

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 1997

Department of the Treasury  
Internal Revenue Service

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

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

This Form Is Open  
to Public Inspection

A For the 1997 calendar year, OR tax year period beginning 6/1, 1997, and ending 5/31, 1998

|   |   |   |
|---|---|---|
| <b>B</b> Check if:<br><input type="checkbox"/> Change of address<br><br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return (required also for State reporting) | <b>C</b> Name of organization<br><b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>               | <b>D</b> Employer identification number<br><b>59-2751953</b>                |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>C/O P.O. BOX 3319</b> | <b>E</b> State registration number<br><b>N14241</b>                         |
|   | City, town, or post office, state, and ZIP+4<br><b>SARASOTA, FL 34230-3319</b>                                    | <b>F</b> Check <input type="checkbox"/> if exemption application is pending |

G Type of organization →  Exempt under 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

(b) If "Yes," enter the number of affiliates for which this return is filed: 0

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

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)                     

J Accounting method:  Cash  Accrual  Other (specify)                     

K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

|            |  |  |   |            |             |            |
|------------|--|--|---|------------|-------------|------------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received:  |   |            |             |            |
|            | a  | Direct public support  | 1a  | 177,506.04 |             |            |
|            | b  | Indirect public support  | 1b  |            |             |            |
|            | c  | Government contributions (grants)  | 1c  |            |             |            |
|            | d  | Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>162,556.66</u> noncash \$ <u>14,949.38</u> ) |   | STMT 1     | 1d          | 177,506.04 |
|            | 2  | Program service revenue including government fees and contracts (from Part VII, line 93)                                   | 2   |            |             |            |
|            | 3  | Membership dues and assessments  | 3   |            |             |            |
|            | 4  | Interest on savings and temporary cash investments   | 4   |            |             |            |
|            | 5  | Dividends and interest from securities   | 5   |            |             | 20,017.28  |
|            | 6a   | Gross rents  | 6a  |            |             |            |
|            | b  | Less: rental expenses  | 6b  |            |             |            |
|            | c  | Net rental income or (loss) (subtract line 6b from line 6a)  | 6c  |            |             |            |
| 7          | Other investment income (describe <u>                    </u> )                                    | 7  |   |            |             |            |
| 8a         | Gross amount from sale of assets other than inventory  | (A) Securities   | 8a  |            |             |            |
|            |  | 148,348.18   | 8a  |            |             |            |
|            |  | Less: cost or other basis and sales expenses   | 8b  |            |             |            |
|            |  | 140,733.98   | 8b  |            |             |            |
| c          | Gain or (loss) (attach schedule)   | 8c   | 7,614.20  |            |             |            |
| d          | Net gain or (loss) (combine line 8c, columns (A) and (B))  |  | STMT 2  | 8d         | 7,614.20    |            |
| 9          | Special events and activities (attach schedule):   | a  | Gross revenue (not including \$ <u>                    </u> of contributions reported on line 1a) | 9a         |             |            |
|            |  | b  | Less: direct expenses other than fundraising expenses   | 9b         |             |            |
|            |  | c  | Net income or (loss) from special events (subtract line 9b from line 9a)                          | 9c         |             |            |
| 10a        | Gross sales of inventory, less returns and allowances  | 10a  | 26,509.79   |            |             |            |
| b          | Less: cost of goods sold   | 10b  |   |            |             |            |
| c          | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) |  | STMT 3  | 10c        | 26,509.79   |            |
| 11         | Other revenue (from Part VII, line 03)   | 11   |   |            |             |            |
| 12         | Total revenue (add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)                               | 12   |   |            | 231,647.31  |            |
| Expenses   | 13   | Program services (from line 44, column (B))  | 13  |            | 128,364.19  |            |
|            | 14   | Management and general (from line 44, column (C))  | 14  |            | 129,017.77  |            |
|            | 15   | Fundraising (from line 44, column (D))   | 15  |            | 29,247.56   |            |
|            | 16   | Payments to affiliates (attach schedule)   | 16  |            |             |            |
|            | 17   | Total expenses (from lines 13 and 44, column (A))  | 17  |            |             | 286,629.52 |
| 18         | Excess or (deficit) for the year (subtract line 17 from line 12)                                   | 18   |   |            | <54,982.21> |            |
| Net Assets | 19   | Net assets or fund balances at beginning of year (from line 73, column (A))  | 19  |            | 387,096.52  |            |
|            | 20   | Other changes in net assets or fund balances (attach explanation)  | 20  |            | 0.00        |            |
|            | 21   | Net assets or fund balances at end of year (combine lines 18, 19, and 20)  | 21  |            |             | 332,114.31 |

SCANNED APR 26 1999

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APR 15 1999  
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**MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.**

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| <b>Part II Statement of Functional Expenses</b>                           |  | All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. |                      |                            |                 |
|---|--|--|----------------------|----------------------------|-----------------|
| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. |  | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
| 22  | Grants and allocations (attach schedule)   |  |                      |                            |                 |
|   | cash \$ _____ noncash \$ _____   | 22   |                      |                            |                 |
| 23  | Specific assistance to individuals (attach schedule)   | 23   |                      |                            |                 |
| 24  | Benefits paid to or for members (attach schedule)  | 24   |                      |                            |                 |
| 25  | Compensation of officers, directors, etc.  | 25   | 58,600.00            | 0.00                       | 58,600.00       |
| 26  | Other salaries and wages   | 26   | 24,938.03            |                            | 24,938.03       |
| 27  | Pension plan contributions   | 27   |                      |                            |                 |
| 28  | Other employee benefits  | 28   | 3,258.80             |                            | 3,258.80        |
| 29  | Payroll taxes  | 29   |                      |                            |                 |
| 30  | Professional fundraising fees  | 30   |                      |                            |                 |
| 31  | Accounting fees  | 31   | 1,200.00             |                            | 1,200.00        |
| 32  | Legal fees   | 32   |                      |                            |                 |
| 33  | Supplies   | 33   | 1,988.20             |                            | 1,988.20        |
| 34  | Telephone  | 34   | 7,592.86             |                            | 7,592.86        |
| 35  | Postage and shipping   | 35   | 8,987.81             |                            | 8,987.81        |
| 36  | Occupancy  | 36   | 6,575.96             |                            | 6,575.96        |
| 37  | Equipment rental and maintenance   | 37   |                      |                            |                 |
| 38  | Printing and publications  | 38   | 65,294.84            | 65,294.84                  |                 |
| 39  | Travel   | 39   | 9,541.26             |                            | 9,541.26        |
| 40  | Conferences, conventions, and meetings   | 40   | 2,285.00             |                            | 2,285.00        |
| 41  | Interest   | 41   |                      |                            |                 |
| 42  | Depreciation, depletion, etc. (attach schedule)  | 42   | 3,169.39             |                            | 3,169.39        |
| 43  | Other expenses (itemize):  |  |                      |                            |                 |
| a   |  | 43a  |                      |                            |                 |
| b   |  | 43b  |                      |                            |                 |
| c   |  | 43c  |                      |                            |                 |
| d   |  | 43d  |                      |                            |                 |
| e   | SEE STATEMENT 4  | 43e  | 93,197.37            | 63,069.35                  | 880.46          |
| 44  | Total functional expenses (add lines 22 through 43)<br>Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44   | 286,629.52           | 128,364.19                 | 129,017.77      |
|   |  |  |                      |                            | 29,247.56       |

**Reporting of Joint Costs.** - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ 128,364.19; (iii) the amount allocated to Management and general \$ 140,848.38; and (iv) the amount allocated to Fundraising \$ 29,247.56.

| <b>Part III Statement of Program Service Accomplishments</b>                             |  | Program Service Expenses  |
|--|--|---|
| What is the organization's primary exempt purpose? <b>MEDICAL RESEARCH AND EDUCATION</b> |  | (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| a  | <b>CREATIVE EXPRESSION: GRANTS TO TWO AUTHORS FOR THE WRITING OF A BOOK ABOUT THE BENEFICIAL USES OF MARIJUANA, PRIMARILY MEDICAL</b>  |   |
|  | (Grants and allocations \$ _____)  | 26,000.00   |
| b  | <b>NEWSLETTER: ABOUT 12,000 COPIES WERE PRINTED AND DISTRIBUTED TO MEMBERS AND ALSO TO NEWSTANDS</b>   |   |
|  | (Grants and allocations \$ _____)  | 20,335.92   |
| c  | <b>SECRET CHIEF: EDITING, PUBLISHING AND MARKETING THE SECRET CHIEF, THE FIRST BOOK EVER PUBLISHED BY M.A.P.S. THE BOOK FOCUSES ON THE THERAPEUTIC USE OF PSYCHEDELICS.</b>        |   |
|  | (Grants and allocations \$ _____)  | 10,560.65   |
| d  | <b>M.A.P.S. FORUM: AN ON-LINE INTERNET DISCUSSION GROUP ABOUT M.A.P.S.-RELATED ISSUES THAT IS FREE TO M.A.P.S. MEMBERS AND NON-MEMBERS ALIKE. CURRENTLY ABOUT 1050 SUBSCRIBERS</b> |   |
|  | (Grants and allocations \$ _____)  | 1,950.00  |
| e  | <b>Other program services (attach schedule) STATEMENT 5</b>  | (Grants and allocations \$ _____)   |
|  |  | 69,517.62   |
| f  | <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>  | 128,364.19  |

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**Part IV Balance Sheets**

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

|  |  | (A)<br>Beginning of year | (B)<br>End of year |
|--|--|--------------------------|--------------------|
| Assets   | 45 Cash - non-interest-bearing   | 34,339.09                | 45                 |
|  | 46 Savings and temporary cash investments  | 9,203.02                 | 46                 |
|  | 47 a Accounts receivable   | 47a                      | 47c                |
|  | b Less: allowance for doubtful accounts  | 47b                      | 47c                |
|  | 48 a Pledges receivable  | 48a                      | 48c                |
|  | b Less: allowance for doubtful accounts  | 48b                      | 48c                |
|  | 49 Grants receivable   |                          | 49                 |
|  | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)                                       |                          | 50                 |
|  | 51 a Other notes and loans receivable  | 51a                      | 51c                |
|  | b Less: allowance for doubtful accounts  | 51b                      | 51c                |
|  | 52 Inventories for sale or use   |                          | 52                 |
|  | 53 Prepaid expenses and deferred charges   |                          | 53                 |
|  | 54 Investments - securities (attach schedule) STMT 6   | 315,789.75               | 54                 |
|  | 55 a Investments - land, buildings, and equipment: basis   | 55a                      | 55c                |
| b Less: accumulated depreciation (attach schedule)   | 55b  | 55c                      |                    |
| 56 Investments - other   |  | 56                       |                    |
| 57 a Land, buildings, and equipment: basis   | 57a 34,197.97  | 57c                      |                    |
| b Less: accumulated depreciation STMT 7  | 57b 3,496.49   | 57c                      |                    |
| 58 Other assets (describe )  |  | 58                       |                    |
| 59 Total assets (add lines 45 through 58) (must equal line 74)   | 387,096.52   | 59                       |                    |
| Liabilities  | 60 Accounts payable and accrued expenses   |                          | 60                 |
|  | 61 Grants payable  |                          | 61                 |
|  | 62 Deferred revenue  |                          | 62                 |
|  | 63 Loans from officers, directors, trustees, and key employees   |                          | 63                 |
|  | 64 a Tax-exempt bond liabilities   |                          | 64a                |
|  | b Mortgages and other notes payable  |                          | 64b                |
|  | 65 Other liabilities (describe )   |                          | 65                 |
| 66 Total liabilities (add lines 60 through 65)   | 0.00   | 66                       |                    |
| Net Assets or Fund Balances  | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 |                          |                    |
|  | 67 Unrestricted  |                          | 67                 |
|  | 68 Temporarily restricted  |                          | 68                 |
|  | 69 Permanently restricted  |                          | 69                 |
|  | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74   |                          |                    |
|  | 70 Capital stock, trust principal, or current funds  | 0.00                     | 70                 |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund   | 0.00                     | 71                 |
|  | 72 Retained earnings, endowment, accumulated income, or other funds  | 387,096.52               | 72                 |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) | 387,096.52   | 73                       |                    |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73)  | 387,096.52   | 74                       |                    |

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 5 rows (a-e) for revenue reconciliation. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990.

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

Table with 5 rows (a-e) for expense reconciliation. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Includes entries for RICHARD DOBLIN, MARYBETH HOME, ED BARKER, and SYLVIA THYSSEN.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. [ ] Yes [X] No

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**Part VI Other Information**

|      |  | Yes | No   |
|------|--|-----|------|
| 76   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 76  | X    |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>If "Yes," attach a conformed copy of the changes.   | 77  | X    |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 78a | X    |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year? N/A   | 78b |      |
| 79   | Was there a liquidation, dissolution, termination, or substantial contraction during the year?<br>If "Yes," attach a statement;  | 79  | X    |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?          | 80a | X    |
| b    | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.   |     |      |
| 81 a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81   | 81a | 0.00 |
| b    | Did the organization file Form 1120-POL for this year?   | 81b | X    |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X    |
| b    | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)  | 82b | N/A  |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X    |
| b    | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X    |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X    |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A  |
| 85   | 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? N/A  | 85a |      |
| b    | Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A  | 85b |      |
|      | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.   |     |      |
| c    | Dues, assessments, and similar amounts from members  | 85c | N/A  |
| d    | Section 162(e) lobbying and political expenditures   | 85d | N/A  |
| e    | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e | N/A  |
| f    | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f | N/A  |
| g    | Does the organization elect to pay the section 6033(e) tax on the amount in 85f?   | 85g | N/A  |
| h    | If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A  |
| 86   | 501(c)(7) organizations. - Enter:  |     |      |
| a    | Initiation fees and capital contributions included on line 12  | 86a | N/A  |
| b    | Gross receipts, included on line 12, for public use of club facilities   | 86b | N/A  |
| 87   | 501(c)(12) organizations. - Enter: a Gross income from members or shareholders   | 87a | N/A  |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 87b | N/A  |
| 88   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?<br>If "Yes," complete Part IX   | 88  | X    |
| 89 a | 501(c)(3) organizations. - Enter: Amount of tax imposed during the year under:<br>section 4911 <input type="checkbox"/> 0.00; section 4912 <input type="checkbox"/> 0.00; section 4955 <input type="checkbox"/> 0.00               |     |      |
| b    | 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction                                      | 89b | X    |
| c    | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0.00 |
| d    | Enter: Amount of tax in 89c, above, reimbursed by the organization   |     | 0.00 |
| 90 a | List the states with which a copy of this return is filed <input type="checkbox"/> N/A   |     |      |
| b    | Number of employees employed in the pay period that includes March 12, 1997  | 90b | 3    |
| 91   | The books are in care of <input type="checkbox"/> RICHARD DOBLIN Telephone no. <input type="checkbox"/> 617/484-9509   |     |      |
|      | Located at <input type="checkbox"/> 3 FRANCIS STREET, BELMONT, MA. ZIP +4 <input type="checkbox"/> 02478   |     |      |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year                     | 92  | N/A  |

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| 93 Program service revenue:   |                           |               |                                      |               |   |
| (a) _____   |                           |               |                                      |               |   |
| (b) _____   |                           |               |                                      |               |   |
| (c) _____   |                           |               |                                      |               |   |
| (d) _____   |                           |               |                                      |               |   |
| (e) _____   |                           |               |                                      |               |   |
| (f) Medicare/Medicaid payments .....                                  |                           |               |                                      |               |   |
| (g) Fees and contracts from government agencies .....                 |                           |               |                                      |               |   |
| 94 Membership dues and assessments .....                              |                           |               |                                      |               |   |
| 95 Interest on savings and temporary<br>cash investments .....        |                           |               |                                      |               |   |
| 96 Dividends and interest from securities .....                       |                           |               |                                      | 20,017.28     |   |
| 97 Net rental income or (loss) from real estate:                      |                           |               |                                      |               |   |
| (a) debt-financed property .....                                      |                           |               |                                      |               |   |
| (b) not debt-financed property .....                                  |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from personal property .....           |                           |               |                                      |               |   |
| 99 Other investment income .....                                      |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets<br>other than inventory ..... |                           |               |                                      |               | 7,614.20                                    |
| 101 Net income or (loss) from special events .....                    |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory .....              |                           |               |                                      |               | 26,509.79                                   |
| 103 Other revenue:  |                           |               |                                      |               |   |
| a _____   |                           |               |                                      |               |   |
| b _____   |                           |               |                                      |               |   |
| c _____   |                           |               |                                      |               |   |
| d _____   |                           |               |                                      |               |   |
| e _____   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E)) .....                    |                           | 0.00          |                                      | 20,017.28     | 34,123.99                                   |
| 105 TOTAL (add line 104, columns (B), (D), and (E)) .....             |                           |               |                                      |               | 54,141.27                                   |

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)


**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

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

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

| Name, address, and employer identification number of corporation or partnership | Percentage of ownership interest | Nature of business activities | Total income | End-of-year assets |
|---|----------------------------------|-------------------------------|--------------|--------------------|
| N/A   | %                                |                               |              |                    |
|   | %                                |                               |              |                    |
|   | %                                |                               |              |                    |
|   | %                                |                               |              |                    |

completing schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

1/9/99  President  
Type or print name and title

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under 501(c)(3)**  
(Except Private Foundation), and Section 501(e), 501(f), 501(k), 501(n) or Section 4947(a)(1)  
Nonexempt Charitable Trust

OMB No. 1545-0047

**1997**

**Supplementary Information**

▶ **Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).**

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

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

| (a) Name and address of each employee paid more than \$50,000      | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| RICH DOBLIN<br>-----<br>1801 TIPPAH AVENUE, CHARLOTTE, NC          | PRESIDENT<br>FULL  | 30,000.00        |   |  |
| SYLVIA THYSSEN<br>-----<br>609 LAMAR AVENUE, APT. 3, CHARLOTTE, NC | NETWORKS COOR<br>FULL                                    | 28,600.00        |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| Total number of other employees paid over \$50,000                 | 0  |                  |   |  |

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

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

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1997

Part III Statement About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding legislative influence, organizational activities, and grants.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

- 5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [ ] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)



MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Schedule A (Form 990) 1997

59-2751953

Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)  | (a) 1996   | (b) 1995   | (c) 1994   | (d) 1993  | (e) Total         |
|--|------------|------------|------------|-----------|-------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)  | 540,100.62 | 197,842.30 | 105,277.17 | 98,055.79 | 941,275.88        |
| 16 Membership fees received  |            |            |            |           |                   |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose  |            | 2,400.00   |            |           | 2,400.00          |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975  |            |            |            |           |                   |
| 19 Net income from unrelated business activities not included in line 18   |            |            |            |           |                   |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |            |            |            |           |                   |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge  |            |            |            |           |                   |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  |            |            |            |           |                   |
| 23 Total of lines 15 through 22  | 540,100.62 | 200,242.30 | 105,277.17 | 98,055.79 | 943,675.88        |
| 24 Line 23 minus line 17   | 540,100.62 | 197,842.30 | 105,277.17 | 98,055.79 | 941,275.88        |
| 25 Enter 1% of line 23   | 5,401.01   | 2,002.42   | 1,052.77   | 980.56    |                   |
| 26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24  |            |            |            |           | 26a N/A           |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts  |            |            |            |           | 26b N/A           |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)  |            |            |            |           | 26c N/A           |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____   |            |            |            |           | 26d N/A           |
| e Public support (line 26c minus line 26d total)   |            |            |            |           | 26e N/A           |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |            |            |            |           | 26f N/A %         |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year.<br>(1996) 0.00 (1995) 0.00 (1994) 0.00 (1993) 0.00   |            |            |            |           |                   |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:<br>(1996) 0.00 (1995) 0.00 (1994) 0.00 (1993) 0.00 |            |            |            |           |                   |
| c Add: Amounts from column (e) for lines: 15 941,275.88 16 _____ 17 2,400.00 20 _____ 21 _____   |            |            |            |           | 27c 943,675.88    |
| d Add: Line 27a total 0.00 and line 27b total 0.00   |            |            |            |           | 27d 0.00          |
| e Public support (line 27c, total minus line 27d total)  |            |            |            |           | 27e 943,675.88    |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  |            |            |            |           | 27f \$ 943,675.88 |
| g Public support percentage (line 27e (numerator) divided by line 27f, (denominator))  |            |            |            |           | 27g 100%          |
| h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))  |            |            |            |           | 27h .0000%        |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)   |            |            |            |           | NONE              |

**Part V Private School Questionnaire**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

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

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

Check here  a If the organization belongs to an affiliated group.  
Check here  b If you checked "a" above and "limited control" provisions apply.

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

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

**4-Year Averaging Period Under Section 501(h)**

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

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A          |
|---|--|-------------|-------------|-------------|--------------|
|   | (a)<br>1997  | (b)<br>1996 | (c)<br>1995 | (d)<br>1994 | (e)<br>Total |
| 45  | Lobbying nontaxable amount .....                     |             |             |             | 0.00         |
| 46  | Lobbying ceiling amount (150% of line 45(e)) .....   |             |             |             | 0.00         |
| 47  | Total lobbying expenditures .....                    |             |             |             | 0.00         |
| 48  | Grassroots nontaxable amount .....                   |             |             |             | 0.00         |
| 49  | Grassroots ceiling amount (150% of line 48(e)) ..... |             |             |             | 0.00         |
| 50  | Grassroots lobbying expenditures .....               |             |             |             | 0.00         |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes                | No | Amount |
|---|--------------------|----|--------|
|   | a Volunteers ..... |    |        |
| b Paid staff or management (include compensation in expenses reported on lines c through h) .....   |                    |    |        |
| c Media advertisements .....  |                    |    |        |
| d Mailings to members, legislators, or the public .....   |                    |    |        |
| e Publications or published or broadcast statements .....   |                    |    |        |
| f Grants to other organizations for lobbying purposes .....   |                    |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body .....  |                    |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....  |                    |    |        |
| i Total lobbying expenditures (add lines c through h) .....   |                    |    | 0.00   |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 3 columns: Question label, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (s) Description of relationship.

FORM 990      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES      STATEMENT 2

| DESCRIPTION                 | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| SUN MICROSYSTEMS            | 12,349.40            | 10,036.88              | 0.00               | 2,312.52              |
| FREEPORT-MCMORAN            | 4,859.83             | 4,912.50               | 0.00               | <52.67>               |
| CHEVRON                     | 42,965.05            | 30,812.50              | 0.00               | 12,152.55             |
| CHEVRON                     | 42,555.18            | 30,812.50              | 0.00               | 11,742.68             |
| NATIONSBANK                 | 25,618.72            | 19,159.60              | 0.00               | 6,459.12              |
| SCOTTSDALE<br>SECURITIES    | 20,000.00            | 45,000.00              | 0.00               | <25,000.00>           |
| TO FORM 990, PART I, LINE 8 | 148,348.18           | 140,733.98             | 0.00               | 7,614.20              |

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

|  |           |           |
|--|-----------|-----------|
| 1. GROSS RECEIPTS . . . . .                    | 26,509.79 |           |
| 2. RETURNS AND ALLOWANCES . . . . .            |           |           |
| 3. LINE 1 LESS LINE 2 . . . . .                |           | 26,509.79 |
| 4. COST OF GOODS SOLD (LINE 13) . . . . .      |           |           |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . . |           | 26,509.79 |

COST OF GOODS SOLD

|  |  |  |
|--|--|--|
| 6. INVENTORY AT BEGINNING OF YEAR . . . . .      |  |  |
| 7. MERCHANDISE PURCHASED . . . . .               |  |  |
| 8. COST OF LABOR . . . . .                       |  |  |
| 9. MATERIALS AND SUPPLIES . . . . .              |  |  |
| 10. OTHER COSTS . . . . .                        |  |  |
| 11. ADD LINES 6 THROUGH 10 . . . . .             |  |  |
| 12. INVENTORY AT END OF YEAR . . . . .           |  |  |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . |  |  |

| FORM 990                      | OTHER EXPENSES   |                            |                                  | STATEMENT 4        |
|-------------------------------|------------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION                   | (A)<br>TOTAL     | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
| BOOKS AND TAPES FOR ORDER     | 2,444.85         |                            |                                  | 2,444.85           |
| BANK CHARGES                  | 479.50           |                            | 479.50                           |                    |
| MISCELLANEOUS                 | 400.96           |                            | 400.96                           |                    |
| RESEARCH PROJECTS             | 54,209.54        | 54,209.54                  |                                  |                    |
| EDUCATIONAL PROJECTS          | 8,859.81         | 8,859.81                   |                                  |                    |
| PRINTING & PUBLICATIONS       | 26,802.71        |                            |                                  | 26,802.71          |
| <b>TOTAL TO FM 990, LN 43</b> | <b>93,197.37</b> | <b>63,069.35</b>           | <b>880.46</b>                    | <b>29,247.56</b>   |

| FORM 990  | OTHER PROGRAM SERVICES |          | STATEMENT 5 |
|---|------------------------|----------|-------------|
| DESCRIPTION   | GRANTS AND ALLOCATIONS | EXPENSES |             |
| WELL AS MATERIAL SENT TO MEMBERS UPON REQUEST COPIES OF MATERIAL THAT WERE ENCLOSED IN THE MAILINGS OF THE NEWSLETTER AS AVAILABLE FOR FREE ON THE M.A.P.S. WEB SITE  |                        |          | 3,938.32    |
| MATERIAL ACQUIRED BY M.A.P.S. FOR DISSEMINATION CATALOGING ALL THE SCIENTIFIC PAPERS PUBLISHED ABOUT LSD AND PSILOCYBIN BETWEEN 1943 AND 1984, ENTERING THE INFORMATION INTO A SEARCHABLE DATA BASE   |                        |          | 2,324.00    |
| SPONSORED SPEAKERS AT TUSCON CONFERENCE   |                        |          | 185.95      |
| SPONSORED SPEAKERS AT FETZER FOUNDATION CONFERENCE  |                        |          | 2,217.70    |
| DRUG ABUSE PREVENTION EDUCATIONAL PRESS CONFERENCE  |                        |          | 5,642.11    |
| PROTOCOL DEVELOPMENT FOR A SAFETY STUDY OF THE USE OF MDMA IN BREAST CANCER PATIENTS SUFFERING FROM PSYCHOLOGICAL DISTRESS RELATED TO THEIR DIAGNOSIS OF CANCER, GRANT TO CHARLES GROB, M.D. AND RUSSELL POLAND, PH.D, HARBOR-UCLA MEDICAL CENTER |                        |          | 1,000.00    |
| PRELIMINARY EXPENSES INVOLVED IN PROTOCOL DEVELOPMENT FOR STUDY OF THE USE OF MDMA IN THE TREATMENT OF PTSD, TO BE CONDUCTED BY DR. MOSHE KOTLER, BEN-PROTOCOL DEVELOPMENT FOR A STUDY OF THE USE OF LSD IN THE PSYCHOLOGICAL                     |                        |          | 5,500.00    |
|   |                        |          | 130.00      |

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE

59-2751953

|   |           |
|---|-----------|
| TREATMENT OF CANCER PATIENTS, TO BE CONDUCTED BY RICHARD YENSEN, PH.D, AND DONNA DRYER, M.D.  | 850.00    |
| GRANT TO MARCUS LUMBY FOR A STUDY OF RELIGIOUS USE OF AYAHUASCA   | 1,000.00  |
| GRANT TO DR. EVGENY KRUPITSKY, LENINGRAD REGIONAL CENTER FOR THE TREATMENT OF ALCOHOLISM AND ADDICTION, FOR A STUDY OF THE USE OF KETAMINE IN THE TREATMENT OF HEROIN ADDICTION   | 9,226.47  |
| GRANT TO ROGER MARSDEN FOR A SERIES OF INTERVIEWS WITH SUBJECTS WHO HAVE USED PSYCHEDELICS IN A THERAPEUTIC CONTEXT   | 1,000.00  |
| GRANT TO JOHN MCCLUSKY, PH.D., CANDIDATE, U OF ARIZONA, FOR THE DEVELOPMENT OF A STUDY INTO THE USE OF PEYOTE BY THE NATIVE AMERICAN CHURCH FOR THE TREATMENT OF ALCOHOLISM AND DRUG ABUSE  | 2,700.00  |
| GRANT TO PROF. BENNY SHANNON, HEBREW UNIVERSITY, JERUSALEM, FOR A STUDY OF THE COGNITIVE PSYCHOLOGICAL CHANGES INDUCED OF THE USE OF AYAHUSCA   | 3,550.33  |
| EXPENSES FOR A TEAM OF RESEARCHERS CONDUCTING A VERY LONG-TERM FOLLOW-UP TO THE PIONEERING LSD RESEARCH OF OSCAR JANIGER, M.D., ORIGINALLY CONDUCTED BETWEEN 1956-1962. INTERVIEWS WITH OVER 40 OF THE SUBJECTS IN THE ORIGINAL STUDY WERE RECORDED, TRANSCRIBED AND ANALYZED | 24,863.74 |
| GRANT TO VALERIE CORRAL FOR THE DEVELOPMENT AND ADMINISTRATION OF A QUESTIONNAIRE TO MEDICAL MARIJUANA PATIENTS   | 500.00    |
| GRANT TO DR. ETHAN RUSSO, U. OF MONTANA, FOR THE PREPARATION OF A GRANT APPLICATION TO THE NATIONAL INSTITUTES OF HEALTH FOR A STUDY INVESTIGATING THE USE OF MARIJUANA IN THE TREATMENT OF PEOPLE WITH MIGRAINES WHO GO TO THE EMERGENCY ROOM FOR TREATMENT                  | 2,500.00  |
| POTENCY ANALYSIS OF SAMPLES OF MARIJUANA USED BY MEDICAL MARIJUANA PATIENTS AROUND THE COUNTRY, ANALYSIS CONDUCTED AT DEA-LICENSED LABORATORIES   | 1,500.00  |
| GATHERING SURVEY INFORMATION FROM MEDICAL MARIJUANA PATIENTS  | 458.00    |
| EXPENSES INVOLVED IN SUPPORTING THE EFFORTS OF RESEARCHERS INTERESTED IN CONDUCTED MEDICAL MARIJUANA RESEARCH WITH APPROVAL FROM NIDA AND FDA   | 431.00    |
| TOTAL TO FORM 990, PART III, LINE E   | 69,517.62 |



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

| DESCRIPTION            | VALUE METHOD | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | OTHER SECURITIES | TOTAL NON-GOV'T SECURITIES |
|------------------------|--------------|------------------|-----------------|----------------------------------|------------------|----------------------------|
| SECURITIES             | COST         |                  |                 | 206,549.57                       |                  | 206,549.57                 |
| TO FM 990, LN 54 COL B |              |                  |                 | 206,549.57                       |                  | 206,549.57                 |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|---------------------|--------------------------|------------|
| MACHINERY & OTHER EQUIPMENT       | 11,812.51           | 4,514.20                 | 7,298.31   |
| TOTAL TO FORM 990, PART IV, LN 57 | 11,812.51           | 4,514.20                 | 7,298.31   |

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 8  
PART III, LINE 4

RESEARCHERS ARE CHOSEN WHO: 1) HOLD SOME FORM OF DEGREE OR CERTIFICATION, 2) HOLD EXCELLENT PROFESSIONAL REPUTATIONS, AND 3) ARE AFFILIATED WITH ACADEMIC INSTITUTIONS.  
RESEARCHERS RECEIVE PAYMENTS FOR COMPILING DATA & STATISTICAL SUMMARIES.

Depreciation and Amortization Detail FORM 990 PAGE 2

990

| Asset Number | Description of property                |                  |              |          |                     |                 |                                       |                        |  |
|--------------|--|------------------|--------------|----------|---------------------|-----------------|---------------------------------------|------------------------|--|
|              | Date placed in service                 | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |  |
|              | MACHINERY & EQUIPMENT                  |                  |              |          |                     |                 |                                       |                        |  |
| 1            |  |                  |              |          |                     |                 |                                       |                        |  |
|              | 123196                                 | 200DB            | 5.00         | 17       | 614.54              |                 | 122.91                                | 196.65                 |  |
| 2            |  |                  |              |          |                     |                 |                                       |                        |  |
|              | 123196                                 | 200DB            | 5.00         | 17       | 6,109.47            |                 | 1,221.90                              | 1,955.03               |  |
| 3            |  |                  |              |          |                     |                 |                                       |                        |  |
|              | 111597                                 | 200DB            | 5.00         | 15B      | 1,161.48            |                 |                                       | 232.30                 |  |
| 4            |  |                  |              |          |                     |                 |                                       |                        |  |
|              | 111597                                 | 200DB            | 5.00         | 15B      | 3,927.02            |                 |                                       | 785.41                 |  |
| **           | 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT |                  |              |          |                     |                 |                                       |                        |  |
|              |  |                  |              |          | 11,812.51           |                 | 1,344.81                              | 3,169.39               |  |
| **           | GRAND TOTAL 990 PAGE 2 DEPRECIATION    |                  |              |          |                     |                 |                                       |                        |  |
|              |  |                  |              |          | 11,812.51           |                 | 1,344.81                              | 3,169.39               |  |

716261 10-07-97

# - Current year section 179 (D) - Asset disposed

13

**Depreciation and Amortization**  
(Including Information on Listed Property) 990

▶ Attach this form to your return.

Name(s) shown on return

MULTIDISCIPLINARY ASSOCIATION FOR  
PSYCHEDELIC STUDIES, INC.

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

59-2751953

**Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)**

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum dollar limitation. If an enterprise zone business, see instructions   | 1                            | 18,000.00        |
| 2  | Total cost of section 179 property placed in service  | 2                            |                  |
| 3  | Threshold cost of 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 tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter amount from line 27  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from 1996   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12   | ▶ 13                         |                  |

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)**

**Section A - General Asset Account Election**

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

**Section B - General Depreciation System (GDS) (See instructions.)**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 15 a 3-year property           |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      | 5,088.50   | 5 YRS.              | HY             | 200DB      | 1,017.71                   |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |

**Section C - Alternative Depreciation System (ADS) (See instructions.)**

|                 |   |  |         |    |     |  |
|-----------------|---|--|---------|----|-----|--|
| 16 a Class life |   |  |         |    | S/L |  |
| b 12-year       |   |  | 12 yrs. |    | S/L |  |
| c 40-year       | / |  | 40 yrs. | MM | S/L |  |

**Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)**

|    |  |    |          |
|----|--|----|----------|
| 17 | GDS and ADS deductions for assets placed in service in tax years beginning before 1997 | 17 | 2,151.68 |
| 18 | Property subject to section 168(f)(1) election   | 18 |          |
| 19 | ACRS and other depreciation  | 19 |          |

**Part IV Summary (See instructions.)**

|    |  |    |          |
|----|--|----|----------|
| 20 | Listed property. Enter amount from line 26   | 20 |          |
| 21 | Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 21 | 3,169.39 |
| 22 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 22 |          |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1997)

Part V

Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) Vehicle and rows 28-34 regarding miles driven and personal use.

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

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

Table with rows 35-39 regarding written policy statements and information retention.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0148

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

Employer identification number  
59-2751953

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

PO Box 3319

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SARASOTA FL 34230

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until 1/15, 19 99, to file (check only one):
- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust)   | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)   | <input type="checkbox"/> Form 3520-A               | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720                 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                           | <input type="checkbox"/> Form 5227                 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                             | <input type="checkbox"/> Form 6069                 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

2a For calendar year 19 99, or other tax year beginning 9/1/97 and ending 5/31/98

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

3 Has an extension of time to file been previously granted for this tax year?  Yes  No

4 State in detail why you need the extension NEED ADDITIONAL TIME TO COMPILER  
BOOKS & RECORDS

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ None

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ None

### 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

10/15/98

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

### Notice to Applicant—To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

EXTENSION APPROVED

NOV 18 1998

DEBORAH S. DELKER, DIRECTOR  
CREDIT SERVICE CENTER  
Date

Director

By:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name George V. Famiglio, Jr & Associates, CPAs

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

PO Box 3319

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SARASOTA FL 34230