

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

2010

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 **2010** calendar year, or tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

| | | | |
|---|---|--|--|
| 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 | C Name of organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | | D Employer identification number 59-2751953 |
| | Doing Business As | | E Telephone number [REDACTED] |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | City or town, state or country, and ZIP + 4 SARASOTA, FL 34230 | | G Gross receipts \$ 1,544,815. |
| F Name and address of principal officer [REDACTED] | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: WWW.MAPS.ORG | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1986 M State of legal domicile: FL | |

Part I Summary

| | | | |
|---|--|---------------------------------------|--------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: MEDICAL RESEARCH AND EDUCATION | | |
| | 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) | 3 4 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 3 | |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 16 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 60 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: 1,508,732. | Current Year: 1,407,542. |
| | 9 Program service revenue (Part VIII, line 2g) | 94,972. | 64,964. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,995. | 2,212. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,605,699. | 1,474,718. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 65,000. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 220,794. | 357,443. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 71,231. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,176,163. | 962,100. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,396,957. | 1,384,543. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 208,742. | 90,175. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 1,074,400. | End of Year: 1,152,343. |
| | 21 Total liabilities (Part X, line 26) | 1,196. | 12,922. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,073,204. | 1,139,421. |

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 |
| | RICHARD DOBLIN, PRESIDENT/SECRETARY | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | GEORGE V. FAMIGLIO, JR | | 04/17/12 |
| Paid Preparer Use Only | Firm's name ▶ | Firm's EIN ▶ | Check <input type="checkbox"/> if self-employed |
| | PROFESSIONAL NON-PROFIT CONSULTANTS | | |
| Paid Preparer Use Only | Firm's address ▶ | Phone no. | |
| | P.O. BOX 3319 SARASOTA, FL 34230 | 941-957-0777 | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

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.

4a (Code:) (Expenses \$ 147,520. including grants of \$) (Revenue \$)

1. MDMA FOR PTSD STUDY, VETERANS OF WAR (US). THESE EXPENSES ARE FOR TREATING 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 LONG-LASTING PTSD. THIS PROTOCOL IS DESIGNED TO TEST WHETHER WAR-RELATED PTSD NEEDS TO BE TREATED SIMILARLY OR DIFFERENTLY THAN PTSD FROM CHILDHOOD SEXUAL ABUSE AND ADULT RAPE AND ASSAULT. WE'RE ALSO TESTING A THREE-ARM DESIGN WITH GROUPS RECEIVING EITHER LOW, MEDIUM OR FULL DOSE MDMA, IN AN EFFORT TO ACHIEVE A SUCCESSFUL DOUBLE-BLIND.

4b (Code:) (Expenses \$ 54,791. including grants of \$) (Revenue \$)

2. MDMA RESEARCH GENERAL - THESE ARE GENERAL EXPENDITURES IN SUPPORT OF OUR MDMA RESEARCH EFFORTS THAT BENEFIT MULTIPLE PROJECTS, SUCH AS TRAINING OF OUR MONITORING AND RESEARCH TEAMS, REPORTS TO THE US FDA, BUILDING DATABASES, STORAGE AND FILING SYSTEMS FOR INFORMATION AND DATA FROM ALL OUR STUDIES, EVALUATION OF POTENTIAL PROTOCOL CHANGES RELATED TO INCLUSION/EXCLUSION CRITERIA FOR ALL STUDIES, AND SO FORTH.

4c (Code:) (Expenses \$ 45,387. including grants of \$) (Revenue \$)

3. REGIONAL EVENTS: LOS ANGELES CATALYSTS CONFERENCE - IN DECEMBER 2010, WE HOSTED THE CATALYSTS MINI-CONFERENCE AND FUNDRAISER. THIS EVENT BROUGHT PEOPLE TOGETHER IN DOWNTOWN LOS ANGELES FOR AN AUCTION AND BENEFIT DINNER AS WELL AS TWO DAYS OF CONFERENCE PROGRAMMING. WE GENERATED \$55,970 OF INCOME AT THIS EVENT AND BUILT VALUABLE RELATIONSHIPS WITH PEOPLE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 943,553. including grants of \$) (Revenue \$ 67,176.)

4e Total program service expenses **▶ 1,191,251.**

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | 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> | X | |
| b | 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> | | X |
| c | 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> | | X |
| d | 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> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f | 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a | 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 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> | | 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 |
| b | 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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 |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 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 |
| 22 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 |
| 23 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 |
| 24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. 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 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 |
| 26 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 |
| 27 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 |
| 28 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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 |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 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 |
| 33 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 |
| 34 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 |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 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 |
| 38 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| | 1a 28 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| | 1c | | |
| 2a | 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 | | |
| | 2a 16 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | X | |
| | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| | 3b | | |
| 4a | 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 |
| | 4a | | |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| | 4b | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| | 5b | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| | 5c | | |
| 6a | 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 |
| | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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 | |
| | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | X |
| | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant 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? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | 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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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. | 0. | 0. | |
| RICHARD DOBLIN SECRETARY | 5.00 | X | | X | | | 0. | 0. | 0. | |
| JOHN GILMORE DIRECTOR | | | X | | | | 0. | 0. | 0. | |
| ASHAWNA HAILEY DIRECTOR | | | X | | | | 0. | 0. | 0. | |
| ROBERT BARNHART DIRECTOR | | | X | | | | 0. | 0. | 0. | |
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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 (describe hours for related organizations in Schedule O) | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 60,000. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 60,000. | 0. | 0. | |

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 |
|---|-----|----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 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? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

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 | 155,200. |
| | | |
| | | |
| | | |
| | | |

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 (2010)

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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 | | | | | |
| | b | Membership dues | | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | | | | | |
| | e | Government grants (contributions) | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1407542. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 67,183. | | | | |
| | h | Total. Add lines 1a-1f | 1407542. | | | | |
| | Program Service Revenue | 2 a | BOOKS & TAPES SALES | | | | |
| | | Business Code | 511190 | 64,964. | 64,964. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| g | | Total. Add lines 2a-2f | 64,964. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,043. | 3,043. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross Rents | (i) Real | | | | |
| | | Less: rental expenses | (ii) Personal | | | | |
| | | c | Rental income or (loss) | | | | |
| | | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 69,266. | | | |
| | | Less: cost or other basis and sales expenses | (ii) Other | | | | |
| | | c | Gain or (loss) | 70,097. | | | |
| | | d | Net gain or (loss) | -831. | -831. | -831. | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | 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 | | | | |
| Less: direct expenses | | b | | | | | |
| c | | Net income or (loss) from gaming activities | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | Less: cost of goods sold | b | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions. | | 1474718. | 67,176. | 0. | 0. | |

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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 | 65,000. | 65,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 60,000. | 45,000. | 15,000. | |
| 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 | 200,804. | 150,603. | 50,201. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 26,916. | 20,187. | 6,729. | |
| 9 Other employee benefits | 33,635. | 25,226. | 8,409. | |
| 10 Payroll taxes | 36,088. | 27,066. | 9,022. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 1,800. | 1,350. | 450. | |
| b Legal | | | | |
| c Accounting | 6,628. | 4,971. | 1,657. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 15,063. | 11,297. | 3,766. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 40,384. | 30,288. | 10,096. | |
| 17 Travel | 4,881. | 3,661. | 1,220. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,280. | 8,460. | 2,820. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,744. | | 1,744. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a RESEARCH & EDUCATIONAL | 635,080. | 635,080. | | |
| b PRINTING & PUBLICATIONS | 94,112. | 94,112. | | |
| c FUNDRAISING | 71,231. | | | 71,231. |
| d BOOKS AND TAPES FOR ORD | 21,080. | 21,080. | | |
| e POSTAGE & SHIPPING | 18,967. | 14,225. | 4,742. | |
| f All other expenses | 39,850. | 33,645. | 6,205. | |
| 25 Total functional expenses. Add lines 1 through 24f | 1,384,543. | 1,191,251. | 122,061. | 71,231. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 (2010)

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Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | | 1 | | |
| | 2 Savings and temporary cash investments | 971,129. | 2 | 947,044. | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | | |
| | 7 Notes and loans receivable, net | 40,728. | 7 | 130,033. | |
| | 8 Inventories for sale or use | | 8 | 20,268. | |
| | 9 Prepaid expenses and deferred charges | | 9 | | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 116,275. | | | |
| | b Less: accumulated depreciation | 10b 65,476. | 52,543. | 10c 50,799. | |
| | 11 Investments - publicly traded securities | | 11 | | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 10,000. | 15 | 4,199. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,074,400. | 16 | 1,152,343. | | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | 12,922. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 1,196. | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,196. | 26 | 12,922. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | | 27 | | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | 0. | 30 | 0. | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 1,073,204. | 32 | 1,139,421. | |
| | 33 Total net assets or fund balances | 1,073,204. | 33 | 1,139,421. | |
| 34 Total liabilities and net assets/fund balances | 1,074,400. | 34 | 1,152,343. | | |

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,474,718. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,384,543. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 90,175. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,073,204. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -23,958. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,139,421. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | 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. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | X | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | 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. | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | 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 |
| 3b | 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 (2010)

DRAFT

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

2010

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 | |
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| Total | | | | | | | | | |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2010. 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 | | <input type="checkbox"/> |
| b 33 1/3% support test - 2009. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2010. 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 | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2009. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,123,783. | 1,696,706. | 1,212,669. | 1,603,704. | 1,472,506. | 7,109,368. |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 1,123,783. | 1,696,706. | 1,212,669. | 1,603,704. | 1,472,506. | 7,109,368. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 7,109,368. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 9 Amounts from line 6 | 1,123,783. | 1,696,706. | 1,212,669. | 1,603,704. | 1,472,506. | 7,109,368. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 31,328. | 35,394. | 20,521. | 13,438. | 72,309. | 172,990. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 31,328. | 35,394. | 20,521. | 13,438. | 72,309. | 172,990. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | 1,155,111. | 1,732,100. | 1,233,190. | 1,617,142. | 1,544,815. | 7,282,358. |

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

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 97.62 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 97.75 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2.38 % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 2.25 % |

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Employer identification number
59-2751953

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
59-2751953

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 7 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
59-2751953

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 13 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
59-2751953

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 19 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | [REDACTED] [REDACTED] [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
59-2751953

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 25 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | [REDACTED] | \$ [REDACTED] | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

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 |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

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

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

2010

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 the 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 | 12,032. | | | | |
| b Contributions | 360. | 15,227. | | | |
| c Net investment earnings, gains, and losses | 844. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 17. | 3,195. | | | |
| g End of year balance | 13,219. | 12,032. | | | |

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:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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 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. | | 50,000. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 66,275. | 65,476. | 799. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 50,799. |

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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (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 |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (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 |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (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 |
|--|------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | |

FIN 48 (ASC 740) 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 (ASC 740).

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,474,718. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,384,543. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 90,175. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | -23,958. |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -23,958. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 66,217. |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,474,718. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 1,474,718. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,474,718. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,384,543. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 1,384,543. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,384,543. |

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.

PART V, LINE 4: FUNDS ARE RESTRICTED FOR MAPS CANADIAN MDMA/PTSD STUDY

(MP-4) TO BE CONDUCTED IN VANCOUVER, BRITISH COLUMBIA, CANADA.

**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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region |
|---|-------------------------------------|--|---|--|--|
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | PROGRAM SERVICE | WE GAVE FUNDS TO CONDUCT TWO CLINICAL RESEARCH TRIALS IN EUROPE INCLUDING OUR SWISS | 55,000. |
| NORTH AMERICA/CANADA | 0 | 0 | PROGRAM SERVICE | WE GAVE FUNDS TO HELP TO CONDUCT AN AYAHUASCA-ADDICTION OBSERVATIONAL FOLLOWUP | 10,000. |
| | | | | | |
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| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 65,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 65,000. |

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

59-2751953

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 Part II can be duplicated 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 | 40,000. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA/CANADA | FUNDS WERE GIVEN TO COMPASSIONATE CONSULTING STRICTLY FOR USE IN COMPLETING | 10,000. | ELECTRONIC FUNDS TRANSFER | 0. | | |
| | | EUROPE | FUNDS WERE GIVEN TO THE UNIVERSITY OF ZURICH STRICTLY FOR USE IN COMPLETING THE | 5,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

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 2

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

59-2751953

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.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| THIS GRANT WAS GIVEN TO ROBIN CARHART-HARRIS STRICTLY FOR STUDY EXPENSES RELATED TO THE FMRI PROCEDURES CONDUCTED AS | EUROPE | 1 | 10,000. | WIRE TRANSFER | 0. | | |
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SEE PART V FOR COLUMN (A) DESCRIPTIONS

032073
12-20-10

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide 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 HEALTH CANADA).

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: NORTH AMERICA/CANADA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WE GAVE FUNDS TO HELP TO CONDUCT AN AYAHUASCA-ADDICTION OBSERVATIONAL FOLLOWUP STUDY IN BRITISH COLUMBIA.

PART II, COLUMN (D):

REGION: EUROPE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

(D) PURPOSE OF GRANT: FUNDS WERE GIVEN TO COMPASSIONATE CONSULTING STRICTLY FOR USE IN COMPLETING THEIR HEALTH CANADA APPROVED ADA_1 AYAHUASCA-ADDICTION OBSERVATIONAL STUDY.

REGION: EUROPE

(D) PURPOSE OF GRANT: FUNDS WERE GIVEN TO THE UNIVERSITY OF ZURICH STRICTLY FOR USE IN COMPLETING THE EEG, HEARTRATE AND STARTLE REFLEX MEASURES FOR OUR MP-2 MDMA/PTSD STUDY.

PART III, COLUMN (A):

REGION: EUROPE

(A) TYPE OF GRANT OR ASSISTANCE: THIS GRANT WAS GIVEN TO ROBIN CARHART-HARRIS STRICTLY FOR STUDY EXPENSES RELATED TO THE FMRI PROCEDURES CONDUCTED AS A PART OF THE PSILOCYBIN/BOLD-FMRI NEUROSCIENCE STUDY IN ENGLAND.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 1 | 67,183. | SALE VIA SCOTTRADE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

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 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 2011 WAS ABOUT PSYCHEDELICS, DEATH,
AND DYING. IN ORDER TO SAVE FUNDS, WE HAVE SWITCHED TO SENDING OUT ONE
THEMED ISSUE, ONE SHORTER FALL 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 \$ 35,706. 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. SINCE WE IMPLEMENTED A
NEW EMAIL SENDING PROGRAM LAST YEAR THAT HAS REDUCED THE AMOUNT OF TIME
THAT IT TAKES TO SEND THE NEWSLETTER, WE HAVE BEEN ABLE TO SEND OUT
MORE FREQUENT AND BRIEFER NEWSLETTERS IN ADDITION TO THE MONTHLY
COMPREHENSIVE UPDATE.

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

EXPENSES \$ 5,576. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

6. MAPS-PUBLISHED BOOK: MAVERICKS OF THE MIND - WE PUBLISHED THE SECOND EDITION OF DAVID JAY BROWN'S POPULAR BOOK, MAVERICKS OF THE MIND. THIS BOOK CONTAINS INTERVIEWS WITH LUMENARIES SUCH AS TERENCE MCKENNA, ALLEN GINSBERG, TIMOTHY LEARY, JOHN LILLY, CAROLYN MARY KLEEFELD, LAURA HUXLEY, AND ROBERT ANTON WILSON.

EXPENSES \$ 2,288. 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 \$ 5,026. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

8. WEBSITE CONTENT MANAGEMENT SYSTEM (CMS) UPGRADE - 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 \$ 7,290. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

9. WEB ADMINISTRATION - THIS IS THE COST FOR KEEPING OUR SERVERS RUNNING FOR OUR WEBSITE, WEBSTORE, AND EMAIL.

EXPENSES \$ 2,593. 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

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

ARE THE CHARGES FOR INTERNET IN OUR OFFICES (SANTA CRUZ HEADQUARTERS AND SEVERAL HOME OFFICES NATIONWIDE).

EXPENSES \$ 8,632. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

11. WEB CONTENT - THIS IS THE COST ASSOCIATED WITH ADDING CONTENT TO OUR WEBSITE AND UPDATING/MANAGING THE STRUCTURE.

EXPENSES \$ 9,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

12. WEB FORUM AND 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 IT IS FULLY OPERATED BY VOLUNTEER MODERATORS.

EXPENSES \$ 75. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

13. 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. THESE ARE REMAINING COSTS THAT WERE PAID OUT DURING THIS FISCAL YEAR, EVEN THOUGH THE EVENT WAS IN APRIL OF MAPS' PRIOR FISCAL YEAR. 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 \$66,665 FROM THIS EVENT.

EXPENSES \$ 28,171. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

14. CONFERENCE: AMERICAN PSYCHOLOGIST ASSOCIATION - MAPS SET UP A

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

BOOTH AT THE LAST ANNUAL AMERICAN PSYCHOLOGIST ASSOCIATION (APA) CONFERENCE AND BROUGHT LEAD RESEARCHERS MICHAEL MITHOEFER, MD AND ANN MITHOEFER, BSN TO GIVE A PRESENTATION. ALTHOUGH WE DO NOT USUALLY EXHIBIT AT THIS EVENT, WE TOOK THE OPPORTUNITY TO DO SO THIS YEAR BECAUSE RESEARCHERS FROM MAPS AND HEFTER PRESENTED RESULTS FROM SCIENTIFIC PSYCHEDELIC STUDIES. WE DID NOT EXPECT TO MAKE MONEY AT THIS EXHIBIT; IT WAS PURELY SET UP TO SUPPLEMENT THE EDUCATION OF PSYCHOLOGISTS IN ATTENDANCE AT THIS CONFERENCE. MAPS SENT LEAD CLINICAL RESEARCH ASSOCIATE BERRA YAZAR-KLOSINSKI, PH.D. AND IBOGAIN INVESTIGATOR THOMAS KINGSLEY BROWN, PH.D. TO WORK AT THE TABLE AND BUILD ALLIANCES IN THE APA COMMUNITY.

EXPENSES \$ 7,102. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

15. CONFERENCE-HORIZONS - THE ANNUAL HORIZONS CONFERENCE BRINGS INTERNATIONAL RESEARCHERS TO NEW YORK CITY. MAPS SET UP A BOOTH AT THIS EVENT AND ALSO HOSTED A FUNDRAISER IN CONJUNCTION WITH THE CONFERENCE. THROUGH THE BOOTH AND FUNDRAISER, WE GENERATED GROSS INCOME OF \$12,416 AT THIS EVENT.

EXPENSES \$ 10,832. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

16. CONFERENCE: INTERNATIONAL FEDERATION OF PSYCHOTHERAPY - 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

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

PSYCHEDELIC RESEARCHER TORSTEN PASSIE, M.D. THIS WAS THE FIRST PRESENTATION ABOUT NEW DATA FROM PSYCHEDELIC PSYCHOTHERAPY RESEARCH AT A MAINSTREAM PSYCHOTHERAPY CONFERENCE IN OVER 35 YEARS.

EXPENSES \$ 1,276. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

17. CONFERENCE: IBOGAIN (BARCELONA) - MAPS DEPUTY DIRECTOR VALERIE MOJEIKO PRESENTED AT THIS IBOGAIN CONFERENCE IN BARCELONA HOSTED BY BEN DE LOENEN. AT THIS CONFERENCE, SHE MET CLINIC PROVIDERS AND IDENTIFIED A POTENTIAL NEW SITE FOR THE MAPS-SPONSORED IBOGAIN STUDY.

EXPENSES \$ 3,176. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

18. CONFERENCE: LIGHTNING IN A BOTTLE - MAPS STAFF ATTENDED THE LIGHTNING IN A BOTTLE FESTIVAL IN CALIFORNIA TO SET UP AN EXHIBIT BOOTH. THIS BOOTH GENERATED GROSS INCOME OF \$2,670.

EXPENSES \$ 1,545. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

19. CONFERENCE: INTERNATIONAL TRANSPERSONAL ASSOCIATION (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

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RUSSIA AND ALL RESEARCH WAS FORBIDDEN. WE HAVE NOT BEEN ALLOWED TO
DISTRIBUTE OUR BOOKS IN RUSSIA DUE TO GOVERNMENT RESTRICTIONS ON
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 \$ 3,427. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

20. ONLINE VIDEO EDUCATION PROJECT - OUR ONLINE VIDEO EDUCATION
PROJECT WAS STARTED WITH VIDEOS FROM PSYCHEDELIC SCIENCE IN THE 21ST
CENTURY. ANYONE CAN LOG ONTO THE MAPS WEBSITE AND NOW WATCH THE
PRESENTATIONS FOR FREE. 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 \$ 13,723. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

21. MAPS-PUBLISHED BOOK: HONOR THY DAUGHTER - THIS NEW BOOK IS A TRUE
STORY OF A MOTHER WHO SURVIVED HER DAUGHTER'S STRUGGLE AND EVENTUAL
DEATH WITH CANCER. HER DAUGHTER USED MANY ALTERNATIVE AND COMPLIMENTARY
HEALING METHODS, INCLUDING PSYCHEDELIC THERAPY. AUTHOR MARILYN HOWELL
HAS GONE ON TO DO RADIO INTERVIEWS AND SPEAKING ENGAGEMENTS TO SPEAK
OUT FOR THE USE OF PSYCHEDELIC PSYCHOTHERAPY. THESE COSTS ARE FOR
PUBLISHING AND MARKETING THE BOOK. THE AUTHOR COVERED MOST OF THE COSTS
WITH A \$10,000 DONATION TO MAPS.

EXPENSES \$ 10,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

22. REGIONAL EVENTS: BAY AREA 25TH ANNIVERSARY - THESE ARE EARLY

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EXPENSES (MAINLY STAFF TIME) FOR THE BAY AREA 25TH ANNIVERSARY
CARTOGRAPHIE PSYCHEDELICA CONFERENCE WHICH WE ARE HOSTING IN OAKLAND IN
DECEMBER 2011.

EXPENSES \$ 4,387. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

23. BURNING MAN 2010 - MAPS HAS HAD A SMALL NUMBER OF ATTENDEES AT
BURNING MAN SINCE 2006, WHEN WE HELPED TO CREATE THE ENTHEON VILLAGE
FOR OUR 20TH ANNIVERSARY. CAMP EXPENSES AT BURNING MAN WERE COVERED BY
REGISTRATION FEES, FOR WHICH PEOPLE DID NOT RECEIVE TAX RECEIPTS SINCE
THEIR FEES WERE FOR SERVICES PROVIDED AND WERE NOT DONATIONS. THIS YEAR
MAPS ORGANIZED A LECTURE SERIES ABOUT PSYCHEDELIC RESEARCH AND CULTURE
AS PART OF OUR EVER-EXPANDING EDUCATIONAL MISSION. THE EDUCATION THAT
TAKES PLACE AT BURNING MAN AT BURNING MAN HELPS MAPS FULFILL ITS
EDUCATIONAL GOALS.

EXPENSES \$ 1,913. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

24. HARM REDUCTION - THESE EXPENSES WERE FOR MAPS DEPUTY DIRECTOR
VALERIE MOJEIKO TO GIVE A PRESENTATION ON PSYCHEDELIC EMERGENCY
SERVICES TO A GROUP OF PEOPLE IN LOS ANGELES IN DECEMBER 2011.

EXPENSES \$ 442. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

25. SOCIAL MEDIA - WE HAVE BEEN UTILIZING SOCIAL MEDIA WEBSITES IN
ORDER TO REACH OUT TO MORE PEOPLE, ESPECIALLY TO YOUNG PEOPLE, AND
EDUCATE THEM ABOUT THE MEDICAL AND THERAPEUTIC USES OF PSYCHEDELICS. WE
HAVE ALSO FOUND SOCIAL MEDIA ESPECIALLY EFFECTIVE FOR PROMOTING EVENTS.

EXPENSES \$ 991. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

26. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA (WAMM) - WAMM IS A

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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. THE EXPENSE IS HIGHER THAN THE INCOME FOR THIS ITEM BECAUSE A CHECK FOR \$2,700 ARRIVED ON MAY 14, 2010 IN THE PAST FISCAL YEAR AND WAS ALREADY IN THE PASSTHROUGH ACCOUNT AT THE START OF THIS FISCAL YEAR.

EXPENSES \$ 2,712. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

27. WAMM MOVIE - WAMMMOVIE 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 MEMBERS.

EXPENSES \$ 550. 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 \$ 5,188. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

29. ROYALTIES FOR HOFMANN'S LSD: MY PROBLEM CHILD - THESE WERE PAID OUT TO THE HOFMANN FAMILY FOR THE SALES OF THE 1ST EDITION OF LSD: MY PROBLEM CHILD THAT MAPS PUBLISHED. THE HOFMANN FAMILY DONATED BACK TO MAPS A MUCH LARGER ROYALTY PAYMENT OF \$3,800 FOR USE IN OUR SWISS LSD/END-OF-LIFE STUDY.

EXPENSES \$ 1,500. 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 \$ 21,080. INCLUDING GRANTS OF \$ 0. REVENUE \$ 64,964.

31. MDMA FOR PTSD STUDY, LONG-TERM FOLLOW-UP EXTENSION (US) - 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 15-63 MONTHS), AND THAT MOST 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 \$ 7,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

32. VOLLENWEIDER PHYSIOLOGICAL STUDY WITH MDMA/PTSD SUBJECTS AT UNIVERSITY OF ZURICH (SWITZERLAND) - MAPS DONATED \$5,000 TO FRANZ VOLLENWEIDER, M.D., UNIVERSITY OF ZURICH, FOR HIS RESEARCH WITH SUBJECTS FROM OUR SWISS MDMA/PTSD STUDY. DR. VOLLENWEIDER EVALUATED ALL 12 SUBJECTS FROM THE STUDY BEFORE AND AFTER MDMA/PTSD TREATMENT. THE EVALUATIONS CONSISTED OF EEGS, STARTLE-REFLEX TESTS AND HEART-RATE VARIABILITY, THE RESULTS OF WHICH ARE RELATED TO THE SEVERITY OF PTSD. THE ANALYSIS IS ALMOST COMPLETE AND A PAPER IS BEING WRITTEN FOR PUBLICATION. THE PHYSIOLOGICAL STUDY COST MORE THAN \$5,000; DR. VOLLENWEIDER RAISED THE REST OF THE FUNDS ELSEWHERE.

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EXPENSES \$ 5,040. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

33. MDMA FOR PTSD STUDY (SWITZERLAND) - OUR SWISS MDMA/PTSD PILOT STUDY IN 12 SUBJECTS COMPLETED THE LAST SUBJECT'S FINAL FOLLOW-UP EVALUATION IN JANUARY 2011. THESE COSTS ARE FOR THE DATA COLLECTION AND VERIFICATION PROCESS, FOR WORK ON A SCIENTIFIC PAPER TO BE SUBMITTED FOR PUBLICATION TO A PEER-REVIEWED JOURNAL AND FOR A FINAL REPORT FOR SWISS MEDIC AND THE US FDA. PRELIMINARY RESULTS SHOW A CLINICALLY-RELEVANT TREATMENT EFFECT AND PROVIDE FURTHER JUSTIFICATION FOR EXPANSION OF OUR INTERNATIONAL SERIES OF MDMA/PTSD PILOT STUDIES. EXPENSES \$ 30,666. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

34. MDMA FOR PTSD STUDY (ISRAEL) - THESE EXPENSES WERE FOR CLOSING OUT OUR INITIAL ISRAELI MDMA STUDY AND STARTING OUR NEW ISRAELI MDMA STUDY AT THE SAME SITE. IN JANUARY 2011, WE TRAINED THERAPISTS FOR THE NEW STUDY AND COMPLETED A CLOSEOUT VISIT FOR THE PRIOR STUDY. MAPS' EXECUTIVE DIRECTOR, RICK DOBLIN, PHD, LEAD CLINICAL RESEARCH ASSOCIATE BERRA YAZAR-KLOSINSKI, PHD, AND MEDICAL MONITOR MICHAEL MITHOEFER, MD WENT TO TEL AVIV AND BEER YAAKOV FOR SITE VISITS AND FOR THE TRAINING PROGRAM.

EXPENSES \$ 33,293. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

35. MDMA FOR PTSD STUDY (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

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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 \$ 8,615. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

36. MDMA FOR PTSD STUDY (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 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, 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

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MDMA, MAY STILL BE USED AT AN ALTERNATE SITE AT SOME POINT IN THE
FUTURE.

EXPENSES \$ 2,132. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

37. MDMA FOR PTSD STUDY (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 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. HOWEVER, THE JFDA DECIDED NOT
TO APPROVE THE STUDY AT THIS TIME, FOR REASONS THAT HAVE YET TO BE
EXPLAINED. WE'RE HOPEFUL WE WILL EVENTUALLY BE PERMITTED TO CONDUCT
THIS STUDY. MAPS HAS CREATED 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 \$ 21,846. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

38. NIMH GRANT FOR MDMA TREATMENT MANUAL - MAPS RESEARCH AND
INFORMATION SPECIALIST ILSA JEROME, PHD COMMUNICATED WITH NIH STAFF AND
DEVELOPED A CONCEPT PAPER FOR A POTENTIAL GRANT RELATING TO THE
REFINEMENT OF A TREATMENT MANUAL FOR MDMA-ASSISTED PSYCHOTHERAPY FOR
PEOPLE WITH PTSD.

EXPENSES \$ 425. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

39. MITHOEFER SUPERVISORY AND PUBLIC RELATIONS TIME - MICHAEL AND
ANNIE MITHOEFER ARE KEY REPRESENTATIVES ON BEHALF OF MAPS' MDMA/PTSD

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RESEARCH. THESE EXPENSES INCLUDE WRITING UP THEIR RESULTS FOR PUBLICATION, DEVELOPING OUR TREATMENT MANUAL, CONSULTING WITH OUR OTHER RESEARCH TEAMS IN SWITZERLAND AND ISRAEL, SPEAKING TO THE PRESS AND PRESENTING THEIR WORK AT ACADEMIC CONFERENCES. THEY ALSO TRAINED A GROUP OF THERAPISTS IN ISRAEL IN JANUARY 2011 FOR OUR ISRAELI AND AUSTRALIAN STUDIES, AND THEN WENT TO JORDAN FOR ADDITIONAL TRAINING OF OUR JORDANIAN TEAM. THE MITHOEFERS ARE ALSO TRAINING TEAMS OF PEOPLE TO WATCH VIDEOTAPES OF OUR TREATMENT SESSIONS AND USE OUR ADHERENCE CRITERIA TO MEASURE THERAPIST ADHERENCE TO OUR TREATMENT MANUAL. EXPENSES \$ 34,333. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

40. MDMA FOR PTSD STUDY (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 SO THAT FUTURE AUDITS ARE LESS TIME-CONSUMING. THE PROMISING RESULTS OF THIS STUDY, PUBLISHED JULY 19, 2010 IN THE JOURNAL OF PSYCHOPHARMACOLOGY, HAVE BEEN WIDELY REPORTED AROUND THE WORLD.

EXPENSES \$ 19,236. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

41. MDMA TREATMENT MANUAL - THE TREATMENT MANUAL IS A WORKING DOCUMENT THAT WE ARE REVISING AS NEW INFORMATION BECOMES AVAILABLE AND WE LEARN FROM OUR SUCCESSES AND MISTAKES. REFINING AND DEFINING OUR TREATMENT

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METHOD WILL BE KEY TO OUR SUCCESS IN STARTING PHASE 3 MULTI-SITE STUDIES.

EXPENSES \$ 4,769. 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 10-11. 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 3500 PAPERS INDEXED IN MEDLINE, IS THE PRIMARY REASON THAT MAPS CAN DEVELOP MDMA INTO A PRESCRIPTION MEDICINE FOR AROUND \$10 MILLION.

EXPENSES \$ 6,063. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

43. MDMA FOR PTSD STUDY, PTSD RELAPSE EXTENSION (US) - WE CREATED A NEW EXTENSION STUDY FOR SEVERAL OF OUR US MDMA/PTSD SUBJECTS WHOSE PTSD SYMPTOMS HAD RETURNED AT THE TIME OF THE LONG-TERM FOLLOW-UP, AND WHO BELIEVED THEY WOULD BENEFIT FROM ANOTHER TREATMENT. WE ARE EXPECTING TO ENROLL ONE OR TWO PEOPLE IN THIS STUDY. THESE EXPENSES WERE FOR PROTOCOL DESIGN AND APPROVAL.

EXPENSES \$ 5,845. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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44. 2011 STAFF RETREAT - EACH YEAR, MAPS STAFF MEMBERS LEAVE THE OFFICE FOR A RETREAT TO PLAN OUR OBJECTIVES FOR THE NEXT YEAR AND REVIEW OUR ACCOMPLISHMENTS FROM THE PAST YEAR. THIS YEAR, A GENEROUS MAPS MEMBER DONATED USE OF HIS HOME NEAR LAKE TAHOE IN THE SIERRA NEVADA MOUNTAINS FOR MAPS STAFF TO GATHER. THESE COSTS WERE MOSTLY FOR THE STAFF TIME SPENT AT THIS EVENT, BUT ALSO FOR TRAVEL AND FOOD. EXPENSES \$ 7,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

45. MDMA FOR PTSD STUDY: WELLCOME TRUST GRANT PROPOSAL (UK) - MAPS CLINICAL RESEARCH STAFF WORKED ON A PRELIMINARY OUTLINE OF A PROTOCOL THAT WAS SUBMITTED TO THE WELLCOME TRUST IN ENGLAND AS PART OF OUR DISCUSSIONS ON WHETHER WE WOULD BE INVITED TO SUBMIT A FULL GRANT PROPOSAL. THAT DISCUSSION IS STILL ONGOING. EXPENSES \$ 1,347. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

46. MDMA FOR PTSD STUDY, SITE-BY-SITE CAPS DIFFERENCES (INTERNATIONAL) - THESE EXPENSES WERE FOR COMPARING CAPS SCORES BETWEEN OUR CHARLESTON AND SWITZERLAND MDMA/PTSD SITES. THIS REPORT PROMPTED US TO DO MORE FORMAL COMPARISONS IN THE FUTURE BETWEEN SITES BY CONDUCTING AN INTER-RATER RELIABILITY STUDY BETWEEN INDEPENDENT RATERS AS WELL AS BY CONDUCTING ADHERENCE CRITERIA RATINGS USING VIDEOS FROM PSYCHOTHERAPY SESSIONS. EXPENSES \$ 388. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

47. OBSERVATIONAL STUDY OF AYAHUASCA AND ADDICTION (CANADA) - MAPS CANADA IS FUNDING AN OUTCOME STUDY OF AYAHUASCA IN THE TREATMENT OF ADDICTION. THIS STUDY IS TAKING PLACE IN BRITISH COLUMBIA, CANADA, AND

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IS BEING LED BY MAPS CANADA BOARD MEMBER PHILIPPE LUCAS, M.A.. THE STUDY WILL SURVEY PEOPLE WHO RECEIVED TREATMENT FACILITATED BY PERUVIAN SHAMAN DR. GABOR MATE.

EXPENSES \$ 10,040. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

48. OBSERVATIONAL IBOGAININE STUDY IOA3 (MEXICO) - THESE EXPENSES WERE FOR AN OBSERVATIONAL STUDY OF PATIENTS TREATED AT ONE OF TWO IBOGAININE CLINICS IN NORTHWESTERN MEXICO. THE STUDY ADDED A NEW SITE DURING THIS FISCAL YEAR AND A NEW INVESTIGATOR CAME ON BOARD--THOMAS KINGSLEY BROWN, PH.D. FROM THE UNIVERSITY OF SAN DIEGO. THIS STUDY ENROLLED ITS 22ND SUBJECT IN THIS FISCAL YEAR AND ALSO ADDED A NEW CLINIC FOR SUBJECT RECRUITMENT.

EXPENSES \$ 15,057. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

49. LSD AND END OF LIFE STUDY (SWITZERLAND) - MAPS CONTINUED SPONSORSHIP RESPONSIBILITIES, INCLUDING MONITORING, DATA COLLECTION, AND ONGOING REGULATORY COMMUNICATIONS FOR OUR SWISS STUDY OF PATIENTS WHO ARE 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 FINAL SUBJECT IN THIS FISCAL YEAR. THIS IS THE FIRST STUDY OF THE THERAPEUTIC USE OF LSD IN OVER 35 YEARS.

EXPENSES \$ 27,898. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

50. BECKLEY PSILOCYBIN BRAIN IMAGING STUDY (UK) - WE AWARDED A GRANT TO FUND A BRITISH STUDY THAT AIMS TO DISCOVER HOW PSILOCYBIN WORKS IN THE BRAIN. THE STUDY INVESTIGATORS, ROBIN CARHART-HARRIS, PH.D., RICHARD WISE, AMANDA FEILDING AND DAVID NUTT, PH.D., WILL USE BRAIN

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IMAGING TO MEASURE THE EFFECTS OF PSILOCYBIN ON BRAIN ACTIVITY AND
CONNECTIVITY AT REST, DURING ATTENTIONAL PROCESSING AND DURING
AUTOBIOGRAPHICAL RECOLLECTION.

EXPENSES \$ 10,040. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

51. MARIJUANA PRODUCTION FACILITY/UMASS AMHERST - THESE EXPENSES WERE
FOR OUR UNSUCCESSFUL ATTEMPT TO PERSUADE THE OBAMA ADMINISTRATION TO
ORDER THE DEA TO ACCEPT THE RECOMMENDATION OF DEA ADMINISTRATIVE LAW
JUDGE BITTNER THAT IT WOULD BE IN THE PUBLIC INTEREST FOR DEA TO GRANT
A MARIJUANA PRODUCTION LICENSE TO PROF. LYLE CRAKER, UMMASS AMHERST.
PROF. CRAKER IS SEEKING TO GROW MARIJUANA UNDER CONTRACT TO MAPS FOR
USE IN FEDERALLY-REGULATED RESEARCH, TO END THE NIDA MONOPOLY ON THE
SUPPLY OF MARIJUANA THAT CAN BE USED IN FDA-REGULATED RESEARCH. WE'RE
CURRENTLY CONTINUING OUR LAWSUIT AGAINST THE DEA IN THE 1ST CIRCUIT
COURT OF APPEALS.

EXPENSES \$ 16,029. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

52. CANNABIS FOR PTSD STUDY (US) - ON NOVEMBER 11, 2010, MAPS
SUBMITTED TO THE FDA A PROTOCOL TO STUDY THE USE OF MARIJUANA IN
TREATING SYMPTOMS OF PTSD, WITH DR. SUE SISLEY AS THE CLINICAL
INVESTIGATOR. THESE EXPENSES ARE FOR THE PROTOCOL DESIGN AND APPROVAL
PROCESS FOR 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. NUMEROUS ANECDOTAL REPORTS OF PTSD PATIENTS SELF- MEDICATING

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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. ON APRIL 28, 2011, FDA APPROVED MAPS' MARIJUANA/PTSD PROTOCOL. LATER THAT AFTERNOON, WE SUBMITTED IT FOR REVIEW BY THE PUBLIC HEALTH SERVICE/NATIONAL INSTITUTE ON DRUG ABUSE REVIEWERS, WHO WAITED ABOUT FOUR AND A HALF MONTHS AND THEN THOROUGHLY REJECTED THE STUDY. WE'RE CURRENTLY PREPARING A RESPONSE AND REVISED PROTOCOL, THOUGH WE DON'T HAVE MUCH HOPE THESE REVIEWERS WILL EVER REACH A UNANIMOUS DECISION TO LET US PROCEED. THIS OUTRAGEOUS STANDARD OF APPROVAL WAS IMPOSED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES.

EXPENSES \$ 9,418. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

53. EDUCATION PROJECTS GENERAL - THESE ARE EXPENSES FOR OUR EDUCATION PROJECTS THAT ARE FOR ALL PROJECTS, SUCH AS INFRASTRUCTURE AND PROCEDURES. WE'VE CHOSEN NOT TO ALLOCATE A SHARE OF THESE EXPENSES ACROSS ALL OF OUR EDUCATION PROJECTS, BUT INSTEAD TO CREATE THIS SPECIAL CATEGORY.

EXPENSES \$ 5,025. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

54. REGIONAL EVENTS: TEXAS - MAPS HOSTED A SERIES OF EVENTS FOR OUR 25TH ANNIVERSARY YEAR, STARTING WITH A SERIES OF BENEFIT DINNERS IN TEXAS. TEXAS HAS SPECIAL SIGNIFICANCE TO MAPS, BECAUSE THIS IS WHERE MANY PEOPLE WERE FIRST INTRODUCED TO MDMA IN THE 1980'S. WE GENERATED GROSS INCOME OF \$10,388 AT THESE EVENTS AND BUILT VALUABLE RELATIONSHIPS WITH POTENTIAL DONORS AND RESEARCHERS.

EXPENSES \$ 6,604. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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| Name of the organization | MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | Employer identification number | 59-2751953 |
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55. REGIONAL EVENTS: BOULDER - MAPS HAS BEEN BUILDING UP MEMBERSHIP IN THE COLORADO AREA IN THIS PAST FISCAL YEAR. WE HOSTED A FUNDRAISER IN BOULDER IN CONJUNCTION WITH A REGIONAL SSDP CONFERENCE. WE GENERATED GROSS INCOME OF \$13,040 OF INCOME FROM THE BOULDER EVENT AND BUILT VALUABLE RELATIONSHIPS WITH PEOPLE.

EXPENSES \$ 10,533. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

56. REGIONAL EVENTS: DENVER - IN LATE 2010, WE HOSTED A MEDICAL MARIJUANA SUMMIT IN DENVER AROUND ELECTION TIME TO DISCUSS THE IMPLICATIONS OF MEDICAL MARIJUANA INITIATIVES IN THE STATE OF COLORADO. WE BROUGHT IN EXPERTS FROM CALIFORNIA TO DISCUSS THESE ISSUES. THE DENVER EVENT WAS NOT INTENDED TO RAISE MONEY AND WAS FREE TO THE

PUBLIC; IT COST US ABOUT \$2,500 OUT OF THE \$13,048 FOR BOTH EVENTS.

EXPENSES \$ 2,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

57. CONFERENCE: NORML 40TH ANNIVERSARY - MAPS STAFF ATTENDED THE NORML 40TH ANNIVERSARY CONFERENCE IN COLORADO AND SET UP AN EXHIBIT BOOTH. THIS BOOTH GENERATED GROSS INCOME OF \$1,871.

EXPENSES \$ 2,439. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

58. CONFERENCE: TELLURIDE MUSHROOM FESTIVAL - MAPS DEPUTY DIRECTOR VALERIE MOJEIKO AND MAPS DIRECTOR OF FINANCE AND IT JOSHUA MOJEIKO ATTENDED THE TELLURIDE MUSHROOM FESTIVAL WHERE VALERIE PRESENTED ON PSILOCYBIN RESEARCH. THE MUSHROOM FESTIVAL PAID VALERIE'S HOTEL AND LODGING AND GAVE MAPS A \$1,000 STIPEND FOR THEIR ATTENDANCE. THESE COSTS WERE MOSTLY FOR THE STAFF TIME, SINCE JOSHUA PERSONALLY PAID FOR HIS OWN TRAVEL EXPENSES.

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| Name of the organization | MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | Employer identification number | 59-2751953 |
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EXPENSES \$ 2,983. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

59. CONFERENCE: BREAKING CONVENTION - MAPS EXECUTIVE DIRECTOR RICK DOBLIN, PHD, DR. PETER OEHEN AND MAPS STAFFER LINNAE PONTE ATTENDED THE BREAKING CONVENTION CONFERENCE IN ENGLAND WHERE RICK DELIVERED THE KEYNOTE SPEECH. WE ARE EXPLORING STARTING A NEW MDMA STUDY IN ENGLAND, SO A PRESTUDY VISIT WAS ALSO CONDUCTED DURING THIS TRIP. RICK DOBLIN AND PETER OEHEN ALSO MET WITH PROGRAM STAFF AT THE WELLCOME TRUST TO DISCUSS POSSIBLE SUPPORT FOR AN MDMA/PTSD STUDY IN ENGLAND.

EXPENSES \$ 3,261. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

60. CONFERENCE: ENTHEOGENESIS (AUSTRALIA) - MAPS EXECUTIVE DIRECTOR RICK DOBLIN, PHD ATTENDED THE ENTHEOGENESIS CONFERENCE IN AUSTRALIA WHERE HE DELIVERED A KEYNOTE SPEECH. DURING THIS SPEECH, RICK ANNOUNCED THAT WE WOULD FUND \$25,000 TOWARDS AN MDMA/PTSD STUDY IN AUSTRALIA IF A FUNDER CAME FORWARD TO MATCH IT WITH AN ADDITIONAL \$50,000. THIS PROMPTED A GROUP OF FUNDERS AND RESEARCHERS TO COME FORWARD AND PROMISE \$75,000, FOR A TOTAL OF \$100,000 PLEDGED SO FAR. MAPS OFFERED ANOTHER PLEDGE OF \$25,000 FOR ANOTHER \$75,000 RAISED.

EXPENSES \$ 1,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

61. PHASE 1 PSYCHOLOGICAL EFFECTS STUDY, THERAPIST TRAINING (US/INTERNATIONAL) - THIS 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. THESE

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| Name of the organization | MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | Employer identification number | 59-2751953 |
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EXPENSES ARE FOR THE PROTOCOL DESIGN AND APPROVAL PROCESS AND FOR THE FIRST SUBJECT. ADDITIONAL SUBJECTS ARE SCHEDULED FOR THE END OF 2011 AND THE BEGINNING OF 2012.

EXPENSES \$ 17,647. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

62. CLINICAL RESEARCH RANDOMIZATION SOFTWARE - THIS EXPENSE IS FOR THE DESIGN OF A SOFTWARE THAT ALLOWS US TO RANDOMIZE STUDY SUBJECTS. PRIOR TO CREATING THIS SOFTWARE, WE RANDOMIZED SUBJECTS BY DRAWING CARDS OUT OF A HAT, BUT THAT DID NOT ALLOW US TO DOCUMENT AND VERIFY THE ACTIONS AND WHEN THEY WERE COMPLETED. THE LACK OF A PRE-EXISTING OPEN SOURCE SOLUTION FOR THIS PROBLEM ENCOURAGED US TO BUILD IT, SAVING US POTENTIALLY TENS OF THOUSANDS OF DOLLARS IN YEARLY LICENSE FEES. THE PROGRAM THAT WE DEVELOPED HAS ATTRACTED INTEREST BY INTERNATIONAL CLINICAL RESEARCH ORGANIZATIONS, AND WE MAY MAKE IT AVAILABLE TO OTHER PHARMACEUTICAL COMPANIES TO USE.

EXPENSES \$ 2,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

63. MAPS RESEARCHERS' RETREAT 2010 - THESE EXPENSES ARE FOR REMAINING EXPENSES FROM MAPS' PSYCHEDELIC SCIENCE RESEARCHERS' SEMINAR THAT 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

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

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 \$ 2,092. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

64. COMPENSATION OF OFFICERS, DIRECTORS, ETC AND OTHER SALARIES AND WAGES - THE GROSS SALARY FOR MAPS EXECUTIVE DIRECTOR RICK DOBLIN, PH.D. WAS \$60,000 WHICH IS DIVIDED BETWEEN RESEARCH (\$30,000) AND EDUCATION (\$30,000). ASIDE FROM RICK, MAPS EMPLOYED SEVENTEEN EMPLOYEES (FIVE OF THESE WERE PART TIME) THIS FISCAL YEAR. MAPS STRIVES TO ATTRACT AND RETAIN HIGH-PERFORMING STAFF. THE GROSS SALARY FOR THESE SEVENTEEN POSITIONS WAS \$346,084. THE TOTAL FOR ALL STAFF AND RICK WAS \$406,084. THESE NUMBERS DIFFER FROM WHAT IS SEEN IN CHART 5, BECAUSE STAFF SALARIES ARE ALLOCATED ACROSS VARIOUS PROJECTS. WHAT YOU SEE HERE IS ONLY THE OPERATIONAL COMPONENT. IN ADDITION TO THESE SALARIES, MAPS' PAID OUT \$36,088 IN COMPANY PAYROLL TAXES AND \$33,635 IN EMPLOYEE BENEFITS (INCLUDING HEALTHCARE AND EDUCATION) AND \$26,915 IN RETIREMENT FUNDS.

EXPENSES \$ 268,082. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

65. OCCUPANCY - THIS IS OUR PRIMARY OFFICE RENT IN SANTA CRUZ. THIS COST INCREASED FROM LAST YEAR BECAUSE WE RENTED OUT A SECOND FLOOR OF OUR BUILDING DUE TO INCREASED NEED FOR SPACE WITH OUR GROWING STAFF OF VOLUNTEERS, EMPLOYEES AND CONTRACTORS.

EXPENSES \$ 30,288. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

66. ACCOUNTING FEES - THIS IS THE PREPARATION COST FOR THE CERTIFIED PUBLIC ACCOUNTANT FOR MAPS 990 TAX RETURN FOR FY 2010-11.

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| Name of the organization | MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | Employer identification number | 59-2751953 |
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EXPENSES \$ 4,971. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

67. MANAGEMENT FEES - THESE ARE FEES PAID TO OUR MANAGEMENT
CONSULTANTS.

EXPENSES \$ 1,350. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

68. TELEPHONE - THIS IS THE COST OF MAPS CONFERENCE, CELL PHONES, AND
OFFICE PHONES IN BOSTON AND SANTA CRUZ.

EXPENSES \$ 14,034. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

69. POSTAGE AND SHIPPING - THIS IS THE TOTAL AMOUNT SPENT ON SHIPPING
FOR ALL PRODUCTS, ART, AND INFORMATION.

EXPENSES \$ 14,225. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

70. TRAVEL & OTHER CONFERENCES AND EVENTS - STAFF TRAVEL, TICKETS AND
VENDING COSTS TO ATTEND EVENTS THAT ARE NOT ALLOCATED TO A SPECIFIC
CATEGORY.

EXPENSES \$ 12,120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

71. GENERAL OPERATING AND OFFICE SUPPLIES AND EXPENSES - ALL OTHER
COSTS LESS ADJUSTMENTS FOR ALLOWED CREDITS.

EXPENSES \$ 9,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

72. CLINICAL RESEARCH GENERAL - THESE ARE EXPENSES FOR OUR CLINICAL
RESEARCH THAT ARE FOR ALL STUDIES. WE'VE CHOSEN NOT TO ALLOCATE A SHARE
OF THESE EXPENSES ACROSS ALL OF OUR RESEARCH PROJECTS, BUT INSTEAD TO
CREATE THIS SPECIAL CATEGORY. HALF OF THE EXECUTIVE DIRECTOR'S SALARY
(\$30,000) IS INCLUDED IN THIS CATEGORY.

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| Name of the organization | MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | Employer identification number | 59-2751953 |
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EXPENSES \$ 39,079. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

73. BLUELIGHT FORUM - THE BLUELIGHT FORUM IS AN ONLINE COMMUNITY WHERE PARTICIPANTS CAN DISCUSS NEWS AND INFORMATION RELATED TO DRUGS. THE FORUM ALSO HOSTS AN ONLINE COMMUNITY OF MAPS MEMBERS. THE DIFFERENCE IN INCOME AND EXPENSE IS FROM WIRE FEES.

EXPENSES \$ 6,930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

74. CONCEPTAFILM - MAPS ACTED AS FISCAL SPONSOR FOR CONNIE LITTLEFIELD FOR A FILM THAT SHE IS CREATING ABOUT PSYCHEDELIC CHEMIST NICK SAND. THESE FUNDS WERE RAISED ON THE KICKSTARTER WEBSITE. THE DIFFERENCE IN INCOME AND EXPENSE IS FROM WIRE FEES.

EXPENSES \$ 13,782. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

75. NET INVESTMENT INCOME - FROM SAVINGS AND OTHER INVESTMENTS

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,212.

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 15: 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 GUIDESTAR

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

WEBSITE AND BY PHONE, FAX OR EMAIL UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS: -23,958.

THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR, DEPUTY DIRECTOR AND
 DIRECTOR OF FINANCE REVIEW AND CHOOSE THE AUDITOR AT ONE OF THE BOARD
 MEETINGS HELD AT THE END OF THE CURRENT FISCAL YEAR.

DRAFT

2010 DEPRECIATION AND AMORTIZATION REPORT

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|----------------------------------|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | | | |
| 1 | OFFICE EQUIPMENT | 123196 | 200DB | 5.00 | 17 | 615. | | | 615. | 615. | | 0. |
| 2 | COMPUTER EQUIPMENT | 123196 | 200DB | 5.00 | 17 | 6,109. | | | 6,109. | 6,109. | | 0. |
| 3 | OFFICE EQUIPMENT | 111597 | 200DB | 5.00 | 17 | 1,161. | | | 1,161. | 1,161. | | 0. |
| 4 | COMPUTER EQUIPMENT | 111597 | 200DB | 5.00 | 17 | 3,927. | | | 3,927. | 3,927. | | 0. |
| 5 | OFFICE EQUIPMENT | 120198 | 200DB | 5.00 | 17 | 685. | | | 685. | 685. | | 0. |
| 6 | COMPUTER EQUIPMENT | 120198 | 200DB | 5.00 | 17 | 75. | | | 75. | 75. | | 0. |
| 7 | CAR | 120198 | 200DB | 5.00 | 17 | 3,924. | | | 3,924. | 3,924. | | 0. |
| 8 | OFFICE EQUIPMENT | 053000 | 200DB | 5.00 | 17 | 2,817. | | | 2,817. | 2,817. | | 0. |
| 9 | COMPUTER EQUIPMENT | 053000 | 200DB | 5.00 | 17 | 3,948. | | | 3,948. | 3,948. | | 0. |
| 10 | OFFICE EQUIPMENT | 053101 | 200DB | 5.00 | 17 | 7,784. | | | 7,784. | 7,784. | | 0. |
| 11 | OFFICE EQUIPMENT | 053102 | 200DB | 5.00 | 17 | 3,039. | | 912. | 2,127. | 2,127. | | 0. |
| 12 | COMPUTER EQUIPMENT | 053102 | 200DB | 5.00 | 17 | 1,200. | | 360. | 840. | 840. | | 0. |
| 13 | COMPUTER EQUIPMENT | 053103 | 200DB | 5.00 | 17 | 11,138. | | | 11,138. | 11,138. | | 0. |
| 14 | OFFICE EQUIPMENT | 060104 | 200DB | 5.00 | 17 | 6,379. | | 3,190. | 3,189. | 3,190. | | 0. |
| 15 | COMPUTER EQUIPMENT | 060104 | 200DB | 5.00 | 17 | 1,818. | | 909. | 909. | 909. | | 0. |
| 16 | OFFICE EQUIPMENT | 053106 | 200DB | 5.00 | 17 | 4,668. | | | 4,668. | 4,221. | | 447. |
| 17 | COMPUTER EQUIPMENT | 053106 | 200DB | 5.00 | 17 | 4,017. | | | 4,017. | 3,632. | | 385. |

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 18 | OFFICE EQUIPMENT | 053107 | 200DB | 5.00 | 17 | 4,980. | | | 4,980. | 3,958. | | 545. |
| 19 | OFFICE EQUIPMENT | 053107 | 200DB | 5.00 | 17 | 3,360. | | | 3,360. | 2,671. | | 368. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPM | | | | | 71,644. | | 5,371. | 66,273. | 63,731. | 0. | 1,745. |
| | OTHER | | | | | | | | | | | |
| 20 | LAND | VARIABLE | SL | | | 50,000. | | | 50,000. | | | 0. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 50,000. | | 0. | 50,000. | 0. | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 121,644. | | 5,371. | 116,273. | 63,731. | 0. | 1,745. |

• 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).

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

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 | 01 | 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.

RICHARD DOBLIN

• 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, 2012**.

5 For calendar year _____, or other tax year beginning **JUN 1, 2010**, and ending **MAY 31, 2011**.

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 SUMMARIZE BOOKS AND RECORDS FROM OUTSIDE SOURCES

| | | | |
|--|-----------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

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

TAXABLE YEAR
2010

California Exempt Organization Annual Information Return

028941 12-16-10
FORM
199

Calendar Year 2010 or fiscal year beginning month **JUNE** day **1** year **2010**, and ending month **MAY** day **31** year **2011**.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 **d** (insert letter)
IRC Section 4947(a)(1) trust CORP # **3007610**

Corporation/Organization Name **MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.** FEIN **59-2751953**

Address **P.O. BOX 3319**

City **SARASOTA** State **FL** ZIP Code **34230**

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number
(f) Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date
F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | |
|------------------------------|---|-----------|---------------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 72,309.00 |
| | 2 Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 1,407,542.00 |
| | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B | 4 | 1,479,851.00 |
| | 5 Cost of goods sold | 5 | 00 |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | 70,097.00 |
| | 7 Total costs. Add line 5 and line 6 | 7 | 70,097.00 |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 1,409,754.00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 1,384,544.00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 25,210.00 |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F | 11 | N/A 00 |
| | 12 Total payments | 12 | 00 |
| | 13 Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 Use tax. See General Instruction K | 14 | 00 |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 00 |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **PRESIDENT/SECR** Title **PRESIDENT/SECR** Date **04/17/12** Telephone **617-484-9509**

Preparer's signature **P00171694** Date **04/17/12** Check if self-employed Preparer's PTIN/SSN **P00171694**

Firm's name (or yours, if self-employed) and address **PROFESSIONAL NON-PROFIT CONSULTANTS** Telephone **65-0067303**
P.O. BOX 3319
SARASOTA, FL 34230 Telephone **941-957-0777**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

028951 12-16-10

| | | | | | | |
|-----------------------------|----|--|-----------------|----|------------|--------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 00 | |
| | 2 | Interest | • | 2 | 894.00 | |
| | 3 | Dividends | • | 3 | 2,149.00 | |
| | 4 | Gross rents | • | 4 | 00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | STATEMENT 2 | • | 6 | 69,266.00 |
| | 7 | Other income | • | 7 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | | 8 | 72,309.00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid | STATEMENT 3 | • | 9 | 65,000.00 |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees | SEE STATEMENT 4 | • | 11 | 60,000.00 |
| | 12 | Other salaries and wages | • | 12 | 200,804.00 | |
| | 13 | Interest | • | 13 | 00 | |
| | 14 | Taxes | • | 14 | 36,088.00 | |
| | 15 | Rents | • | 15 | 40,384.00 | |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 1,745.00 | |
| | 17 | Other | SEE STATEMENT 5 | • | 17 | 980,523.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | | 18 | 1,384,544.00 |

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

| Assets | (a) | (b) | (c) | (d) |
|--|-------------|------------|-------------|--------------|
| 1 Cash | | 971,129. | | • 947,044. |
| 2 Net accounts receivable | | | | • |
| 3 Net notes receivable STMT 6 | | 40,728. | | • 130,033. |
| 4 Inventories | | | | • 20,268. |
| 5 Federal and state government obligations | | | | • |
| 6 Investments in other bonds | | | | • |
| 7 Investments in stock | | | | • |
| 8 Mortgage loans (number of loans _____) | | | | • |
| 9 Other investments | | | | • |
| 10 a Depreciable assets | 71,645. | | 66,275. | |
| b Less accumulated depreciation | (69,102.) | 2,543. | (65,476.) | 799. |
| 11 Land | | 50,000. | | • 50,000. |
| 12 Other assets STMT 7 | | 10,000. | | • 4,199. |
| 13 Total assets | | 1,074,400. | | 1,152,343. |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | | • 12,922. |
| 15 Contributions, gifts, or grants payable | | | | • |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities STMT 8 | | 1,196. | | |
| 19 Capital stock or principle fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 1,073,204. | | • 1,139,421. |
| 22 Total liabilities and net worth | | 1,074,400. | | 1,152,343. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

| | | | |
|--|-----------|---|---------|
| 1 Net income per books | • 25,210. | 7 Income recorded on books this year not included in this return | • |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year | • |
| 3 Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | |
| 4 Income not recorded on books this year | • | 10 Net income per return. | |
| 5 Expenses recorded on books this year not deducted in this return | • | Subtract line 9 from line 6 | 25,210. |
| 6 Total. | | | |
| Add line 1 through line 5 | 25,210. | | |

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--------------------------|---|--------------|----------|
| ASHAWNA HAILEY | 1781 SANTA LUCIA DRIVE SAN JOSE, CA, 95125 | | 200,000. |
| CAROLYN KLEEFELD | PO BOX 370 BIG SUR, CA, 93920 | | 5,000. |
| ERIC & CINDY ARBANOVELLA | PO BOX 38 BOONVILLE, CA, 65415 | | 5,000. |
| JEFF CRAWFORD | 2269 OKOA ST HONOLULU, HI, 96821 | | 6,000. |
| JOBY PRITZKER | 635 BUENA VISTA AVE WEST SAN FRANCISCO, CA, 94117 | | 100,000. |
| JOHN GILMORE | PO BOX 170608-MAPS2010 SAN FRANCISCO, CA, 94117 | | 20,000. |
| KEVIN HERBERT | 236 WEST PORTAL AVE, # 369 SAN FRANCISCO, CA, 94127 | | 6,600. |
| MARK TALAN | 2127 WESTWOOD BLVD, #200 LOS ANGELES, CA, 90025 | | 5,000. |
| PETER LEWIS | 32854 SORRENTO LANE AVON LAKE, OH, 44012 | | 175,000. |
| RENE RUIZ | 115 DUNSTER RD JAMAICA PLAIN, MA, 02130 | | 10,000. |
| ROBERT BARNHART | 1413 ETHERIDGE AVE AUSTON, TX, 78703 | | 70,787. |
| ULRICH BUDDEMEIR | 664 FLOWER AVE VENICE, CA, 90291 | | 6,000. |
| MATT BOWDEN | PO BOX 300840 NORTH SHORE CITY, 0752 | | 25,000. |
| IAN BROWN | 3544 SE WASHINGTON ST, APT 5 PORTLAND, OR, 97214 | | 20,000. |
| MARILYN HOWELL | 39 LINDEN PLACE BROOKLINE, MA, 02568 | | 13,000. |
| ANJA SAUNDERS | 14 NEAL'S YARD LONDON, WC2-H-9DP | | 7,705. |

| | | |
|--------------------------------|--|-------------------|
| KARL RICHARD | HALLS HOLE RD TUNBRIDGE, TN2-4RE | 6,700. |
| MICHELLE MILLER | 9740 DAYTON AVE NO SEATTLE, WA, 98103 | 5,000. |
| ADAM WIGGINS | 767 BRYANT ST, APT 407 SAN FRANCISCO, CA, 94107 | 5,000. |
| RICHARD ROCKEFELLER | 71 FORESIDE RD FALMOUTH, ME, 04105 | 5,000. |
| ANONYMOUS BEQUEST | 1215 MISSION STREET SANTA CRUZ, CA, 95060 | 350,000. |
| RIVERSTYX FOUNDATION | 2001 ST AVE, APT 501 SEATTLE, WA, 98121 | 30,000. |
| LIBRA FOUNDATION | 17 W IRVING PARK ROAD, STE 203 CHICAGO, IL, 60613 | 25,000. |
| MENTAL INSIGHT FOUNDATION | 283 2ND STREET EAST SONOMA, CA, 95476 | 25,000. |
| ARSENAULT FAMILY FOUNDATION | 525 ZANG STREET, STE D BROOMFIELD, CO, 80021 | 20,000. |
| TOTAL INCLUDED ON LINE 3 | | <u>1,146,792.</u> |

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|--------------------------|---------------|-----------|-----------------|---------------------|---------|-----------------|-------------------|
| 318 UNITS-GENERAL MOTORS | 04/02/09 | 06/11/10 | DONATED | 831. | 0. | 0. | 2,083. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|----------------------------|---------------|-----------|-----------------|---------------------|---------|-----------------|-------------------|
| UNREALIZED FROM PRIOR YEAR | VARIOUS | 12/31/10 | PURCHASED | 2,083. | 0. | 0. | 0. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|-----------------------------|---------------|-----------|-----------------|---------------------|---------|-----------------|-------------------|
| 1000 UNITS PROCTOR & GAMBLE | 05/18/11 | 05/23/11 | DONATED | 67,183. | 0. | 0. | 67,183. |

| | | | | |
|---------------------------------|---------|----|----|---------|
| TOTAL TO FORM 199, PAGE 2, LN 6 | 70,097. | 0. | 0. | 69,266. |
|---------------------------------|---------|----|----|---------|

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: PROGRAM SERVICE

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|-----------------------|---------------------|---------------|
| UNIVERSITY OF ZURICH | EUROPE | NONE | 5,000. |

| | | | |
|-------------------------|--|--|--------|
| TOTAL FOR THIS ACTIVITY | | | 5,000. |
|-------------------------|--|--|--------|

ACTIVITY CLASSIFICATION: PROGRAM SERVICE

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|-----------------------|---------------------|---------------|
| ROBIN CARHART-HARRIS | ENGLAND | NONE | 10,000. |

| | | | |
|-------------------------|--|--|---------|
| TOTAL FOR THIS ACTIVITY | | | 10,000. |
|-------------------------|--|--|---------|

ACTIVITY CLASSIFICATION: PROGRAM SERVICE

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-----------------------|---------------------|---------------|
| SAEPT | EUROPE | NONE | 40,000. |

| | | | |
|-------------------------|--|--|---------|
| TOTAL FOR THIS ACTIVITY | | | 40,000. |
|-------------------------|--|--|---------|

ACTIVITY CLASSIFICATION: PROGRAM SERVICE

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|-----------------------|---------------------|---------------|
| COMPASSIONATE CONSULTING | BRITISH COLUMBIA | NONE | 10,000. |

TOTAL FOR THIS ACTIVITY 10,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 65,000.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|------------------------------------|--------------|
| RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478 | PRESIDENT 45.00 | 60,000. |
| RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478 | SECRETARY 5.00 | 0. |
| JOHN GILMORE 1215 MISSION STREET SANTA CRUZ, CA 95060 | DIRECTOR 0.00 | 0. |
| ASHAWNA HAILEY 1781 SANTA LUCIA DRIVE SAN JOSE, CA 95125 | DIRECTOR 0.00 | 0. |
| ROBERT BARNHART 1413 ETHRIDGE AVE AUSTIN, TX 78703 | DIRECTOR 0.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 60,000. |

FORM 199 OTHER EXPENSES STATEMENT 5

| DESCRIPTION | AMOUNT |
|----------------------------|----------|
| RESEARCH & EDUCATIONAL | 635,080. |
| PRINTING & PUBLICATIONS | 94,112. |
| FUNDRAISING | 71,231. |
| BOOKS AND TAPES FOR ORD | 21,080. |
| POSTAGE & SHIPPING | 18,967. |
| PENSION PLAN CONTRIBUTIONS | 26,916. |
| OTHER EMPLOYEE BENEFITS | 33,635. |

| | |
|-------------------------------------|----------|
| MANAGEMENT FEES | 1,800. |
| ACCOUNTING FEES | 6,628. |
| OFFICE EXPENSES | 15,063. |
| TRAVEL | 4,881. |
| CONFERENCES AND CONVENTIONS | 11,280. |
| ALL OTHER EXPENSES | 39,850. |
| TOTAL TO FORM 199, PART II, LINE 17 | 980,523. |

| | | | |
|----------|----------------------|-----------|---|
| FORM 199 | NET NOTES RECEIVABLE | STATEMENT | 6 |
|----------|----------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| NOTES AND LOANS RECEIVABLE, NET | 40,728. | 130,033. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 3 | 40,728. | 130,033. |

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER ASSETS | STATEMENT | 7 |
|----------|--------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| DEPOSITS | 10,000. | 3,355. |
| PREPAID EXPENSES | 0. | 844. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 10,000. | 4,199. |

| | | | |
|----------|-------------------|-----------|---|
| FORM 199 | OTHER LIABILITIES | STATEMENT | 8 |
|----------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| DEFERRED REVENUE | 1,196. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 1,196. | 0. |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 59-2751953

| | |
|--|---|
| Corporation name MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. | California corporation number 3007610 |
|--|---|

Part I Election To Expense Certain Property Under IRC Section 179

| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 | | | | | | | | | |
|---|------------------------------|------------------|-----------------------------|------------------------------|------------------|---|--|--|--|---|--|
| 2 Total cost of IRC Section 179 property placed in service | 2 | | | | | | | | | | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 | | | | | | | | | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | | | | | | | | | | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | | | | | | | | | | |
| <table border="1" style="width:100%"> <thead> <tr> <th style="width:45%">(a) Description of property</th> <th style="width:20%">(b) Cost (business use only)</th> <th style="width:35%">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected IRC Section 179 cost)</td> <td style="text-align:right">7</td> <td></td> </tr> </tbody> </table> | | | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | 6 | | | 7 Listed property (elected IRC Section 179 cost) | 7 | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | | | | | | | | | | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | | | | | | | | | | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | | | | | | | | | | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | | | | | | | | | | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | | | | | | | | | | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | | | | | | | | | | |
| 13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12 | 13 | | | | | | | | | | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| (a) Description property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation Method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| 14 | | | | | | | |
| SEE STATEMENT | 9 | 121,644. | 63,731. | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | 1,745. |

Part III Summary

| | | |
|---|----|--------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 1,745. |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 1,745. |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 0. |

Part IV Amortization

| (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|-------------------------------------|--------------------------|--------------------------------|
| 19 | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | | 22 |

| CA 3885 | | DEPRECIATION | | | | STATEMENT 9 | |
|---------------------------|--------------------|------------------|---------------|--------|------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 1 OFFICE EQUIPMENT | 12/31/96 | 615. | 615. | 200DB | 5.00 | 0. | |
| 2 COMPUTER EQUIPMENT | 12/31/96 | 6,109. | 6,109. | 200DB | 5.00 | 0. | |
| 3 OFFICE EQUIPMENT | 11/15/97 | 1,161. | 1,161. | 200DB | 5.00 | 0. | |
| 4 COMPUTER EQUIPMENT | 11/15/97 | 3,927. | 3,927. | 200DB | 5.00 | 0. | |
| 5 OFFICE EQUIPMENT | 12/01/98 | 685. | 685. | 200DB | 5.00 | 0. | |
| 6 COMPUTER EQUIPMENT | 12/01/98 | 75. | 75. | 200DB | 5.00 | 0. | |
| 7 CAR | 12/01/98 | 3,924. | 3,924. | 200DB | 5.00 | 0. | |
| 8 OFFICE EQUIPMENT | 05/30/00 | 2,817. | 2,817. | 200DB | 5.00 | 0. | |
| 9 COMPUTER EQUIPMENT | 05/30/00 | 3,948. | 3,948. | 200DB | 5.00 | 0. | |
| 10 OFFICE EQUIPMENT | 05/31/01 | 7,784. | 7,784. | 200DB | 5.00 | 0. | |
| 11 OFFICE EQUIPMENT | 05/31/02 | 3,039. | 2,127. | 200DB | 5.00 | 0. | |
| 12 COMPUTER EQUIPMENT | 05/31/02 | 1,200. | 840. | 200DB | 5.00 | 0. | |
| 13 COMPUTER EQUIPMENT | 05/31/03 | 11,138. | 11,138. | 200DB | 5.00 | 0. | |
| 14 OFFICE EQUIPMENT | 06/01/04 | 6,379. | 3,190. | 200DB | 5.00 | 0. | |
| 15 COMPUTER EQUIPMENT | 06/01/04 | 1,818. | 909. | 200DB | 5.00 | 0. | |
| 16 OFFICE EQUIPMENT | 05/31/06 | 4,668. | 4,221. | 200DB | 5.00 | 447. | |
| 17 COMPUTER EQUIPMENT | 05/31/06 | 4,017. | 3,632. | 200DB | 5.00 | 385. | |
| 18 OFFICE EQUIPMENT | 05/31/07 | 4,980. | 3,958. | 200DB | 5.00 | 545. | |
| 19 OFFICE EQUIPMENT | 05/31/07 | 3,360. | 2,671. | 200DB | 5.00 | 368. | |
| 20 LAND | VARIOUS | 50,000. | | L | | 0. | |
| TOTAL DEPR TO FORM 3885 | | 121,644. | 63,731. | | | 1,745. | |