-9509		
	Located at 3 FRANCIS STREET, BELMONT, MA ZIP + 4 02478		
	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)?		
	91b <u>N/A</u>		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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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					78,977.38
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					33,695.84
96 Dividends and interest from securities					1,697.94
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					<12,478.60>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a CREDITS FOR REFUNDS					2,277.65
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.00		0.00	104,170.21
105 Total (add line 104, columns (B), (D), and (E))					104,170.21

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).

Form 990 (2007)

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Form 990 (2007)

59-2751953 Page 9

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 12/22/08

Firm's name (or yours if self-employed), address, and ZIP + 4
PROFESSIONAL NON-PROFIT CONSULTANTS
P.O. BOX 3319
SARASOTA, FL 34230

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X) _____

EIN _____

Phone no. **941-957-0777**

Form 990 (2007)

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

2007

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 1 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 9	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 8 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 8 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 8 of the instructions.)

MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2007

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,123,783.15	962,759.95	779,911.22	1,029,674.99	3,896,129.31
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	31,327.66	27,590.53	17,080.88	11,903.23	87,902.30
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	1,155,110.81	990,350.48	796,992.10	1,041,578.22	3,984,031.61
24 Line 23 minus line 17	1,155,110.81	990,350.48	796,992.10	1,041,578.22	3,984,031.61
25 Enter 1% of line 23	11,551.11	9,903.50	7,969.92	10,415.78	
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 2003 through 2006 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: (2006) 0.00 (2005) 0.00 (2004) 0.00 (2003) 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: (2006) 0.00 (2005) 0.00 (2004) 0.00 (2003) 0.00					
c Add: Amounts from column (e) for lines: 15 3,896,129.31 16 _____ 17 _____ 20 _____ 21 _____					27c 3,896,129.31
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 3,896,129.31
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,984,031.61
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.7936%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.2064%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

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 11 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.

		(a) Affiliated group totals	(b) To be completed for all electing organizations
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			
	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
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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					0.00

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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	12/31/96	200DB	5.00	17	614.54			614.54	614.54		0.00
2	COMPUTER EQUIPMENT	12/31/96	200DB	5.00	17	6,109.47			6,109.47	6,109.47		0.00
3	OFFICE EQUIPMENT	11/15/97	200DB	5.00	17	1,161.48			1,161.48	1,161.48		0.00
4	COMPUTER EQUIPMENT	11/15/97	200DB	5.00	17	3,927.02			3,927.02	3,927.02		0.00
5	OFFICE EQUIPMENT	12/01/98	200DB	5.00	17	685.24			685.24	685.24		0.00
6	COMPUTER EQUIPMENT	12/01/98	200DB	5.00	17	74.94			74.94	74.94		0.00
7	CAR	12/01/98	200DB	5.00	17	3,923.58			3,923.58	3,923.58		0.00
8	OFFICE EQUIPMENT	05/30/00	200DB	5.00	17	2,817.10			2,817.10	2,817.10		0.00
9	COMPUTER EQUIPMENT	05/30/00	200DB	5.00	17	3,948.46			3,948.46	3,948.46		0.00
10	OFFICE EQUIPMENT	05/31/01	200DB	5.00	17	7,783.90			7,783.90	7,783.90		0.00
11	OFFICE EQUIPMENT	05/31/02	200DB	5.00	17	3,038.90		911.67	2,127.23	2,156.33		0.00
12	COMPUTER EQUIPMENT	05/31/02	200DB	5.00	17	1,199.72		359.92	839.80	851.29		0.00
13	COMPUTER EQUIPMENT	05/31/03	200DB	5.00	17	11,137.89			11,137.89	10,902.03		235.86
14	OFFICE EQUIPMENT	06/01/04	200DB	5.00	17	6,379.01		3,189.51	3,189.50	2,270.92		367.43
15	COMPUTER EQUIPMENT	06/01/04	200DB	5.00	17	1,817.79		908.90	908.89	647.13		104.70
16	OFFICE EQUIPMENT	05/31/06	200DB	5.00	17	4,668.07			4,668.07	2,007.27		1,064.32
17	COMPUTER EQUIPMENT	05/31/06	200DB	5.00	17	4,017.16			4,017.16	1,727.38		915.91

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	17	4,980.27			4,980.27	249.01		1,892.50
19	OFFICE EQUIPMENT	053107	200DB	5.00	17	3,360.24			3,360.24	168.01		1,276.89
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					71,644.78		5,370.00	66,274.78	52,025.10	0.00	5,857.61
	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	52,025.10	0.00	5,857.61

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	491,196.11	500,678.60	0.00	<9,482.49>
VARIOUS STOCKS	206,289.83	209,285.94	0.00	<2,996.11>
TO FORM 990, PART I, LINE 8	697,485.94	709,964.54	0.00	<12,478.60>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION OF PROGRAM SERVICE ONE

1. OUR LARGEST EXPENDITURE ON RESEARCH WAS FOR ONGOING COSTS FOR MAPS' PILOT MDMA-ASSISTED PSYCHOTHERAPY STUDY, CONDUCTED IN CHARLESTON, SOUTH CAROLINA UNDER THE DIRECTION OF DR. MICHAEL MITHOEFER AND ANN MITHOEFER BSN. THIS STUDY INVESTIGATED MDMA-ASSISTED PSYCHOTHERAPY IN SUBJECTS WITH TREATMENT-RESISTANT POSTTRAUMATIC STRESS DISORDER (PTSD). THE 21ST AND FINAL SUBJECT COMPLETED THE TWO-MONTH FOLLOW-UP IN SEPTEMBER 2008, CONCLUDING THE STUDY. OVER THE YEARS, MAPS HAS SPENT ABOUT \$1 MILLION ON THIS STUDY. THE RESULTS OF THIS STUDY ARE SO PROMISING THAT IT WAS WORTH EVERY PENNY. WE'RE NOW EXPANDING OUR MDMA/PTSD RESEARCH TO NEW COUNTRIES AND THERAPEUTIC TEAMS, TESTING DIFFERENT PROTOCOL MODIFICATIONS THAT WILL HELP US IN THE DESIGN OF THE PHASE 3 STUDIES. IF OTHER THERAPIST TEAMS CAN GET RESULTS SIMILAR TO THE RESULTS OBTAINED BY MICHAEL AND ANN MITHOEFER, WE WILL HAVE SUFFICIENT EVIDENCE TO JUSTIFY THE PRESCRIPTION USE OF MDMA-ASSISTED PSYCHOTHERAPY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		235,843.00

DESCRIPTION OF PROGRAM SERVICE TWO

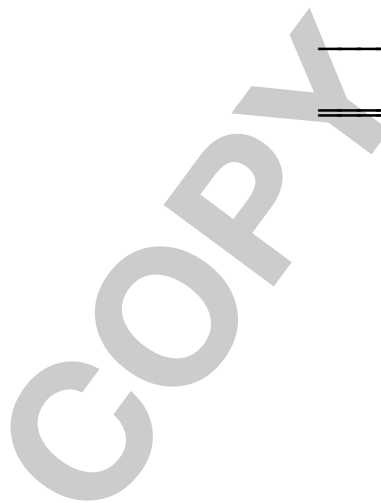
2. EROWID WEBSITE - MAPS HAS SERVED AS FISCAL SPONSOR FOR EROWID SINCE 1999. EROWID IS THE MOST POPULAR WEBSITE OFFERING INFORMATION ABOUT A WIDE RANGE OF DRUGS, VISITED BY ABOUT 50,000 UNIQUE VISITORS PER DAY. EROWID HAS NOW OBTAINED ITS OWN NON-PROFIT STATUS AND MAPS IS NO LONGER NEEDED AS A FISCAL SPONSOR. ASSISTING EROWID WAS A SPECIAL PLEASURE SINCE THE FOUNDERS OF EROWID, EARTH AND FIRE, AND I WERE COLLEGE FRIENDS AT NEW COLLEGE OF FLORIDA.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

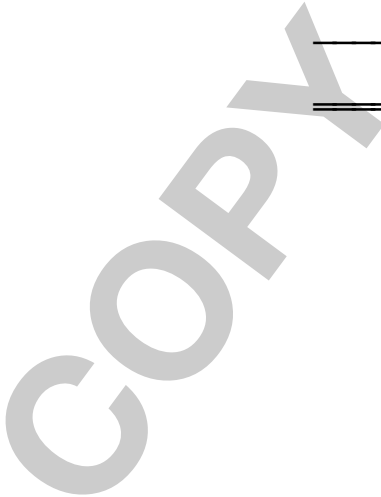
82,359.00



DESCRIPTION OF PROGRAM SERVICE THREE

3. BURNING MAN 2007 - MAPS HANDLED FUNDS FOR ENTHEON VILLAGE 2007, WHICH WE FIRST HELPED TO CREATE AT BURNING MAN 2006, WHERE WE HELD MAPS' 20TH ANNIVERSARY. EXPENSES OF ENTHEON VILLAGE WERE COVERED BY REGISTRATION FEES, FOR WHICH PEOPLE DID NOT RECEIVE TAX RECEIPTS SINCE THEIR FEES WERE FOR SERVICES PROVIDED AND WERE NOT DONATIONS. MAPS ORGANIZED A LECTURE SERIES ABOUT PSYCHEDELIC RESEARCH AND CULTURE AS PART OF OUR EDUCATIONAL MISSION. PARTICIPATION IN ENTHEON VILLAGE HELPED MAPS FULFILL OUR COMMUNITY OUTREACH GOALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	_____	128,273.00
	=====	=====



DESCRIPTION OF PROGRAM SERVICE FOUR

4. DEA UMASS AMHERST/CONGRESSIONAL SIGN-ON LETTER - ON FEBRUARY 12, 2007, DEA ADMINISTRATIVE LAW JUDGE MARY ELLEN BITTNER ISSUED HER FINDINGS OF FACT AND RECOMMENDATION IN THE CASE OF PROF. LYLE CRAKER. ALJ BITTNER RECOMMENDED THAT DEA ISSUE A LICENSE TO PROF. CRAKER FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION FACILITY, WHICH WOULD END THE FEDERAL MONOPOLY ON THE SUPPLY OF MARIJUANA LEGAL FOR RESEARCH. THE LICENSING OF PROF. CRAKER WOULD CATALYZE A SERIOUS DRUG DEVELOPMENT RESEARCH PROGRAM, WHICH IS WHAT DEA IS SEEKING TO PREVENT. DEA MUST ISSUE A FINAL RULING IN RESPONSE TO ALJ BITTNER'S RECOMMENDATION, BUT THERE IS NO TIMETABLE WITHIN WHICH DEA MUST ACT.

MAPS INITIATED A MAJOR EFFORT TO EDUCATE MEMBERS OF THE US HOUSE OF REPRESENTATIVES ABOUT ALJ BITTNER'S RECOMMENDATION. WE OBTAINED SIGNATURES OF 45 CONGRESSIONAL REPRESENTATIVES ON A LETTER TO DEA URGING IT TO ACCEPT ALJ BITTNER'S RECOMMENDATION. WE ALSO OBTAINED WRITTEN SUPPORT FROM SENATORS KENNEDY AND KERRY, WHO SENT A LETTER TO DEA URGING IT TO ACCEPT ALJ BITTNER'S RECOMMENDATION. CONSIDERING HOW CLOSE SENATORS KENNEDY AND KERRY ARE TO PRESIDENT-ELECT OBAMA, THERE IS A REASONABLE CHANCE THAT DEA UNDER AN OBAMA ADMINISTRATION WILL PUT SCIENCE FIRST AND ISSUE PROF. CRAKER HIS LICENSE. IF THAT HAPPENS, THE CONTROVERSY OVER THE MEDICAL USE OF MARIJUANA WILL BE DECIDED BY THE OUTCOME OF FDA-SANCTIONED RESEARCH. FUNDS FOR OUR CONGRESSIONAL EDUCATIONAL CAMPAIGN WERE DONATED TO MAPS BY BOARD MEMBER JOHN GILMORE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	_____	_____
	_____	61,369.00
	=====	=====

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 6

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
<p>5. SWISS MDMA/PTSD STUDY - THIS ITEM IS FOR ONGOING COSTS RELATED TO DR. PETER OEHEN'S MAPS-SPONSORED MDMA/PTSD STUDY, WHICH HAS CONTINUED TO ENROLL PATIENTS THIS YEAR. THIS STUDY IS DESIGNED FOR 12 SUBJECTS AND HALF HAVE ALREADY BEEN TREATED. THE ESTIMATED COMPLETION DATE FOR THIS STUDY IS AROUND SEPTEMBER 2009. THIS STUDY HAS BEEN SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA, IN ORDER TO ENSURE THAT FDA WILL REVIEW THE DATA GENERATED BY THIS STUDY. THE STUDY ACTUALLY COST SUBSTANTIALLY MORE THAN \$4,390 IN FY 07-08, BUT COSTS WERE PAID OUT OF THE SWISS ACCOUNT OF THE SWISS MEDICAL ASSOCIATION FOR PSYCHOLYTIC THERAPY (SAEPT), INTO WHICH SWISS CITIZEN AND MAPS DONOR VANJA PALMERS DONATED DIRECTLY. THE ESTIMATED TOTAL COST INCLUDING FUNDS SPENT DIRECTLY FROM SAEPT WAS \$55,000.</p>	0.00	4,390.00
<p>6. ISRAEL MDMA/PTSD STUDY - THIS ITEM IS FOR ONGOING COSTS RELATED TO DR. MOSHE KOTLER'S MAPS-SPONSORED MDMA/PTSD STUDY, WHICH HAS CONTINUED TO ENROLL PATIENTS THIS YEAR. THIS STUDY IS DESIGNED FOR 12 SUBJECTS AND TWO HAVE ALREADY BEEN TREATED. THE ESTIMATED COMPLETION DATE FOR THIS STUDY IS AROUND DECEMBER 2009. THIS STUDY HAS BEEN SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA, IN ORDER TO ENSURE THAT FDA WILL REVIEW THE DATA GENERATED BY THIS STUDY.</p>	0.00	11,020.00
<p>7. CANADA MDMA/PTSD STUDY - THIS ITEM IS FOR PROTOCOL DEVELOPMENT FOR A NEW MAPS-SPONSORED MDMA/PTSD STUDY TO TAKE PLACE IN VANCOUVER, CANADA, WITH CO-THERAPISTS INGRID PACEY MD (PSYCHIATRIST) AND PSYCHOLOGIST ANDREW FELDMAR. A CANADIAN INSTITUTIONAL REVIEW BOARD (IRB) HAS APPROVED THE STUDY, WITH HEALTH CANADA APPROVAL STILL REQUIRED. WHEN WE OBTAIN FULL APPROVAL AND START THIS STUDY, IT WILL BE THE FIRST PSYCHEDELIC RESEARCH IN CANADA IN ABOUT 35 YEARS. THIS STUDY IS DESIGNED FOR 12 SUBJECTS.</p>	0.00	1,715.00
<p>8. MDMA THERAPIST TRAINING PROGRAM - MAPS IS DEVELOPING A TRAINING PROGRAM FOR THERAPISTS WHO WE WILL HIRE TO CONDUCT OUR PHASE 3 RESEARCH INTO MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD. THESE COSTS ARE FOR TRAINING PROGRAM DEVELOPMENT, WHICH INCLUDES EVALUATING AND LEARNING FROM THERAPISTS CURRENTLY CONDUCTING MDMA/PTSD STUDIES FOR MAPS.</p>	0.00	6,378.00

<p>9. MDMA LITERATURE REVIEW - MAPS RESEARCH ASSOCIATE ILSA JEROME, PH.D. IS RESPONSIBLE FOR KEEPING CURRENT ON THE STATE OF THE ART OF THE WORLD'S SCIENTIFIC, PEER-REVIEWED LITERATURE ON MDMA. SHE CONTINUED THIS ONGOING REVIEW THROUGHOUT FY 07-08. WHEN APPLYING TO THE FDA AND INSTITUTIONAL REVIEW BOARDS WITH A NEW PROTOCOL, IT IS NECESSARY TO HAVE A COMPREHENSIVE REVIEW OF ALL FACTORS RELATED TO RISK.</p>	0.00	6,663.00
<p>10. MDMA RESEARCH - THESE ARE GENERAL EXPENDITURES IN SUPPORT OF OUR MDMA RESEARCH EFFORTS THAT BENEFIT MULTIPLE MDMA PROJECTS.</p>	0.00	4,742.00
<p>11. SWISS LSD/END-OF-LIFE ANXIETY STUDY - MAPS WORKED WITH PETER GASSER, MD, A SWISS PSYCHIATRIST, ON THE PROTOCOL DEVELOPMENT AND APPROVAL PROCESS FOR A PILOT STUDY INVESTIGATING THE SAFETY AND EFFICACY OF LSD-ASSISTED PSYCHOTHERAPY IN REDUCING ANXIETY AND PAIN IN PATIENTS WITH END-OF-LIFE DIAGNOSES. THE STUDY GAINED APPROVAL AND TREATED ITS FIRST SUBJECT IN THIS FISCAL YEAR. WHEN COMPLETED, THIS WILL BECOME THE FIRST STUDY OF THE THERAPEUTIC USE OF LSD IN OVER 35 YEARS. ADDITIONAL FUNDS AMOUNTING TO AN ESTIMATED \$15,400 FOR STUDY EXPENSES HAVE BEEN PAID FROM THE SAEPT ACCOUNT AND ARE NOT REFLECTED ON MAPS' BOOKS.</p>	0.00	6,400.00
<p>12. PSILOCYBIN CANCER/ANXIETY STUDY - THIS ITEM IS FOR THE PROTOCOL DEVELOPMENT AND APPROVAL PROCESS FOR A STUDY OF PSILOCYBIN-ASSISTED THERAPY WITH ADVANCED-STAGE MELANOMA CANCER PATIENTS WITH ANXIETY. SAMEET KUMAR, PH.D. WILL CONDUCT THE STUDY. THE FDA HAS APPROVED THE PROTOCOL, BUT WE'RE STILL SEEKING AN INSTITUTION IN SOUTHERN FLORIDA WILLING TO LET THE STUDY TAKE PLACE THERE AND HAVE ITS IRB REVIEW THE PROTOCOL.</p>	0.00	12,005.00
<p>13. IBOGAIN CANADA - MAPS WAS SPONSORING A STUDY OF THE LONG-TERM EFFECTIVENESS OF IBOGAIN-ASSISTED THERAPY IN THE TREATMENT OF OPIATE ADDICTION. THIS STUDY WAS LOCATED IN VANCOUVER, CANADA WITH PATIENTS TREATED AT THE IBOGA THERAPY HOUSE. FUNDS WERE USED FOR ENROLLMENT AND FOLLOW-UP FOR FIVE SUBJECTS. UNFORTUNATELY, THE IBOGA THERAPY HOUSE SHUT ITS DOOR FOR FINANCIAL REASONS AND OUR STUDY HAS BEEN ENDED PREMATURELY. FORTUNATELY, THIS STUDY HAS LED TO ANOTHER IBOGAIN OUTCOME STUDY IN MEXICO AND HELPED INTRODUCE US TO THERAPISTS IN VANCOUVER WITH WHOM WE'RE WORKING TO START OUR CANADIAN MDMA/PTSD STUDY.</p>	0.00	3,554.00
<p>14. IBOGAIN MEXICO - MAPS IS SPONSORING A STUDY OF THE LONG-TERM EFFECTIVENESS OF IBOGAIN-ASSISTED THERAPY IN THE TREATMENT OF OPIATE ADDICTION. THIS</p>		

STUDY IS LOCATED IN MEXICO, WITH PATIENTS TREATED AT THE IBOGAINE ASSOCIATION, AND FUNDS WERE USED FOR PROTOCOL DEVELOPMENT, TRAINING, AND APPROVAL.	0.00	1,308.00
15. CLUSTER HEADACHE PROTOCOL-PSILOCYBIN - MAPS DONATED \$26,000 TO CLUSTERBUSTERS, A GROUP OF PEOPLE WHO SUFFER FROM CLUSTER HEADACHES AND HAVE FOUND PSILOCYBIN AND LSD TO BE EFFECTIVE IN TREATING THEIR HEADACHES. THE DONATION WAS FOR THE DEVELOPMENT OF A PROTOCOL TO EVALUATE PSILOCYBIN IN THE CONTEXT OF A CLINICAL STUDY. MAPS ALLOCATED AN ADDITIONAL \$913 IN STAFF TIME ON THIS PROJECT.	0.00	26,914.00
16. CLUSTER HEADACHE LSA STUDY - MAPS FUNDED DR. ANDREW SEWELL TO GATHER INFORMATION FROM CLUSTER HEADACHE SUFFERERS WHO HAD USED MORNING GLORY SEEDS THAT CONTAINED LYSERGIC ACID AMIDE (LSA). THIS IS IMPORTANT BECAUSE THESE SEEDS ARE RELATIVELY EASY TO OBTAIN, WHILE IT WILL TAKE MANY YEARS TO OBTAIN LEGAL APPROVAL FOR LSD OR PSILOCYBIN FOR CLUSTER HEADACHES.	0.00	3,251.00
17. CLUSTER HEADACHE LSD PROTOCOL - MAPS' RESEARCH AND INFORMATION SPECIALIST ILSA JEROME, PHD WORKED ON PROTOCOL DEVELOPMENT FOR A STUDY OF LSD IN TREATING CLUSTER HEADACHES. THE STUDY WILL BE FUNDED BY CLUSTERBUSTERS AND WILL PROBABLY TAKE PLACE AT MCLEAN HOSPITAL, HARVARD MEDICAL SCHOOL.	0.00	1,158.00
18. MARIJUANA PRODUCTION FACILITY/UMASS AMHERST - MAPS DONATED \$6,000 TO UMass AMHERST PROFESSOR LYLE CRAKER TO COMPENSATE HIM FOR HIS TIME WORKING TO REVERSE THE DEA'S REFUSAL TO GRANT HIM A LICENSE FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION FACILITY, MAPS ALSO SPENT \$828 ON EXPENSES FOR A PRESS CONFERENCE TO DRAW ATTENTION TO THE RECOMMENDATION OF DEA ADMINISTRATIVE LAW JUDGE BITTNER THAT DEA SHOULD ISSUE PROF. CRAKER A LICENSE, SINCE SHE FOUND THAT IT WOULD BE IN THE PUBLIC INTEREST TO END THE GOVERNMENT MONOPOLY ON THE SUPPLY OF MARIJUANA LEGAL FOR USE IN FEDERALLY-APPROVED RESEARCH.	0.00	6,828.00
19. MARIJUANA VAPORIZER STUDY - MAPS PAID CHEMIC LABS FOR THE DEVELOPMENT OF A PROTOCOL TO SUBMIT TO NIDA SEEKING TO PURCHASE 10 GRAMS OF MARIJUANA SO WE COULD CONTINUE OUR RESEARCH INTO THE CONSTITUENTS OF THE VAPORS PRODUCED BY THE VOLCANO VAPORIZER. WE HAVE NOW BEEN TRYING FOR 5 YEARS WITHOUT SUCCESS TO PURCHASE 10 GRAMS OF MARIJUANA FROM NIDA! THIS OBSTRUCTION OF OUR VAPORIZER RESEARCH IS CLEAR EVIDENCE OF WHY IT WOULD BE IN THE PUBLIC INTEREST FOR PROF. CRAKER TO BE ISSUED A DEA LICENSE FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION FACILITY.	0.00	1,500.00

20. DR. DONALD ABRAMS MARIJUANA/PAIN/OPIATES STUDY - AS FAR AS WE CAN TELL, DR. ABRAMS IS CURRENTLY THE ONLY RESEARCHER IN THE US WHO IS ACTIVELY EVALUATING THE MEDICAL USE OF MARIJUANA IN A PATIENT POPULATION. MAPS HAS DONATED STAFF TIME AND RESOURCES TO ASSIST WITH TRAVEL AND LODGING FOR PATIENTS IN DR. ABRAMS' STUDY OF MEDICAL MARIJUANA IN CONJUNCTION WITH PAIN MEDICATIONS. MAPS HAS ALSO AGREED TO HELP FIND THE REMAINING PATIENTS FOR THIS STUDY. THESE COSTS ARE FOR THE EARLY STAGES OF THIS PROJECT, WHICH IS PRIMARILY TAKING PLACE IN FY 08-09. 0.00 167.00
21. VANCOUVER ISLAND MEDICAL MARIJUANA COMPASSION CLUB - PHILIPPE LUCAS, FOUNDER OF THE VANCOUVER ISLAND COMPASSION CLUB, RECEIVED AN \$8000 GRANT, DONATED TO MAPS BY DAVID BRONNER, TO STUDY THE PATIENTS WHO COME TO HIS CLUB. ONE AIM OF THE STUDY IS TO SEE IF CERTAIN STRAINS OF MARIJUANA ARE MORE EFFECTIVE IN CERTAIN CLINICAL CONDITIONS. 0.00 8,000.00
22. ISRAEL MEDICAL MARIJUANA PRODUCTION FACILITY - THE ISRAELI MINISTRY OF HEALTH HAS ESTABLISHED A POLICY WHEREBY PHYSICIANS WHOSE PATIENTS HAVE ANY OF A CERTAIN LIMITED NUMBER OF CLINICAL CONDITIONS CAN APPLY TO THE MINISTRY REQUESTING THAT THEIR PATIENT RECEIVE A LICENSE TO USE MARIJUANA LEGALLY. SINCE THERE WAS NO LEGAL SUPPLY OF MARIJUANA IN ISRAEL, THE MINISTRY OF HEALTH DECIDED TO ISSUE SEVERAL LICENSES TO PRODUCE MARIJUANA FOR MINISTRY-APPROVED PATIENTS. THE LICENSE DOES NOT PERMIT THE PRODUCER TO SELL THE MARIJUANA, THUS IT REQUIRES THAT THE MARIJUANA BE GIVEN AWAY FOR FREE. THE PRODUCERS MUST OBTAIN DONATIONS TO COVER THEIR COSTS. DAVID BRONNER DONATED FUNDS TO MAPS TO HELP SUBSIDIZE THE COSTS OF ONE GROWER. OVER TIME, AS MORE PATIENTS ARE APPROVED AND OBTAIN MEDICAL BENEFITS, WE THINK THE MINISTRY MAY RECONSIDER THE POLICY OF FREE DISTRIBUTION AND PERMIT SALES WHICH WOULD THEN BE A SUSTAINABLE MODEL. 0.00 58,774.00
23. CONTINUING MEDICAL EDUCATION (CME) PROJECT - MAPS IS IN THE EARLY PLANNING STAGES OF ORGANIZING A CONTINUING MEDICAL EDUCATION (CME) CONFERENCE FOR PSYCHIATRISTS, PSYCHOLOGISTS, AND NURSES ABOUT THE LATEST FINDINGS FROM CLINICAL RESEARCH WITH PSYCHEDELICS. THIS WILL BE AN INTERNATIONAL CONFERENCE THAT WE'LL HOLD IN THE SAN FRANCISCO BAY AREA, SOMETIME IN 2010. FUNDS WERE SPENT ON STAFF TIME FOR INITIAL RESEARCH INTO POSSIBLE CONFERENCE LOCATIONS AND ON HOW TO OBTAIN CME CREDIT. 0.00 1,056.00
24. WORLD PSYCHEDELIC FORUM - IN MARCH 2008, A MAJOR INTERNATIONAL CONFERENCE ABOUT PSYCHEDELICS WAS HELD IN BASEL, SWITZERLAND, HOME OF ALBERT HOFMANN, THE

FATHER OF LSD. MAPS DONATED \$5,000 TO THE CONFERENCE ORGANIZERS TO ACT AS CO-SPONSOR, AND WE PAID TRAVEL, LODGING AND FOOD EXPENSES FOR A SMALL NUMBER OF PSYCHEDELIC RESEARCHERS AND MAPS STAFF WHO WERE SPEAKING AT THE CONFERENCE. MAPS' PARTICIPATION IN THE CONFERENCE ENABLED US TO MEET SUPPORTERS AND RESEARCHERS FROM AROUND THE WORLD, INCLUDING OUR MAPS-SPONSORED SWISS MDMA AND LSD RESEARCHERS. WE WERE ALSO ABLE TO DEEPEN OUR CONNECTIONS WITH SEVERAL MAJOR DONORS. SADLY, ALBERT HOFMANN DIED SHORTLY AFTER THE CONFERENCE. HOWEVER, HE STAYED ALIVE LONG ENOUGH TO SEE THE FULL APPROVAL OF MAPS SWISS LSD/END-OF-LIFE ANXIETY STUDY, ABOUT WHICH HE SAID ON JANUARY 11, 2008, HIS 102ND BIRTHDAY, "MY LIFE'S GREATEST WISH IS NOW BEING FULFILLED: LSD IS FINALLY BECOMING A MEDICATION AGAIN."

0.00 18,214.00

25. BURNING MAN SANCTUARY 2007 - ONE OF THE CAUSES OF THE COMPLETE WORLDWIDE SUPPRESSION OF PSYCHEDELIC RESEARCH STARTING IN THE EARLY SEVENTIES WAS FEAR ASSOCIATED WITH THE NON-MEDICAL USE OF PSYCHEDELICS--WHICH IN SOME CASES HAD TRAGIC OUTCOMES. AS MAPS HAS BEEN SUCCESSFUL IN HELPING TO ESTABLISH A RENAISSANCE IN PSYCHEDELIC RESEARCH, WE'VE REALIZED THE IMPORTANCE OF TRYING TO DO WHAT WE CAN TO MINIMIZE THE CHANCES OF ANOTHER BACKLASH. WE DECIDED TO ASSIST THE BURNING MAN ORGANIZATION'S BLACK ROCK RANGERS IN OFFERING SUPPORT TO PEOPLE AT BURNING MAN WHO WERE HAVING DIFFICULT PSYCHEDELIC EXPERIENCES, THEREBY REDUCING THE NUMBER OF PEOPLE WHO MIGHT LEAVE BURNING MAN IN A MORE FRAGILE CONDITION THAN WHEN THEY ARRIVED. THIS WAS DEEPLY SATISFYING WORK AND WE WERE ABLE TO WITNESS THE PROVIDING OF SUCH SERVICES BECOME PART OF THE MISSION OF THE RANGERS. OUR GOAL WAS TO CREATE A MODEL PROGRAM THAT COULD BE ADOPTED BY FESTIVAL ORGANIZERS ALL OVER THE WORLD. OUR WORK AT BURNING MAN BROUGHT US TO THE ATTENTION OF THE ORGANIZERS OF THE BOOM FESTIVAL IN PORTUGAL. WE HAVE WORKED CLOSELY WITH BOOM (SEE ARTICLE PAGE #) AND, CONSEQUENTLY, I WITNESSED BOOM PROVIDE THE MOST COMPREHENSIVE HARM REDUCTION SERVICES I'VE EVER SEEN. THIS WAS MADE POSSIBLE BY THE PORTUGUESE LAW ENFORCEMENT'S ACCEPTANCE OF THE VALUE OF HARM REDUCTION SERVICES THAT, IN CONTRAST, ARE CRIMINALIZED IN THE US.

0.00 4,154.00

26. INFORMATION - THIS CATEGORY OF EXPENSES IS FOR EDUCATIONAL MATERIALS THAT MAPS STAFF PURCHASE FOR THEIR OWN EDUCATION.

0.00 618.00

27. DRUG POLICY ALLIANCE CONFERENCE - THIS CATEGORY IS FOR EXPENSES ASSOCIATED WITH MAPS STAFF ATTENDING THE DRUG POLICY ALLIANCE CONFERENCE IN NEW ORLEANS IN

DECEMBER 2007, WHERE WE SET UP A TABLE WITH INFORMATION ABOUT MAPS.	0.00	2,793.00
28. WORKING WITH DIFFICULT PSYCHEDELIC EXPERIENCES VIDEO - MAPS HAS CREATED AN EDUCATIONAL VIDEO AS PART OF OUR EFFORTS TO PREVENT A BACKLASH AGAINST PSYCHEDELIC RESEARCH DUE TO TRAGEDIES CAUSED BY PEOPLE HAVING DIFFICULT PSYCHEDELIC EXPERIENCES THAT THEY ARE NOT PREPARED TO HANDLE. OUR VIDEO PRESENTS INFORMATION EXPLAINING HOW PEOPLE CAN HELP A FRIEND IF THEIR FRIEND IS HAVING A DIFFICULT PSYCHEDELIC EXPERIENCE. WE CREATED THE VIDEO IN PRIOR FISCAL YEARS AND THESE EXPENDITURES WERE FOR PREPARING TO CREATE A NEWER VERSION, WHICH TOOK PLACE IN THIS CURRENT FISCAL YEAR.	0.00	125.00
29. MAPS BULLETIN - WE USE OUR BULLETIN AS A KEY EDUCATIONAL TOOL. WE TAKE SPECIAL CARE TO MAKE THE BULLETIN A MAGAZINE THAT PEOPLE CAN PROUDLY SHOW TO OTHERS. BULLETIN COSTS HAVE BEEN PARTIALLY SUBSIDIZED BY USING THE COLOR COVERS AS AN OPPORTUNITY TO DISPLAY ART FOR SALE THROUGH THE MAPS STORE. THE BULLETIN COMES OUT 3 TIMES A YEAR AND FOCUSES MOSTLY ON ARTICLES ABOUT MAPS' VARIOUS PROJECTS WITH OCCASIONAL SPECIAL THEMED ISSUES RELATED IN SOME WAY TO PSYCHEDELICS. OUR NEXT THEMED ISSUE, TO COME OUT IN EARLY 2009, IS ABOUT PSYCHEDELICS AND ECOLOGY.	0.00	47,891.00
30. BURNING MAN 2008 - THESE ARE EARLY EXPENSES FOR ENTHEON VILLAGE 2008, FOR WHICH MAPS ONCE AGAIN HANDLED THE FINANCES. AS IN YEARS BEFORE, EXPENSES WERE COVERED BY REGISTRATION FEES.	0.00	2,254.00
31. BURNING MAN - BASURA SAGRADA TEMPLE PROJECT - MAPS SERVED AS FISCAL SPONSOR FOR A TEAM OF ARTISTS WHO BUILT, AND THEN BURNED, THE TEMPLE STRUCTURE AT BURNING MAN 2008. THE TEMPLE STRUCTURE AT BURNING MAN IS A PLACE WHERE PEOPLE TRADITIONALLY REFLECT ON LOVED ONES WHO HAVE DIED AND IS A MEDITATIVE LOCATION THAT OFFERS PEOPLE THE OPPORTUNITY TO EXPERIENCE AND EXPRESS SOMBER AND SERIOUS EMOTIONS--IN CONTRAST TO THE OFTEN CARNIVAL-LIKE MOOD ELSEWHERE AT BURNING MAN. THE TEMPLE STRUCTURE OFFERS PEOPLE A SUPPORTIVE PLACE TO EXPERIENCE COMPLEX EMOTIONS AND THEREFORE ADDS AN IMPORTANT, GROUNDED "HARM REDUCTION" ELEMENT THAT, IN COMBINATION WITH THE SANCTUARY SPACE, MAKES BURNING MAN A MORE PSYCHOLOGICALLY BALANCED AND HEALTHY ENVIRONMENT.	0.00	18,764.00
32. AYAHUASCA CONFERENCE IN PERU - MAPS HELPED PROCESS REGISTRATION FEES FOR ALAN SHOEMAKER, WHO ORGANIZED THE AMAZONIAN SHAMANISM CONFERENCE IN PERU. PEOPLE WHO PAID REGISTRATION FEES DID NOT RECEIVE TAX RECEIPTS SINCE THEY RECEIVED SERVICES FOR THEIR FUNDS,		

WHICH WEREN'T DONATIONS.

0.00 12,879.00

33. SAFER/UC BOULDER - THESE EXPENSES ARE FOR EDUCATIONAL EFFORTS OF SAFER, AN ORGANIZATION THAT WORKS WITH COLLEGE STUDENTS TO TEACH THEM THE RELATIVE DANGERS OF ALCOHOL AS COMPARED TO OTHER DRUGS. MAPS RECEIVED A GRANT FROM PETER LEWIS FOR THIS PROJECT IN A PRIOR FISCAL YEAR.

0.00 15,000.00

34. WOMEN'S VISIONARY CONGRESS AND WOMEN'S ENTHEOGEN FUND - ORGANIZED BY ANNIE HARRISON, MAPS WAS A FISCAL SPONSOR FOR THE FIRST WOMEN'S VISIONARY CONGRESS, WHICH TOOK PLACE IN THE SUMMER OF 2007. THE CONFERENCE SOUGHT TO PROVIDE A GATHERING PLACE FOR WOMEN IN THE PSYCHEDELIC MOVEMENT, PROVIDING THEM WITH NETWORKING AND SPEAKING OPPORTUNITIES THAT ARE FREQUENTLY ABSENT OR MINIMAL AT OTHER PSYCHEDELIC-RELATED CONFERENCES. IN PREPARATION FOR THE 2008 WOMEN'S' VISIONARY CONGRESS, ANNIE HARRISON CREATED A NEW NON-PROFIT TO SPONSOR THE EVENT.

MAPS ALSO FISCALLY SPONSORED THE \$15,000 WOMEN'S ENTHEOGEN FUND, WHICH SUPPORTED WOMEN WHO MADE SIGNIFICANT CONTRIBUTIONS TO THE PSYCHEDELIC MOVEMENT. ANNIE HARRISON AND ADVISORS DETERMINED ALLOCATIONS.

0.00 50,502.00

35. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA GRANT (WAMM) - VALERIE CORRAL CO-FOUNDED WAMM. SHE HAS BEEN INVOLVED IN LITIGATION WITH DEA ABOUT HER MEDICAL MARIJUANA COOPERATIVE PRODUCTION FACILITY. THIS GRANT FROM MAPS WAS FOR HER PUBLIC EDUCATION EFFORTS.

0.00 9,300.00

36. STAFF SALARIES, BENEFITS & OTHER RELATED DIRECT EXPENSES - ALL OF OUR GROUNDBREAKING RESEARCH WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED CORE STAFF. OUR MAIN OFFICE, LOCATED IN SANTA CRUZ, CURRENTLY EMPLOYS THREE FULL-TIME STAFF, ONE THREE-QUARTERS-TIME EMPLOYEE, ONE UNPAID INTERN, ONE SEASONAL PART-TIME EMPLOYEE, AND OCCASIONAL TEMPORARY EMPLOYEES ON A PROJECT BASIS THROUGHOUT THE YEAR. MAPS STRIVES TO PROVIDE A FAIR AND COMPETITIVE SALARY AND TO OFFER A BASIC BENEFIT PACKAGE INCLUDING HEALTHCARE AND DENTAL INSURANCE.

THE GROSS SALARY FOR CORE STAFF ATTRIBUTED TO PROGRAM SERVICES IN THE SANTA CRUZ OFFICE IN FY 07-08 WAS \$171,160, WITH BENEFITS AND PAYROLL TAXES COSTING MAPS \$59,274. SALARY EXPENSES ARE DISTRIBUTED ACROSS THE PROJECTS TO WHICH STAFF ARE ASSIGNED. IN ADDITION, MAPS PRESIDENT RICK DOBLIN, PHD, EARNS A TOTAL SALARY OF \$60,000 PER YEAR, AND RECEIVES NO HEALTH CARE OR OTHER BENEFITS (OTHER THAN THE TREMENDOUS SATISFACTION OF WORKING AT MAPS).

0.00 230,434.80

37. 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	9,164.00
38. POSTAL - POSTAL COSTS ARE FOR MAPS MEMBERSHIP RENEWAL MAILINGS, SHIPPING OF MAPS MERCHANDISE, AND MAPS MAIL COMMUNICATIONS ALL OVER THE WORLD.	0.00	13,149.00
39. CONFERENCE FEES - FEES FOR MAPS STAFF TO ATTAND RESEARCH, EDUCATIONAL, AND ACTIVIST CONFERENCES AROUND THE WORLD.	0.00	7,865.00
40. 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	13,884.00
41. BOOKS, TAPES AND ACCESSORIES - MERCHANDISE THAT WE RESELL.	0.00	8,506.00
42. 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	8,148.00
43. 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	77,400.27
TOTAL TO FORM 990, PART III, LINE E		<u>716,868.07</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MACHINERY & OTHER EQUIPMENT	71,644.78	57,882.71	13,762.07
OTHER	50,000.00	0.00	50,000.00
TOTAL TO FORM 990, PART IV, LN 57	121,644.78	57,882.71	63,762.07

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	COST			72,344.07	72,344.07
TO FORM 990, LINE 54A, COL B				72,344.07	72,344.07

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A STATEMENT 9

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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.	Employer identification number 59-2751953
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O P.O. BOX 3319	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34230	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **RICHARD DOBLIN**
Telephone No. **617/484-9509** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JANUARY 15, 2009**.

5 For calendar year _____, or other tax year beginning **JUN 1, 2007**, and ending **MAY 31, 2008**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date