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GOVERNMENT COPY

COPY

**Return of Organization Exempt From Income Tax**

**2009**

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 **2009** calendar year, or tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>		<b>D</b> Employer identification number <b>59-2751953</b>
		Doing Business As		<b>E</b> Telephone number <b>617-484-8711</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 3319</b>	<b>G</b> Gross receipts \$ <b>1,617,142.23</b>	
		City or town, state or country, and ZIP + 4 <b>SARASOTA, FL 34230</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>RICHARD DOBLIN</b> <b>3 FRANCIS STREET, BELMONT, MA 02478</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.MAPS.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1986</b>	
<b>M</b> State of legal domicile: <b>FL</b>				

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MEDICAL RESEARCH AND EDUCATION</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>4</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>3</b>
	5	Total number of employees (Part V, line 2a) ..... <b>5</b> <b>10</b>
	6	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>100</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.00</b>
b	Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.00</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h) ..... <b>1,163,119.29</b> <b>1,508,732.02</b>	
	9 Program service revenue (Part VIII, line 2g) ..... <b>49,549.22</b> <b>94,972.11</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>&lt;6,178.67&gt;</b> <b>1,994.55</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1,206,489.84</b> <b>1,605,698.68</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>230,179.02</b> <b>220,793.80</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>37,057.76</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>1,163,669.06</b> <b>1,176,163.22</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>1,393,848.08</b> <b>1,396,957.02</b>		
19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>&lt;187,358.24&gt;</b> <b>208,741.66</b>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ..... <b>864,462.27</b> <b>1,074,400.18</b>	
	21 Total liabilities (Part X, line 26) ..... <b>1,196.25</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>864,462.27</b> <b>1,073,203.93</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	<b>RICHARD DOBLIN, PRESIDENT/SECRETARY</b> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>PROFESSIONAL NON-PROFIT CONSULTANTS</b> <b>P.O. BOX 3319</b> <b>SARASOTA, FL 34230</b>	<b>03/23/11</b>	<input type="checkbox"/>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**MISSION STATEMENT - THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC**  
**STUDIES (MAPS) IS A MEMBERSHIP BASED, IRS APPROVED 501 (C) (3)**  
**NONPROFIT RESEARCH AND EDUCATIONAL ORGANIZATION. MAPS' MISSION IS 1)**  
**TO TREAT CONDITIONS FOR WHICH CONVENTIONAL MEDICINES PROVIDE LIMITED**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ **232,050.00** including grants of \$ ) (Revenue \$ **302,256.00** )  
**1. PSYCHEDELIC SCIENCE IN THE 21ST CENTURY CONFERENCE - MAPS HOSTED**  
**PSYCHEDELIC SCIENCE IN THE 21ST CENTURY, THE LARGEST CONFERENCE ON**  
**PSYCHEDELIC RESEARCH IN NORTH AMERICA IN OVER 40 YEARS. PSYCHEDELIC**  
**SCIENCE BROUGHT TOGETHER ATTENDEES AND PRESENTERS FROM AROUND THE GLOBE**  
**AND OFFERED THREE CONCURRENT TRACKS OF PRESENTATIONS. ONE TRACK WAS**  
**FULLY ACCREDITED TO OFFER CONTINUING MEDICAL EDUCATION CREDITS FOR**  
**MEDICAL DOCTORS, AND THE OTHER TWO TRACKS OFFERED CONTINUING EDUCATION**  
**(CE) CREDITS TO OTHER MEDICAL PROFESSIONALS. AFTER ALL EXPENSES WERE**  
**ACCOUNTED FOR, MAPS MADE A PROFIT OF \$70,206 FROM THIS EVENT. HALF OF**  
**THE PROFITS HAVE BEEN USED TO PAY FOR THE PSYCHEDELIC RESEARCHERS'**  
**SEMINAR WHICH TOOK PLACE IMMEDIATELY FOLLOWING THE CONFERENCE AND THE**  
**ONLINE VIDEO EDUCATION PROJECT WHICH CONTAINS VIDEOS FROM ALL OF THE**

4b (Code: ) (Expenses \$ **120,769.00** including grants of \$ ) (Revenue \$ **94,078.00** )  
**2. MAPS HAS HANDLED FUNDS FOR ENTHEON VILLAGE SINCE 2006, WHEN WE**  
**HELPED TO CREATE THE VILLAGE FOR OUR 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 EDUCATIONAL**  
**GOALS.**

4c (Code: ) (Expenses \$ **110,000.00** including grants of \$ ) (Revenue \$ )  
**3. MDMA PTSD-US - ONGOING EXPENSES FOR THIS COMPLETED STUDY WERE**  
**MOSTLY FOR DATA VERIFICATION AND AUDITING AND PREPARATION OF A FINAL**  
**REPORT FOR THE FDA. THE FDA REQUIRES DATA TO BE 99.5% ACCURATE. OUR**  
**INTERNAL AUDIT PRODUCED A 99.575% ACCURACY RATE. PREPARING FOR THIS**  
**AUDIT TOOK A CONSIDERABLE AMOUNT OF STAFF TIME, SINCE THIS WAS OUR**  
**FIRST STUDY AND THE DATA COLLECTION PROCESS NEEDED MORE REFINEMENT. NOW**  
**THAT WE HAVE COMPLETED ONE FULL STUDY FROM START TO FINISH, WE ARE ABLE**  
**TO APPLY LESSONS LEARNED FROM THIS AUDIT TO TIGHTEN UP OUR DATA**  
**COLLECTION PROCEDURES ON FUTURE STUDIES. THE PROMISING RESULTS OF THIS**  
**STUDY, PUBLISHED JULY 19, 2010 IN THE JOURNAL OF PSYCHOPHARMACOLOGY,**  
**HAVE BEEN WIDELY REPORTED AROUND THE WORLD.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **809,669.16** including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ **1,272,488.16**

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 18		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	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.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD DOBLIN - 617/484-9509**  
**3 FRANCIS STREET, BELMONT, MA 02478**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD DOBLIN PRESIDENT	45.00	X		X			60,000.00	0.00	0.00	
RICHARD DOBLIN SECRETARY	5.00	X		X			0.00	0.00	0.00	
JOHN GILMORE DIRECTOR		X					0.00	0.00	0.00	
ASHAWNA HAILEY DIRECTOR		X					0.00	0.00	0.00	
ROBERT BARNHART DIRECTOR		X					0.00	0.00	0.00	



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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>							60,000.00	0.00	0.00	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL MITHOEFER 208 SCOTT STREET, MT PLEASANT, NC 29464	RESEARCHER/ PRINCIPAL INVESTIGATOR FOR US	135,159.94

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Form 990 (2009)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,508,732.02			
	g Noncash contributions included in lines 1a-1f: \$		11,332.20			
	h Total. Add lines 1a-1f		1,508,732.02			
	Program Service Revenue	2 a BOOKS & TAPES SALES	Business Code 511190	94,972.11	94,972.11	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			94,972.11			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,274.54	2,274.54		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	11,163.56			
		(ii) Other				
		b Less: cost or other basis and sales expenses	11,443.55			
		c Gain or (loss)	<279.99>			
	d Net gain or (loss)		<279.99>	<279.99>		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,605,698.68	96,966.66	0.00	0.00	

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02-04-10

Form 990 (2009)

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	60,000.00	45,000.00	15,000.00	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	109,415.04	82,061.28	27,353.76	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	23,722.81	17,792.11	5,930.70	
10 Payroll taxes .....	27,655.95	20,741.96	6,913.99	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	5,851.68	4,388.76	1,462.92	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	21,905.63	12,432.16	9,473.47	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	24,485.55	18,364.16	6,121.39	
17 Travel .....	6,738.40	5,053.80	1,684.60	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	6,390.11	4,792.58	1,597.53	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,327.56		2,327.56	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>RESEARCH &amp; EDUCATIONAL</b> .....	858,443.06	858,443.06		
b <b>PRINTING &amp; PUBLICATIONS</b> .....	125,224.34	125,224.34		
c <b>FUNDRAISING</b> .....	37,057.76			37,057.76
d <b>BOOKS AND TAPES FOR ORD</b> .....	25,205.65	25,205.65		
e <b>LICENSES, FEES &amp; PERMIT</b> .....	20,542.70	20,542.70		
f All other expenses .....	41,990.78	32,445.60	9,545.18	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,396,957.02	1,272,488.16	87,411.10	37,057.76
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	795,371.59	<b>2</b>	971,129.27	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	40,727.73	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 121,644.78			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 69,101.60	60,200.15	<b>10c</b>	52,543.18
	<b>11</b> Investments - publicly traded securities .....	779.10	<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	111.43	<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	8,000.00	<b>15</b>	10,000.00	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	864,462.27	<b>16</b>	1,074,400.18		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>	1,196.25	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	0.00	<b>26</b>	1,196.25	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....		<b>27</b>		
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....	0.00	<b>30</b>	0.00	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.00	<b>31</b>	0.00	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	864,462.27	<b>32</b>	1,073,203.93	
	<b>33</b> Total net assets or fund balances .....	864,462.27	<b>33</b>	1,073,203.93	
<b>34</b> Total liabilities and net assets/fund balances .....	864,462.27	<b>34</b>	1,074,400.18		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)

COPY

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 exempt 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).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 ..... **15** %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

MULTIDISCIPLINARY ASSOCIATION FOR

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51		4,995,917.36
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51		4,995,917.36
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.00
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.00
<b>c</b> Add lines 7a and 7b						0.00
<b>8 Public support</b> (Subtract line 7c from line 6.)						4,995,917.36

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51		4,995,917.36
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,590.53	31,327.66	35,393.78	20,521.17		114,833.14
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	27,590.53	31,327.66	35,393.78	20,521.17		114,833.14
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	990,350.48	1,155,110.81	1,732,099.53	1,233,189.68		5,110,750.50

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.75 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	97.77 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2.25 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	2.23 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**  
MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

**Employer identification number**  
59-2751953

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b> MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.	<b>Employer identification number</b> 59-2751953
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.	<b>Employer identification number</b> 59-2751953
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

Employer identification number 59-2751953

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	15,227.21				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,195.47				
g End of year balance	12,031.74				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000.00		50,000.00
b Buildings				
c Leasehold improvements				
d Equipment		71,644.78	69,101.60	2,543.18
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				52,543.18

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Schedule D (Form 990) 2009

59-2751953 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Schedule D (Form 990) 2009

59-2751953 Page **4**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	1,605,698.68
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,396,957.02
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	208,741.66
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	208,741.66

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**Name of the organization**  
MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

**Employer identification number**  
59-2751953

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICE	WE GAVE FUNDS TO CONDUCT TWO CLINICAL RESEARCH TRIALS IN EUROPE INCLUDING OUR SWISS	0.00
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	WE GAVE FUNDS TO HELP TO ESTABLISH AN ISRAELI MINISTRY OF HEALTH LISCENSED MEDICAL	0.00
<b>Totals</b> .....	0	0			0.00

SEE PART IV FOR COLUMN (E) DESCRIPTIONS



MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Schedule F (Form 990) 2009

59-2751953

Page 2

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FUNDS WERE GIVEN TO SAEPT STRICTLY FOR USE IN COMPLETING OUR TWO FDA-APPROVED	25,000.00	WIRE TRANSFER	0.00		
		MIDDLE EAST AND NORTH AFRICA	FUNDS WERE GIVEN TO PHARMOCANN STRICTLY FOR USE IN ESTABLISHING THEIR	5,339.00	ELECTRONIC FUNDS TRANSFER	0.00		

COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

COPY

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: FOR ALL OUR FOREIGN RESEARCH PROJECTS WE: (1) ASK FOR MONTHLY REPORTS OF THE BALANCE OF HOW MUCH HAS BEEN USED AND HOW MUCH IS REMAINING OF THE ASSOCIATED FUNDS, INCLUDING A LIST OF EXPENSES AND UPDATES TO THE STUDY BUDGETS. (2) SEND OUR OWN CLINICAL RESEARCH MONITORING OR HIRE AN EXTERNAL CONTRACT RESEARCH ORGANIZATION (CRO) TO TRAVEL TO EACH STUDY SITE TO REVIEW COMPLIANCE DOCUMENTS, EVALUATE STUDY DATA AND CHECKUP ON THEIR ADHERANCE TO THE RESEARCH PROTOCOLS.

SCHEDULE F, PART I, LINE 3: THESE EXPENSES ARE TAKEN DIRECTLY FROM OUR ACCOUNTING SOFTWARE, WE MONITOR THE STUDY BUDGET AND EXPENDITURES AS THEY ARE COMPLETED, WE STAY IN CLOSE CONTACT WITH REGULATORY BODIES IN THE FOREIGN COUNTRY (E.G. SWISS MEDIC AND THE ISRAELI MINISTRY OF HEALTH)

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: WE GAVE FUNDS TO CONDUCT TWO CLINICAL RESEARCH TRIALS IN EUROPE INCLUDING OUR SWISS MDMA/PTSD STUDY (UNDER FDA IND#: 63,384) AND OUR SWISS LSD/END-OF-LIFE ANXIETY STUDY (UNDER FDA IND#: 101,825).

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WE GAVE FUNDS TO HELP TO ESTABLISH AN ISRAELI MINISTRY OF HEALTH LISCENSED MEDICAL MARIJUANA PRODUCTION FACILITY IN ISRAEL.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: FUNDS WERE GIVEN TO SAEPT STRICTLY FOR USE IN

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

COMPLETING OUR TWO FDA-APPROVED CLINICAL RESEARCH PROJECTS IN SWITZERLAND: OUR (1) MP-2 SWISS MDMA/PTSD STUDY AND OUR (2) LDA-1 SWISS LSD/END-OF-LIFE ANXIETY STUDY.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: FUNDS WERE GIVEN TO PHARMOCANN STRICTLY FOR USE IN ESTABLISHING THEIR ISRAELI MINISTRY OF HEALTH APPROVED MEDICAL MARIJUANA PRODUCTION FACILITY.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>	Employer identification number <b>59-2751953</b>
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELIEF SUCH AS POSTTRAUMATIC STRESS DISORDER (PTSD), PAIN, DRUG  
DEPENDENCE, AND ANXIETY AND DEPRESSION ASSOCIATED WITH END-OF-LIFE  
ISSUES BY DEVELOPING PSYCHEDELICS AND MARIJUANA INTO PRESCRIPTION  
MEDICINES; 2) TO CURE MANY THOUSANDS OF PEOPLE BY BUILDING A NETWORK OF  
CLINICS WHERE TREATMENTS CAN BE PROVIDED; AND 3) TO EDUCATE THE PUBLIC  
HONESTLY ABOUT THE RISKS AND BENEFITS OF PSYCHEDELICS AND MARIJUANA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE PRESENTATIONS ON OUR WEBSITE. THE REMAINING PROFITS WILL BE  
USED TO FUND OUR EDUCATIONAL MISSION, INCLUDING THIS BULLETIN.

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

4. MAPS BULLETIN - THE BULLETIN, PUBLISHED THREE TIMES A YEAR FOCUSES  
MOSTLY ON ARTICLES ABOUT MAPS' VARIOUS PROJECTS WITH OCCASIONAL THEMED  
ISSUES. OUR THEMED ISSUE IN EARLY 2010 WAS ABOUT PSYCHEDELICS, DEATH  
AND DYING. IN ORDER TO SAVE FUNDS, WE HAVE SWITCHED TO SENDING OUT ONE  
THEMED ISSUE, ONE SHORTER SUMMER ISSUE, AND ONE MEDIUM-SIZED YEAR-END  
ISSUE. ALTHOUGH WE HAVE EXPANDED OUR COMMUNICATIONS WITH MEMBERS  
THROUGH OUR WEBSITE AND EMAIL UPDATES, THE BULLETIN REMAINS A KEY  
EDUCATIONAL TOOL BOTH FOR CURRENT AND PROSPECTIVE MEMBERS.

EXPENSES \$ 40402. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

5. MAPS MONTHLY EMAIL UPDATES - EACH MONTH WE SEND OUT AN ELECTRONIC  
NEWSLETTER TO UPDATE OUR READERS ABOUT OUR RESEARCH PROJECTS AND OTHER  
MATTERS OF INTEREST TO MAPS MEMBERS AND FRIENDS. THIS YEAR WE

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IMPLEMENTED A NEW EMAIL SENDING PROGRAM THAT IS REDUCING THE AMOUNT OF  
TIME THAT IT TAKES TO SEND THE NEWSLETTER, AND HAS ALLOWED US TO SEND  
OUT MORE FREQUENT ACTION-ORIENTED NEWSLETTERS.

EXPENSES \$ 3506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

6. BOOK-ULTIMATE JOURNEY - AFTER SUCCESSFULLY DISTRIBUTING THE FIRST  
PRINT RUN THE ULTIMATE JOURNEY, WE PRINTED A SECOND EDITION OF 5000  
COPIES. DR. STANISLAV GROF, M.D.,PH.D., CO-FOUNDER OF HOLOTROPIC  
BREATHWORK AND THE FIELD OF TRANSPERSONAL PSYCHOLOGY, IS THE AUTHOR OF  
THIS POPULAR TITLE, WHICH DELVES INTO THE MYSTERY OF DEATH, A TOPIC  
THAT IS CENTRAL TO OUR RESEARCH WITH LSD AND END-OF-LIFE ANXIETY.

EXPENSES \$ 11255. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

7. INFORMATION/PRINTING & COPIES - THIS IS THE COST OF MAPS STAFF  
REQUESTING OR DISSEMINATING INFORMATION IN DIGITAL OR PRINTED FORM.

EXPENSES \$ 5676. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

8. CONTENT MANAGEMENT SYSTEM (CMS) UPGRADE - \$6,621

OUR WEBSITE IS OUR PRIMARY EDUCATIONAL TOOL, AND IT HAS ACHIEVED THIS  
STATUS THROUGH DAILY INFORMATIONAL UPDATES. IN ORDER TO ALLOW US TO  
MAKE THESE UPDATES MORE EFFICIENTLY, WE INSTALLED A NEW CONTENT  
MANAGEMENT SYSTEM. THIS CONTENT MANAGEMENT SYSTEM ALLOWS MULTIPLE STAFF  
MEMBERS TO ADD AND EDIT CONTENT FOR THE WEBSITE, WHILE ONLY REQUIRING  
THEM TO LEARN A MINIMAL AMOUNT OF HTML.

EXPENSES \$ 6621. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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9. WEB ADMINISTRATION - THIS IS THE COST FOR KEEPING OUR SERVERS

RUNNING FOR OUR WEBSITE, WEBSTORE, AND EMAIL.

EXPENSES \$ 4076. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

10. WEB HOSTING - THIS IS THE COST FOR RENTING OUR SERVER, WHICH HOSTS

OUR WEBSITE, WEBSTORE, AND EMAIL. ALSO INCLUDED UNDER THIS LINE ITEM

ARE THE CHARGES FOR INTERNET IN OUR OFFICES (SANTA CRUZ HEADQUARTERS

AND TWO HOME OFFICES IN THE BOSTON AREA).

EXPENSES \$ 7634. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

11. WEB CONTENT - THIS IS THE COST ASSOCIATED WITH ADDING CONTENT TO

OUR WEBSITE.

EXPENSES \$ 5244. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

12. WEB FORUM (ONLINE DISCUSSION GROUP) - THE MAPS FORUM ALLOWS

MEMBERS TO SIGN UP FOR AN EMAIL LIST TO DISCUSS TOPICS PERTINENT TO

MAPS' MISSION. WE ARE ABLE TO MAINTAIN A LOW COST SINCE IS OPERATED BY

VOLUNTEER MODERATORS.

EXPENSES \$ 60. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

13. CONFERENCE-DPA - MAPS EXECUTIVE DIRECTOR RICK DOBLIN, PHD, ALONG

WITH FIVE STAFF MEMBERS, ATTENDED THE DRUG POLICY ALLIANCE NATIONAL

CONFERENCE IN ALBUQUERQUE, NEW MEXICO. AT THIS CONFERENCE, MAPS HOSTED

A PANEL ON MDMA-ASSISTED PSYCHOTHERAPY AND MAPS CLINICAL DRUG

DEVELOPMENT PLAN. MAPS STAFF AND VOLUNTEERS ALSO SET UP AN EXHIBIT

BOOTH TO RECRUIT MEMBERS AND SELL MERCHANDISE.

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EXPENSES \$ 7517. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

14. CONFERENCE-SYMBIOSIS - MAPS STAFFED AN EXHIBIT AND HOSTED A PANEL  
AT THE SYMBIOSIS ART AND MUSIC CONFERENCE IN CALIFORNIA IN SUMMER 2009.

EXPENSES \$ 1099. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

15. CONFERENCE-HORIZONS - MAPS DEPUTY DIRECTOR VALERIE MOJEIKO GAVE A  
TALK AT THE HORIZONS PSYCHEDELIC CONFERENCE IN FALL 2009. MAPS ALSO  
STAFFED A TABLE AT THIS EVENT, WHICH SOLD BOOKS AND MEMBERSHIPS. THIS  
WAS THE MOST FINANCIALLY SUCCESSFUL TABLE THAT MAPS HAS EVER HAD AT AN  
EVENT OTHER THAN EVENTS THAT WERE ORGANIZED BY MAPS.

EXPENSES \$ 2457. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

16. CONFERENCE-SUMMER FESTIVALS - MAPS HAS EDUCATED AND RECRUITED  
MEMBERS, PARTICULARLY MEMBERS FROM THE YOUNGER GENERATION, AT VARIOUS  
SUMMER FESTIVALS ON THE WEST COAST FOR THE PAST SEVERAL YEARS. THIS  
PROGRAM WAS MADE POSSIBLE THROUGH A MATCHING GRANT SPONSORED BY RENE  
AND SUSAN RUIZ, DONORS WHO GIVE \$25 EACH TIME A NEW MEMBER GIVES \$10.

EXPENSES \$ 3191. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

17. VANCOUVER FUNDRAISER - ON OCTOBER 24, 2009, MAPS HOSTED A  
FUNDRAISER FOR OUR MDMA/PTSD STUDY IN VANCOUVER, FROM WHICH WE BROUGHT  
IN OVER \$10,000 FROM A TOTAL OF AROUND 80 ATTENDEES. KEY MEMBERS OF  
THE LOCAL COMMUNITY INTERESTED IN PSYCHEDELICS, AND CURRENT AND FORMER  
OFFICIALS FROM LOCAL GOVERNMENT, WERE PRESENT AT THIS EVENT. THE  
FEELING OF COMMUNITY WAS SO STRONG THAT THE EVENT GENERATED INTEREST IN



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FORMING MAPS CANADA, WHICH WAS DONE WITH INCORPORATION PAPERS FILED  
WITH THE CANADIAN GOVERNMENT IN OCTOBER 2010.

EXPENSES \$ 7076. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

18. SANTA CRUZ BRUNCH - ON AUGUST 8, 2010, SHORTLY AFTER MAPS  
RELOCATED OUR OFFICE TO SANTA CRUZ (NEXT TO AN URGENT CARE DOCTOR'S  
OFFICE ON A MAIN ROAD), WE PLANNED A MEET-AND-GREET BRUNCH IN TOWN  
FORTUNATELY, A WEEK BEFORE OUR EVENT, MAPS WAS FEATURED IN THE LOCAL  
WEEKLY NEWSPAPER AS THE COVER STORY. THIS EVENT PAID FOR ITSELF IN  
TICKET SALES, AND ALLOWED US TO MEET OUR SUPPORTERS FROM THE LOCAL  
COMMUNITY AND GAIN NEW MEMBERS.

EXPENSES \$ 2806. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

19. CONFERENCE-MOSCOW - MAPS SENT A GROUP OF PRESENTERS TO MOSCOW IN  
JUNE 2010 FOR THE INTERNATIONAL TRANSPERSONAL ASSOCIATION CONFERENCE,  
INCLUDING MICHAEL MITHOEFER, M.D., ANN MITHOEFER, B.S.N., RICK DOBLIN  
PH.D., AND BILL RICHARDS, PH.D. THESE COSTS INCLUDE FLIGHT AND LODGING  
FOR THESE PRESENTERS. THE INTERNATIONAL TRANSPERSONAL ASSOCIATION IS  
ONE OF OUR KEY ALLIES, AND IT WAS MEANINGFUL FOR US TO BE ALLOWED TO  
PRESENT ABOUT PSYCHEDELIC RESEARCH IN RUSSIA, WHERE FOR MANY YEARS MAPS  
SPONSORED THE RESEARCH IN ST. PETERSBURG OF DR. EVGENY KRUPITSKY, WHO  
INVESTIGATED KETAMINE-ASSISTED PSYCHOTHERAPY FOR ALCOHOLISM AND OPIATE  
ADDICTION. UNFORTUNATELY, KETAMINE RESEARCH HAS NOT BEEN PERMITTED IN  
RUSSIA FOR ABOUT THE LAST DECADE, AFTER KETAMINE BECAME A RECREATIONAL  
DRUG IN RUSSIA AND ALL RESEARCH WAS FORBIDDEN. WE HAVE NOT BEEN ALLOWED  
TO DISTRIBUTE OUR BOOKS IN RUSSIA DUE TO GOVERNMENT RESTRICTIONS ON

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PROMOTING ILLEGAL DRUGS. WHILE THE CONFERENCE AND OUR PRESENTATIONS  
WERE WELL RECEIVED, WE LEARNED THAT THE PROHIBITION ON PSYCHEDELIC  
RESEARCH IN RUSSIA IS STILL IN PLACE AND NOT LIKELY TO BE REVERSED ANY  
TIME SOON.

EXPENSES \$ 11984. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

20. ONLINE VIDEO EDUCATION PROJECT - OUR ONLINE VIDEO EDUCATION  
PROJECT STARTED WITH VIDEOS FROM PSYCHEDELIC SCIENCE IN THE 21ST  
CENTURY. ANYONE CAN LOG ONTO THE MAPS WEBSITE AND NOW WATCH THE  
PRESENTATIONS FOR FREE. FOR A NOMINAL FEE, MEDICAL PROFESSIONALS CAN  
ALSO EARN CE AND CME CREDITS FROM WATCHING THESE VIDEOS. THIS IS ONE OF  
OUR KEY EDUCATION PROJECTS OF THIS YEAR, AND ONE OF THE MAIN WAYS THAT  
OUR CONFERENCE WILL HAVE A LASTING IMPACT. OUR CME/CE ACCREDITATION  
ALSO LENDS SIGNIFICANT CREDIBILITY TO THE FIELD OF PSYCHEDELIC  
RESEARCH.

EXPENSES \$ 1250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

21. VIDEO - DIFFICULT TRIP GUIDANCE - THESE FUNDS WERE FOR CREATION OF  
A SHORTER VERSION OF THIS VIDEO SUITABLE FOR YOUTUBE. THIS VIDEO WAS  
ORIGINALLY CREATED FOR A UNITARIAN CHURCH PROGRAM TO EDUCATE TEENS  
ABOUT HOW TO HELP A FRIEND WHO IS HAVING A DIFFICULT PSYCHEDELIC  
EXPERIENCE. WE HAVE CONTINUED TO EDIT AND REVISE IT OVER THE YEARS.

EXPENSES \$ 1030. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

22. WEBSITE EROWID - MAPS HAS SERVED AS FISCAL SPONSOR FOR EROWID  
SINCE 1999. EROWID IS A POPULAR WEBSITE OFFERING INFORMATION ABOUT A

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WIDE RANGE OF DRUGS; IT IS 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. HOWEVER, SOME DONORS STILL SEND FUNDS TO MAPS OUT OF HABIT OR AS PART OF EMPLOYER MATCHING PROGRAMS THAT TAKE TIME TO CHANGE. AS A RESULT, WE STILL RECEIVE SOME DONATIONS FOR EROWID.

EXPENSES \$ 14725. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

23. BURNING MAN 2010 - MAPS HAS HANDLED FUNDS FOR ENTHEON VILLAGE SINCE 2006, WHEN WE HELPED TO CREATE THE VILLAGE FOR OUR 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 EDUCATIONAL GOALS.

EXPENSES \$ 484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

24. BURNING MAN 2008 - THESE ARE LATE EXPENSES FOR ENTHEON VILLAGE 2008, FOR WHICH MAPS HANDLED THE FINANCES. AS IN YEARS BEFORE AND AFTER, EXPENSES WERE COVERED BY REGISTRATION FEES.

EXPENSES \$ 1775. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

25. BLUELIGHT FORUM - THE BLUELIGHT FORUM IS AN ONLINE COMMUNITY WHERE PARTICIPANTS CAN DISCUSS NEWS AND INFORMATION RELATED TO DRUGS THAT ARE NOT YET LEGAL. THE FORUM ALSO HOSTS AN ONLINE COMMUNITY OF MAPS

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**MEMBERS.**

EXPENSES \$ 1030. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

26. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA (WAMM) - WAMM IS A COLLECTIVE OF PATIENTS (AND THEIR CAREGIVERS) WHO USE MEDICAL MARIJUANA, MANY OF WHOM HAVE CANCER OR OTHER SERIOUS AILMENTS. WAMM WAS FOUNDED BY VALERIE AND MIKE CORRAL AND IS A MODEL MEDICAL MARIJUANA COLLECTIVE.

EXPENSES \$ 5000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

27. WAMM MOVIE - WAMMOVIE IS FEATURE LENGTH DOCUMENTARY FILM THAT WILL SHOW THE HUMAN DRAMA OF FACING DISEASE, THE END OF LIFE AND A PERSON'S RIGHT TO CHOOSE HOW THEY DEAL WITH BOTH. THIS FILM IS BASED ON FOOTAGE AND INTERVIEWS COLLECTED FROM WAMM.

EXPENSES \$ 2532. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

28. ART FOR RESALE - DURING THE PAST FISCAL YEAR, WE BEGAN OFFERING MODERATELY PRICED WORKS OF ART FOR SALE. ALTHOUGH MANY PIECES WE OFFER FOR SALE ARE DONATED, WE ALSO PURCHASE SOME ARTWORK ON CONSIGNMENT OR PAY THE PRODUCTION COSTS OUTRIGHT.

EXPENSES \$ 21135. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

29. ROYALTIES - THESE WERE PAID OUT TO DR. STANISLAV GROF FOR THE SALES OF THE 1ST EDITION OF ULTIMATE JOURNEY THAT MAPS PUBLISHED.

EXPENSES \$ 4891. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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30. PRODUCTS - THIS IS THE COST OF PRODUCTS FOR RESALE IN OUR ONLINE  
STORE AND AT EVENTS.

EXPENSES \$ 25206. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

31. MDMA PTSD US LONG-TERM FOLLOW-UP - ONE OF THE LEAST EXPENSIVE AND  
HIGHEST IMPACT STUDIES THAT WE ARE CONDUCTING IS A LONG-TERM FOLLOW-UP  
OF SUBJECTS WHO WERE IN OUR FLAGSHIP MDMA STUDY IN CHARLESTON. THIS  
STUDY HAS COMPLETED DATA COLLECTION, AND RESULTS ARE CURRENTLY BEING  
PREPARED FOR PUBLICATION. WE HAVE FOUND THAT THE RESULTS WERE SUSTAINED  
OVER THE STUDY PERIOD (AVERAGE OF 3.5 YEARS WITH A RANGE OF 15-35  
MONTHS), AND THAT MANY SUBJECTS STILL DO NOT MEET THE CRITERIA FOR  
HAVING PTSD. THESE RESULTS ARE EVEN MORE IMPORTANT THAN THE RESULTS OF  
THE INITIAL STUDY, WITH OUTCOME MEASURES TAKEN TWO MONTHS AFTER THE  
LAST MDMA TREATMENT SESSION. NOW THAT WE HAVE EVIDENCE SHOWING THAT  
THERAPEUTIC GAINS CAN LAST OVER TIME, IT'S ALL THE MORE IMPORTANT TO  
CONTINUE OUR RESEARCH EFFORTS.

EXPENSES \$ 3952. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

32. MDMA PTSD-US VETERANS OF WAR - THESE EXPENSES ARE FOR PROTOCOL  
DEVELOPMENT AND APPROVAL FOR OUR NEWEST US MDMA/PTSD STUDY, WHICH IS  
ENROLLING ONLY VETERANS OF WAR WHO HAVE CHRONIC, TREATMENT-RESISTANT  
PTSD. THERE IS A GROWING PUBLIC CONCERN OVER VETERANS RETURNING FROM  
IRAQ AND AFGHANISTAN WITH SERIOUS AND UNTREATED PTSD. IN THIS STUDY, WE  
WILL ATTEMPT TO HEAL SOME OF THE TRAUMA OF WAR WITH MDMA-ASSISTED  
PSYCHOTHERAPY. WE WILL ALSO SEEK TO ENROLL SEVERAL VETERANS WITH PTSD  
FROM VIETNAM, TO INVESTIGATE WHETHER WE CAN HELP PEOPLE WITH EXTREMELY

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LONG-LASTING PTSD.

EXPENSES \$ 51055. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

33. MDMA-PTSD SWISS - OUR SWISS MDMA/PTSD PILOT STUDY IN 12 SUBJECTS COMPLETED THE LAST SUBJECT'S LAST TREATMENT VISIT IN JANUARY 2010, MAPS' RESEARCH TEAM HAS NOW BEGUN THE DATA COLLECTION AND VERIFICATION PROCESS, USING A DATABASE THAT WAS BUILT BY A HIGHLY-SKILLED VOLUNTEER. THIS STUDY IS BEING CONDUCTED UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA WITH THE FDA. THE FINAL ONE-YEAR FOLLOW-UP DATA WILL BE GATHERED IN JANUARY, 2011, AFTER WHICH WE WILL WORK TO COMPLETE A SCIENTIFIC PAPER TO BE SUBMITTED FOR PUBLICATION TO A PEER-REVIEWED JOURNAL. THE PAPER WILL REPORT ON BOTH THE INITIAL DATA AND THE ONE-YEAR FOLLOW-UP DATA. PRELIMINARY RESULTS SHOW A CLINICALLY RELEVANT TREATMENT EFFECT AND PROVIDE FURTHER JUSTIFICATION FOR EXPANSION OF OUR INTERNATIONAL SERIES OF MDMA/PTSD PILOT STUDIES.

EXPENSES \$ 33460. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

34. MDMA-PTSD ISRAEL - THIS ITEM IS FOR ONGOING COSTS ASSOCIATED WITH MAPS-SPONSORED MDMA/PTSD STUDY CONDUCTED BY MOSHE KOTLER, M.D. AT BEER YAAKOV MENTAL HEALTH CENTER, THE LARGEST MENTAL HEALTH HOSPITAL IN ISRAEL. THE ISRAELI STUDY CONTINUED TO ENROLL PATIENTS DURING THIS FISCAL YEAR BEFORE THE STUDY WAS CONCLUDED IN THE SUMMER OF 2010 AFTER FIVE SUBJECTS HAD BEEN ENROLLED. WE FOUND THAT MDMA-ASSISTED PSYCHOTHERAPY DID NOT CAUSE ANY SERIOUS ADVERSE EVENTS. CARDIOVASCULAR EFFECTS AND SIDE EFFECTS WERE SIMILAR TO THOSE REPORTED IN THE LITERATURE AND DID NOT REQUIRE INTERVENTION. THE DATA SUGGEST

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MDMA-ASSISTED PSYCHOTHERAPY DOES NOT CAUSE HARM IN THIS SUBJECT  
POPULATION. SOME SUBJECTS REPORTED BENEFITS BUT THE CAPS SCORES DID NOT  
REFLECT THESE BENEFITS. THIS RESEARCH STUDY WAS ENDED WHEN MAPS' STUDY  
MONITORS DETERMINED THAT THE QUALITY OF DATA COLLECTED AT THE STUDY  
SITE WAS FOUND TO BE INCONSISTENT DUE TO STUDY STAFF TURNOVER IN  
ADDITION, WE REALIZED THAT WE NEEDED TO PROVIDE MORE TRAINING TO OUR  
CO-THERAPISTS. MAPS IS NOW ATTEMPTING TO START A NEW STUDY WITH DR.  
KOTLER, AND THE ISRAELI DEFENSE FORCES HAVE INDICATED INTEREST IN  
REFERRING SUBJECTS TO THE STUDY.  
EXPENSES \$ 27308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

35. MDMA-PTSD CANADA - THIS ITEM IS FOR PROTOCOL DEVELOPMENT AND  
APPROVAL FOR A NOT-YET-BEGUN MAPS-SPONSORED MDMA/PTSD STUDY IN  
VANCOUVER, CANADA, TO ENROLL 12 SUBJECTS. PSYCHIATRIST, INGRID PACEY,  
M.D. AND PSYCHOLOGIST, ANDREW FELDMAR, M.A. WILL ACT AS CO-THERAPISTS  
ON THIS STUDY. A CANADIAN INSTITUTIONAL REVIEW BOARD HAS APPROVED THE  
STUDY, AS HAS HEALTH CANADA. DURING THIS FISCAL YEAR WE HAVE WORKED TO  
OBTAIN PERMITS FOR IMPORTING THE MDMA FROM SWITZERLAND INTO CANADA,  
WHICH HAS PROVEN TO BE A FRUSTRATING PROCESS WITH MUCH DELAY. SINCE  
CANADA AND THE U.S. SHARE A COMMON CULTURE, THIS STUDY WILL ALLOW US  
THE OPPORTUNITY TO DETERMINE WHETHER THERAPEUTIC OUTCOMES WILL  
REPLICATE OUR OUTSTANDING RESULTS FROM OUR FLAGSHIP U.S. STUDY IN A  
SIMILAR CULTURAL CONTEXT, OR WHETHER THE RESULTS WILL BE MORE SIMILAR  
TO THE GOOD RESULTS WE OBTAINED IN OUR SWISS STUDY, IN A DIFFERENT  
CULTURAL CONTEXT.

EXPENSES \$ 9814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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36. MDMA-PTSD SPAIN - TOGETHER WITH FORMER MAPS-SPONSORED INVESTIGATOR JOSE CARLOS BOUSO, PH.D., AND JORDI RIBA, PH.D., MAPS DEVELOPED A PROTOCOL FOR AN MDMA/PTSD STUDY IN SPAIN, WHICH WAS TO BE OUR FIRST COMPLETED STUDY IN THE EUROPEAN UNION. IN 2000, MAPS AND JOSE CARLOS BOUSO STARTED THE WORLD'S FIRST CONTROLLED STUDY OF MDMA-ASSISTED PSYCHOTHERAPY. HOWEVER, IN 2002, AFTER POSITIVE MEDIA ATTENTION TO THE STUDY, THE MADRID ANTI-DRUG AUTHORITY WAS ABLE TO SHUT THE STUDY DOWN FOR POLITICAL REASONS. A PAPER REPORTING ON THE PRELIMINARY RESULTS WAS PUBLISHED BY JOSE CARLOS BOUSO, ET. AL. NOW, AFTER THE SUCCESSFUL COMPLETION OF OUR U.S. AND SWISS PILOT STUDIES, IT WOULD BE POSSIBLE TO OBTAIN PERMISSION FOR A NEW SPANISH STUDY, ESPECIALLY SINCE JOSE CARLOS HAS MOVED TO BARCELONA TO WORK WITH JORDI RIBA, WHO HAS CONDUCTED SEVERAL PHASE 1 PSYCHEDELIC STUDIES. HOWEVER, AFTER MUCH DISCUSSION AFTER THE PROTOCOL WAS COMPLETED, MAPS AND THE INVESTIGATORS DECIDED THAT DUE TO OTHER RESEARCH OBLIGATIONS AND INTERESTS OF THE POTENTIAL INVESTIGATORS, WE WILL NOT GO FORWARD WITH THIS PROTOCOL IN SPAIN. THE MDMA/PTSD PROTOCOL DESIGN, WHICH IS UNIQUE AMONG OUR PHASE 2 PILOT STUDY DESIGNS IN THAT IT USES D-AMPHETAMINE AS AN ACTIVE COMPARATOR INSTEAD OF LOWER DOSES OF MDMA, MAY STILL BE USED AT AN ALTERNATE SITE AT SOME POINT IN THE FUTURE.

EXPENSES \$ 364. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

37. MDMA-PTSD JORDAN - MAPS IS WORKING TO START MDMA/PTSD RESEARCH IN AMMAN, JORDAN, AND WE HAVE RECEIVED A RESTRICTED GRANT OF \$85,000 FOR THIS STUDY. WE REPORTED LAST YEAR THAT THIS WOULD COVER THE ENTIRE



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BUDGET FOR THE STUDY, BUT NOW WE HAVE ENLARGED THE STUDY AND EXPECT IT  
TO COST A TOTAL OF \$135,000. THE PROTOCOL HAS BEEN APPROVED BY THE  
INSTITUTIONAL REVIEW BOARD AT AL-RASHID HOSPITAL IN AMMAN, AND HAS BEEN  
SUBMITTED TO THE JORDANIAN FDA. AS PART OF THIS STUDY, MAPS IS CREATING  
THE FIRST ARABIC TRANSLATION OF OUR PRIMARY OUTCOME VARIABLE, THE  
CLINICIAN ADMINISTERED PTSD SCALE (CAPS). IN THIS WAY, WE WILL HELP  
FACILITATE OTHER PTSD RESEARCH IN THE ARABIC SPEAKING WORLD.  
EXPENSES \$ 31455. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

38. MDMA THERAPY TRAINING PROTOCOL - THIS THERAPIST TRAINING/PHASE 1  
PSYCHOLOGICAL EFFECTS PROTOCOL IS A PLACEBO-CONTROLLED, DOUBLE-BLIND,  
RANDOMIZED, CROSS-OVER STUDY. IT ALLOWS MAPS TO ADMINISTER A SINGLE  
MDMA-ASSISTED PSYCHOTHERAPY SESSION TO THERAPISTS AS PART OF THEIR  
TRAINING TO CONDUCT MAPS' MDMA/PTSD STUDIES, WHILE ALSO CONDUCTING A  
SERIES OF EVALUATIONS OF THE PSYCHOLOGICAL EFFECTS OF MDMA ADMINISTERED  
TO HEALTHY VOLUNTEERS IN A THERAPEUTIC CONTEXT. MAPS THERAPY TRAINING  
PROTOCOL IS FULLY APPROVED AND READY TO BE IMPLEMENTED ONCE WE HAVE A  
NEED TO TRAIN ADDITIONAL THERAPISTS. THESE EXPENSES WERE FOR PROTOCOL  
DEVELOPMENT AND APPROVAL.  
EXPENSES \$ 15038. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

39. MICHAEL MITHOEFER SUPERVISORY TIME/PUBLIC RELATIONS - NOW THAT  
THEY HAVE COMPLETED AND PUBLISHED A STUDY OF MDMA-ASSISTED  
PSYCHOTHERAPY, MICHAEL AND ANNIE MITHOEFER ARE KEY REPRESENTATIVES ON  
BEHALF OF MAPS' MDMA/PTSD RESEARCH. AFTER COMPLETING THE FIRST STUDY,  
THE MITHOEFERS TOOK A BREAK FROM CONDUCTING RESEARCH TO WRITE UP THEIR

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RESULTS FOR PUBLICATION, DEVELOP OUR TREATMENT MANUAL, CONSULT WITH  
OUR OTHER RESEARCH TEAMS IN SWITZERLAND AND ISRAEL, SPEAK TO THE PRESS  
AND PRESENT THEIR WORK AT ACADEMIC CONFERENCES. THEY ALSO TRAINED A  
GROUP OF THERAPISTS FROM OUR JORDANIAN STUDY IN APRIL 2010, AND THEN  
OFFERED A DAY LONG PRE-CONFERENCE WORKSHOP ON THERAPEUTIC TECHNIQUES TO  
OVER 150 PEOPLE WHO CAME A DAY EARLY TO PSYCHEDELIC SCIENCE. SINCE THE  
DEMANDS ON THE MITHOEFER'S TIME ARE HIGH BOTH IN A SUPERVISORY/PR  
CAPACITY AS WELL AS IN A RESEARCH CAPACITY, MAPS IS NOW WORKING TO  
DEVELOP ADDITIONAL CREDENTIALLED RESEARCH STAFF WHO CAN ALSO PRESENT OUR  
COLLECTIVE ACCOMPLISHMENTS AND TEACH WORKSHOPS, SO THAT DR. MITHOEFERS  
TIME CAN USED MOST STRATEGICALLY. MARCELA OTALORA-GOMEZ, M.F.T., WHO  
WORKED AS A CO-THERAPIST ON OUR SPAIN STUDY, TAUGHT A RECENT WORKSHOP  
IN BOULDER ON OUR MDMA/PTSD TREATMENT MANUAL.

EXPENSES \$ 42076. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

40. MDMA RESEARCH GENERAL - THESE ARE GENERAL EXPENDITURES IN SUPPORT  
OF OUR MDMA RESEARCH EFFORTS THAT BENEFIT MULTIPLE PROJECTS, SUCH AS  
TRAINING, REPORTS TO THE US FDA AND SO FORTH.

EXPENSES \$ 11405. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

41. MDMA TREATMENT MANUAL - WE REVISED OUR TREATMENT MANUAL IN THIS  
FISCAL YEAR, FOLLOWING OUR MDMA/PTSD THERAPIST-TRAINING SEMINAR IN  
AUSTRIA THE PRIOR YEAR. AFTER THE SEMINAR, WE IMPROVED THE ADHERENCE  
MEASURES AND OTHER CONTENT. WE THEN RELEASED A NEW EDITION OF THE  
MANUAL AT PSYCHEDELIC SCIENCE IN THE 21ST CENTURY IN APRIL 2010 AND  
HAVE CONTINUED TO REVISE IT. THE TREATMENT MANUAL IS A WORKING DOCUMENT

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THAT WE ARE REVISING AS NEW INFORMATION BECOMES AVAILABLE AND WE LEARN FROM OUR SUCCESSES AND MISTAKES. REFINING AND DEFINING OUR TREATMENT METHOD WILL BE KEY TO OUR SUCCESS IN STARTING PHASE 3 MULTI-SITE STUDIES.

EXPENSES \$ 8752. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

42. MDMA LITERATURE REVIEW - MAPS RESEARCH SPECIALIST ILSA JEROME, PH.D., IS RESPONSIBLE FOR KEEPING CURRENT ON THE STATE OF THE WORLD'S SCIENTIFIC, PEER-REVIEWED LITERATURE ON MDMA. SHE CONTINUED THIS ONGOING REVIEW THROUGHOUT FY 09-10. 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. THIS LITERATURE REVIEW IS BECOMING LESS EXPENSIVE EACH YEAR DUE TO THE RELATIVELY SETTLED STATE OF MDMA RESEARCH, WITH THE RESEARCH GENERATING RELATIVELY FEW CHANGES IN THE RISK-BENEFIT ESTIMATES. OVER THE YEARS, MAPS HAS SPENT ABOUT \$150,000 ON OUR MDMA LITERATURE REVIEW AND HAVE "CAPTURED" AN ESTIMATED \$300 MILLION WORTH OF RESEARCH, ALL OF WHICH WAS IN THE PUBLIC DOMAIN. THE ENORMITY OF THE PUBLISHED LITERATURE ON THE RISKS AND MECHANISMS OF ACTION OF MDMA AND ECSTASY, OVER 3,500 PAPERS INDEXED IN MEDLINE, IS THE PRIMARY REASON THAT MAPS CAN DEVELOP MDMA INTO A PRESCRIPTION MEDICINE FOR AROUND \$10 MILLION.

EXPENSES \$ 3256. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

43. CONFERENCE-PTSD (ISRAEL/SWITZERLAND) - FROM OCTOBER 18-23, 2009, RICK DOBLIN AND MICHAEL MITHOEFER ATTENDED AN INTERNATIONAL CONFERENCE ON POSTTRAUMATIC STRESS DISORDER, FUTURE DIRECTIONS IN PTSD:

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PREVENTION, DIAGNOSIS AND TREATMENT, ORGANIZED BY THE HEBREW UNIVERSITY  
OF JERUSALEM'S INSTITUTE FOR ADVANCED STUDIES. THE CONFERENCE WAS AN  
EXTRAORDINARY OPPORTUNITY TO MEET WITH AND LEARN FROM THE WORLD'S  
LEADING EXPERTS IN PTSD, INCLUDING REPRESENTATIVES OF THE U.S.

DEPARTMENT OF DEFENSE AND THE VETERANS ADMINISTRATION. FROM JUNE  
16-19, 2010 THE INTERNATIONAL FEDERATION OF PSYCHOTHERAPY CONVENED A  
CONGRESS IN LUCERNE, SWITZERLAND. AS A SIGN OF THE GROWING ACCEPTANCE  
OF PSYCHEDELIC PSYCHOTHERAPY RESEARCH, THIS MAINSTREAM PSYCHOTHERAPY  
CONFERENCE HAD A SEMINAR DEVOTED TO THE TOPIC. MAPS SENT RESEARCHERS  
MICHAEL MITHOEFER M.D., ANNIE MITHOEFER, B.S.N., PETER OEHEN, M.D.,  
VERENA WIDMER, R.N., AND PETER GASSER, M.D. TO PRESENT RESULTS FROM  
MAPS-SPONSORED STUDIES. ALSO ON THE PANEL WAS RENOWNED GERMAN  
PSYCHEDELIC RESEARCHER TORSTEN PASSIE, M.D. THIS WAS THE FIRST  
PRESENTATION ABOUT NEW DATA FROM PSYCHEDELIC PSYCHOTHERAPY RESEARCH AT  
A MAINSTREAM PSYCHOTHERAPY CONFERENCE IN EUROPE IN OVER 35 YEARS.

EXPENSES \$ 1897. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

44. MAPS RESEARCH RETREAT '09 - IN JUNE 2009, MAPS HELD A WEEKLONG  
RETREAT IN THE AUSTRIAN MOUNTAINS FOR THERAPISTS WHO ARE USING, OR PLAN  
TO BE USING, MDMA IN ASSOCIATION WITH PSYCHOTHERAPY TO TREAT PTSD.  
ATTENDEES AT THE CONFERENCE CAME FROM SEVEN DIFFERENT COUNTRIES! OUR  
RESEARCH TEAMS HAD PREVIOUSLY BEEN IN COMMUNICATION VIA EMAIL AND  
OCCASIONAL PHONE CALLS, BUT HAD NOT YET HAD AN OPPORTUNITY TO SPEND AN  
EXTENDED PERIOD OF TIME TOGETHER TO DISCUSS HOW THEY WERE CONDUCTING  
THE THERAPY. AT THIS RETREAT, WE WATCHED AND COMMENTED ON VIDEOTAPES  
FROM EACH RESEARCH TEAM AND ALSO DISCUSSED A RANGE OF TOPICS RELEVANT

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TO THE RESEARCH. WE ALSO LEARNED THAT DIFFERENT TEAMS HAD A LOT IN  
COMMON, BUT ALSO HAD SOME SIGNIFICANT DIFFERENCES IN THEIR TREATMENT  
APPROACH. THE LOCATION WAS CHOSEN FOR CENTRALITY, SINCE OUR TEAMS WERE  
CONVENING FROM EUROPE, THE MIDDLE EAST, AND THE U.S. SINCE THE TOWN OF  
FLACHAU IS A WINTER SPORT DESTINATION, WE WERE ABLE TO RENT OUT A SKI  
LODGE AT A REDUCED SUMMERTIME RATE.

EXPENSES \$ 27067. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

45. MAPS RESEARCH RETREAT '10 - THE PSYCHEDELIC SCIENCE RESEARCHERS,  
SEMINAR WAS HELD IN SAN JOSE CALIFORNIA ON APRIL 20-21, 2010, AFTER THE  
COMPLETION OF THE PSYCHEDELIC SCIENCE CONFERENCE, WHERE MOST OF THE  
RESEARCHERS HAD PREVIOUSLY PRESENTED. THIS SEMINAR OFFERED  
OPPORTUNITIES FOR COLLABORATION AND SHARING BETWEEN MAPS AND OUR ALLIED  
ORGANIZATIONS: HEFTER, CSP, AND THE BECKLEY FOUNDATION, AS WELL AS A  
NUMBER OF ALLIED INDIVIDUALS. A MULTIDISCIPLINARY GROUP OF  
ANTHROPOLOGISTS, A BIOLOGIST, NEUROSCIENTISTS, NURSES, PSYCHIATRISTS,  
PSYCHOLOGISTS AND A SOCIAL WORKER WERE IN ATTENDANCE. THIS SEMINAR  
BUILT UPON THE PREVIOUS YEAR'S RETREAT IN THAT RESEARCHERS FROM OTHER  
ORGANIZATIONS WERE INVITED, AND THE FOCUS WAS EXPANDED FROM MDMA/PTSD  
RESEARCH TO ALL RESEARCH WITH PSYCHEDELICS. MAPS HIRED A PROFESSIONAL  
FACILITATOR TO LEAD THE MEETING AND PAID ALL THE EXPENSES OF THE  
RESEARCHERS RETREAT.

EXPENSES \$ 10128. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

46. SALVIA RESEARCH (ITP) - MAPS RECEIVED A DONATION THAT WAS  
RESTRICTED TO A SALVIA DIVINORUM STUDY BEING CONDUCTED AT THE INSTITUTE

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OF TRANSPERSONAL PSYCHOLOGY (ITP). SALVINORIN A, THE ACTIVE INGREDIENT  
IN SALVIA DIVINORUM, WAS ADMINISTERED TO 30 PARTICIPANTS IN A  
DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDOMIZED STUDY. THE PURPOSE OF THIS  
STUDY WAS TO OBSERVE HOW SALVINORIN A AFFECTS GENERAL WELL-BEING.

ALTHOUGH THIS STUDY DOES NOT FIT INTO OUR PRIMARY RESEARCH MISSION OF  
STUDYING PSYCHEDELICS' POTENTIAL FOR TREATING SPECIFIC MEDICAL  
CONDITIONS, WE WERE PLEASED TO ACT AS THE FISCAL SPONSOR, SINCE MANY OF  
OUR MEMBERS HAVE EXPRESSED INTEREST IN LEARNING MORE ABOUT SALVIA.

EXPENSES \$ 4000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

47. IBOGA THERAPY HOUSE (CANADA) - THESE COSTS WERE FOR COMPLETING AND  
SUBMITTING A FINAL REPORT TO THE INSTITUTIONAL REVIEW BOARD FOR MAPS'  
IBOGAINE OUTCOME STUDY IN CANADA. THE STUDY WAS ENDED PREMATURELY DUE  
TO THE CLOSURE OF THE CLINIC WHERE SUBJECTS WERE TO BE RECRUITED.

EXPENSES \$ 484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

48. IBOGAINE OUTCOME STUDY (MEXICO) - THESE EXPENSES WERE FOR AN  
OBSERVATIONAL STUDY OF PATIENTS TREATED AT PANGEA BIOMEDICS, AN  
IBOGAINE CLINIC IN MEXICO. THIS STUDY, LED BY JOHN HARRISON, PSYD  
CANDIDATE, ENROLLED A TOTAL OF 16 SUBJECTS AND FOLLOWED THEM FOR UP TO  
ONE YEAR AFTER TREATMENT AT THE CLINIC.

EXPENSES \$ 6425. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

49. LSD SWISS END-OF-LIFE STUDY - MAPS CONTINUED SPONSORSHIP  
RESPONSIBILITIES, INCLUDING MONITORING, DATA COLLECTION, AND ONGOING  
REGULATORY COMMUNICATIONS FOR OUR SWISS STUDY OF PATIENTS WHO ARE

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EXPERIENCING ANXIETY ASSOCIATED WITH END-OF-LIFE ISSUES. THIS STUDY  
TESTS WHETHER LSD-ASSISTED PSYCHOTHERAPY CAN REDUCE ANXIETY AND PAIN IN  
THESE PATIENTS. THE STUDY TREATED ITS 7TH SUBJECT IN THIS FISCAL YEAR.  
AT THE TIME OF THIS WRITING, 11 OF THE 12 SUBJECTS HAVE BEEN ENROLLED  
IN THE STUDY. WHEN COMPLETED IT WILL BECOME THE FIRST STUDY OF THE  
THERAPEUTIC USE OF LSD IN OVER 35 YEARS.

EXPENSES \$ 7824. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

50. LSD/PSILOCYBIN CLUSTER HEADACHE - THESE FUNDS WERE USED TO SUPPORT  
CLUSTERBUSTERS IN THEIR EFFORTS TO DEVELOP AN APPROACH TO USING LSD AND  
TO TREAT CLUSTER HEADACHES. CLUSTER HEADACHES ARE A PARTICULARLY  
DEBILITATING TYPE OF HEADACHE; SUFFERERS HAVE FOUND THAT LSD AND  
PSILOCYBIN CAN REDUCE THE OCCURRENCE AND SEVERITY OF THEIR HEADACHES.

EXPENSES \$ 10023. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

51. ISRAEL MARIJUANA FARM - THROUGH THE GENEROUS, RESTRICTED DONATIONS  
OF DAVID BRONNER, MAPS HAS BEEN ABLE TO HELP SUPPORT THE DEVELOPMENT OF  
MEDICAL MARIJUANA IN ISRAEL IN THE INITIAL STAGES, BEFORE PRODUCERS  
WERE ABLE TO CHARGE FOR THEIR MEDICINE BUT HAD TO GIVE IT AWAY. THESE  
EXPENSES WERE FOR BRINGING U.S. MEDICAL MARIJUANA EXPERTS VALERIE AND  
MIKE CORRAL, AND MIMI PELEG, TO ISRAEL FOR MEETINGS WITH SEVERAL OF THE  
ISRAELI PRODUCERS AND PATIENT ADVOCATES.

EXPENSES \$ 5339. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

52. MJP-1 CANNABIS-PTSD US - ON NOVEMBER 11, 2010, MAPS SUBMITTED TO  
THE FDA A PROTOCOL TO STUDY THE USE OF MARIJUANA IN TREATING SYMPTOMS

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OF PTSD. THESE EXPENSES ARE FOR EARLY PROTOCOL DESIGN OF A CONTROLLED, RANDOMIZED, DOSE-RESPONSE, TRIPLE-BLIND INVESTIGATION OF FIVE DIFFERENT DOSES OF MARIJUANA, SMOKED OR VAPORIZED, IN 50 VETERANS WITH CHRONIC, TREATMENT-RESISTANT PTSD. THE SUBJECTS WILL RECEIVE MARIJUANA FOR FOUR WEEKS, THEN GO THROUGH A TWO WEEK PERIOD OF CESSATION, THEN RANDOMLY RECEIVE ANOTHER BATCH OF MARIJUANA FOR FOUR MORE WEEKS OF MEDICATION, THEN TWO WEEKS OF CESSATION. CURRENTLY, NUMEROUS ANECDOTAL REPORTS OF PTSD PATIENTS SELF-MEDICATING WITH MARIJUANA SUGGEST THAT MARIJUANA AS A MEDICINE TREATS SYMPTOMS (ESPECIALLY NIGHTMARES) BUT REQUIRES CHRONIC, DAILY ADMINISTRATION. IN CONTRAST, MDMA-ASSISTED PSYCHOTHERAPY ADDRESSES THE CORE PROBLEM AND IS ONLY USED A FEW TIMES, YET IS MORE EXPENSIVE AND TIME-CONSUMING. AS A KEY PART OF OUR STUDY DESIGN, WE ARE REQUESTING THAT NIDA PROVIDE US WITH A STRAIN OF MARIJUANA THAT CONTAINS SIGNIFICANT AMOUNTS (6%) OF CANNABIDIOL (CBD) IN ADDITION TO SIGNIFICANT AMOUNTS OF THC (6%). CBD HAS BEEN FOUND TO REDUCE ANXIETY BUT HAS YET TO BE EXPLORED IN PTSD SUBJECTS. CURRENTLY, NIDA DOES NOT PRODUCE MARIJUANA WITH CBD, HIGHLIGHTING ANOTHER REASON WHY NIDA'S MONOPOLY OBSTRUCTS OR DELAYS RESEARCH AND SHOULD BE ENDED.

EXPENSES \$ 929. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

53. CLINICAL RESEARCH GENERAL - THESE ARE EXPENSES FOR OUR CLINICAL RESEARCH THAT ARE FOR ALL STUDIES. WE HAVE CHOSEN NOT TO ALLOCATE A SHARE OF THESE EXPENSES ACROSS ALL OF OUR RESEARCH PROJECTS, BUT INSTEAD TO CREATE THIS SPECIAL CATEGORY.

EXPENSES \$ 34341. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.



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54. COMPENSATION OF OFFICERS, DIRECTORS, ETC AND OTHER SALARIES AND WAGES - THE GROSS SALARY FOR MAPS EXECUTIVE DIRECTOR RICK DOBLIN, PH.D. WAS \$60,000. ASIDE FROM RICK, MAPS EMPLOYED SEVEN FULL-TIME STAFF POSITIONS AND FIVE PART-TIME POSITIONS. TWO OF THE FULL-TIME POSITIONS AND TWO PART-TIME POSITIONS WERE ALLOCATED FULLY TO RESEARCH. THE OTHER THREE PART-TIME POSITIONS WERE PRIMARILY ALLOCATED TO EDUCATION PROJECTS. THE OTHER FIVE FULL-TIME POSITIONS ARE ALLOCATED TO A MIXTURE OF RESEARCH PROJECTS, EDUCATIONAL PROJECTS AND OPERATIONS. MAPS STRIVES TO ATTRACT AND RETAIN HIGH-PERFORMING STAFF, AND IN DOING SO, OFFERS A COMPETITIVE SALARY PACKAGE. THE GROSS SALARY FOR THESE THIRTEEN POSITIONS WAS \$371,585.10 TOTAL (\$317,148.65 FULL TIME, \$54,436.45 PART TIME). THESE NUMBERS DIFFER FROM WHAT IS SEEN IN CHART 5, BECAUSE STAFF SALARIES ARE ALLOCATED ACROSS VARIOUS PROJECTS. IN ADDITION TO THESE SALARIES, MAPS PAID OUT \$27,656 IN COMPANY PAYROLL TAXES AND \$23,723 IN EMPLOYEE BENEFITS (INCLUDING HEALTHCARE AND EDUCATION). EXPENSES \$ 165595. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

55. ACCOUNTING FEES - THE PREPARATION COST FOR THE CPA'S FOR MAPS 990 TAX RETURN FOR FY 2008-2009. EXPENSES \$ 4389. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

56. TELEPHONE - THE COST OF MAPS CONFERENCING, CELL PHONES AND OFFICE PHONES IN BOTH BOSTON AND SANTA CRUZ. EXPENSES \$ 13919. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

57. POSTAGE AND SHIPPING - THE TOTAL AMOUNT SPENT FOR SHIPPING OF ALL

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**PRODUCTS, ART, AND INFORMATION.**

**EXPENSES \$ 11564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**58. OCCUPANCY - OUR PRIMARY OFFICE RENT IN SANTA CRUZ.**

**EXPENSES \$ 18364. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**59. MOVING EXPENSES - EXPENSES RELATED TO MOVING THE OFFICE FROM BEN  
LOMOND TO SANTA CRUZ.**

**EXPENSES \$ 1883. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**60. EQUIPMENT RENTAL AND MAINTENANCE.**

**EXPENSES \$ 1927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**61. TRAVEL - THE TOTAL COST FOR ALL OPERATIONS RELATED TRAVEL.**

**EXPENSES \$ 5054. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**62. OTHER CONFERENCES AND EVENTS - TICKETS AND VENDING COSTS FOR  
NON-MAPS EVENTS.**

**EXPENSES \$ 4793. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**63. EXTRAORDINARY BACK PAYROLL TAXES (FROM 2007) - DUE TO AN  
ACCOUNTING OVERSIGHT IN 2007, MAPS WAS LIABLE THIS YEAR FOR BACK  
PAYROLL TAXES OWED FROM TAX YEAR 2007.**

**EXPENSES \$ 3153. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**64. BANK FEES, CREDIT CARD FEES, LICENSES - WE SPENT SLIGHTLY MORE**

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>	Employer identification number <b>59-2751953</b>
--	---

THIS YEAR THAN PREVIOUS YEARS ON CREDIT CARD FEES FROM THE EXPENSES OF  
SELLING TICKETS TO THE PSYCHEDELIC SCIENCE CONFERENCE IN SAN JOSE  
THROUGH OUR ONLINE STORE.

EXPENSES \$ 20543. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

65. GENERAL OPERATING AND OFFICE SUPPLIES AND EXPENSES.

EXPENSES \$ 12431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: RETURN IS MAILED TO PRINCIPAL BOARD  
MEMBER AND THEN FORWARDED TO ALL OTHER BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS WILL  
PERIODICALLY REVEIW NEW AND ON GOING RELATIONSHIPS TO ASSURE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A: IT IS A MATTER OF POLICY TO SEARCH  
AVAILABLE WAGE DATA SCALES FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGINAZATION MAKES THESE  
DOCUMENTS AVAILABLE THROUGH ITS WEBSITE--WWW.MAPS.ORG/FISCAL, THE QUIDESTAR  
WEBSITE AND BY PHONE, FAX OR EMAIL UPON REQUEST.

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

**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).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>	Employer identification number <b>59-2751953</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 3319</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SARASOTA, FL 34230</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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 **▶ 3 FRANCIS STREET - BELMONT, MA 02478**  
 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 **APRIL 15, 2011**.

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUN 1, 2009**, and ending **MAY 31, 2010**.

6 If the tax year entered in line 5 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  
**NEED ADDITIONAL TIME TO RECEIVE BOOKS & RECORDS FROM TAXPAYER AND OUTSIDE SOURCES.**

<b>8a</b> 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.	<b>8a</b>	\$	0.00
<b>b</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.	<b>8b</b>	\$	0.00
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.00

**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 **▶**

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