

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2000 calendar year, OR tax year period beginning **JUN 1, 2000** and ending **MAY 31, 2001**

**B** Check if applicable:

- Change of address
- Change of name
- Initial return
- Final return
- Amended return (use also for state reporting)

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

**D** Employer identification number: **59-2751953**

Number and street (or P O box if mail is not delivered to street address): **C/O P.O. BOX 3319**

Room/suite: \_\_\_\_\_

**E** Telephone number: **(941) 924-6277**

City or town state or country and ZIP: **SARASOTA, FL 34230**

**F** Check  if application pending

**G** Organization type (check only one):  501(c)(3) (insert no)  527 OR  4947(a)(1)

(H and I are not applicable to section 527 orgs)

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

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

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

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

**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 the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

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

Revenue					
1	Contributions, gifts, and similar amounts received				
a	Direct public support	1a	774,373.90		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 353,905.81 noncash \$ 420,468.09)	1d	774,373.90	2	18,245.97
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3	
3	Membership dues and assessments	3		4	
4	Interest on savings and temporary cash investments	4		5	27,567.94
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
6b	Less rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	1,819,566.90	8a	
b	Less cost or other basis and sales expenses	(B) Other	1,748,384.93	8b	
c	Gain or (loss) (attach schedule)		71,181.97	8c	
d	Net gain or (loss) (combine line 8c columns (A) and (B))	STMT 1		8d	71,181.97
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ 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			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	891,369.78		
13	Program services (from line 4, column (B))	13	814,687.39		
14	Management fees (from line 44, column (C))	14	124,150.10		
15	Fundraising (from line 44, column (D))	15	3,235.12		
16	Payments to affiliates (attach schedule)	16			
17	Other expenses (add lines 13, 14, and 15, column (A))	17	942,072.61		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<50,702.83		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	379,422.82		
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	328,719.99		

SCANNED MAY 21 2002

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

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

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	25 125,943.32	62,971.66	62,971.66	0.00
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 10,784.56	5,392.28	5,392.28	
30 Professional fundraising fees	30			
31 Accounting fees	31 2,560.65		2,560.65	
32 Legal fees	32			
33 Supplies	33 7,042.12		7,042.12	
34 Telephone	34 10,062.81		10,062.81	
35 Postage and shipping	35 12,457.67		12,457.67	
36 Occupancy	36 7,319.17		7,319.17	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 109,550.38	109,550.38		
39 Travel	39 12,490.32	6,245.16	6,245.16	
40 Conferences, conventions and meetings	40 2,370.00	1,185.00	1,185.00	
41 Interest	41			
42 Depreciation depletion, etc (attach schedule)	42 5,220.19		5,220.19	
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 636,271.42	629,342.91	3,693.39	3,235.12
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 942,072.61	814,687.39	124,150.10	3,235.12

**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 \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>MEDICAL RESEARCH AND EDUCATION</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 3   (Grants and allocations \$ _____)	396,972.72
b SUPPORTED THE DEVELOPEMENT OF THE EROWID.ORG WEBSITE, THE MOST POPULAR SITE ON THE INTERNET FOR INFORMATION ABOUT PSYCHEDELIC DRUGS  (Grants and allocations \$ _____)	35,656.10
c SEE STATEMENT 4   (Grants and allocations \$ _____)	30,574.49
d EDITED, PUBLISHED, & DISTRIBUTED ABOUT 14,000 COPIES OF THE MAPS BULLETIN TO MEMBERS, NEWSSTANDS, SCIENTISTS, & GOVERNMENT REGULATORS.  (Grants and allocations \$ _____)	19,731.68
e Other program services (attach schedule) STATEMENT 5 (Grants and allocations \$ _____)	331,752.40
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	814,687.39

**Part IV Balance Sheets**

		(A) Beginning of year	(B) End of year	
<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	70,063.01	46 28,949.95	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 6	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	258,056.93	54 261,540.03
	55 a Investments - land, buildings and equipment basis	55a 40,000.00		
	b Less accumulated depreciation	55b 40,000.00	55c 40,000.00	
56 Investments - other		56		
57 a Land, buildings and equipment basis	57a 31,045.73			
b Less accumulated depreciation STMT 7	57b 17,179.14	11,302.88	57c 13,866.59	
58 Other assets (describe ▶ )			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		379,422.82	59 344,356.57	
<b>Liabilities</b>	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 ▶ <u>UNREALIZED GAIN ON STOCKS</u> )			65 15,636.58	
66 <b>Total liabilities</b> (add lines 60 through 65)		0.00	66 15,636.58	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.00	70 0.00	
	71 Paid-in or capital surplus or land, building, and equipment fund	0.00	71 0.00	
	72 Retained earnings, endowment, accumulated income, or other funds	379,422.82	72 328,719.99	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	379,422.82	73 328,719.99		
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	379,422.82	74 344,356.57		

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.

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

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12 Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12 Form 990 (line c plus line d)	e	

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

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20 Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

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

(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
RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478	PRESIDENT			
MARYBETH HOME 154 GLENWOOD AVENUE SARASOTA, FL	VICE-PRESIDENT			
ED BARKER 1859 UNIVERSITY PLACE SARASOTA, FL 34235-9038	SECRETARY			
SYLVIA THYSSEN 2105 ROBINSON AVENUE SARASOTA, FL 34232	NETWORKS COORDINATOR			
CARLA HIGDON 2105 ROBINSON AVENUE SARASOTA, FL. 34232	PROJECTS COORDINATOR			
MISC SMALL SALARIES				
	VARIOUS	30,000.00	0.00	0.00
	VARIOUS	0.00	0.00	0.00
	VARIOUS	0.00	0.00	0.00
	VARIOUS	16,516.67	0.00	0.00
	VARIOUS	38,488.84	0.00	0.00
	VARIOUS	40,937.81	0.00	0.00

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  No

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Part VI Other Information		N/A	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? 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?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
b	If "Yes" enter the name of the organization _____ 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	N/A	
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?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? 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	85b	N/A	
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 or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.00</u> , section 4912 <u>0.00</u> , section 4955 <u>0.00</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	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 on line 89c, above reimbursed by the organization		0.00	
90 a	List the states with which a copy of this return is filed <u>N/A</u>			
b	Number of employees employed in the pay period that includes March 12 2000	90b		4

91 The books are in care of RICHARD DOBLIN Telephone no 617/484-9509  
 Located at 3 FRANCIS STREET, BELMONT, MA. ZIP code 02478

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

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>BOOKS &amp; TAPES SALES</b>					18,245.97
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities		27,567.94			
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					71,181.97
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		27,567.94		0.00	89,427.94
105 Total (add line 104 columns (B), (D) and (E))					116,995.88

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)
▼	SALE OF EDUCATIONAL MATERIALS TO MEMBERS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

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

comparing schedules and statements and to the best of my knowledge and belief, it is true information of which preparer has any knowledge (Important: See General instruction W)

1/12/02 Richard Dublin, President

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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
NONE				

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		

Total number of others receiving over \$50,000 for professional services ▶ **0**

**Part III Statements About Activities**

	Yes	No
1 During the year has the organization attempted to influence national state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner or principal beneficiary		
a Sale exchange or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes" attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions ) SEE STATEMENT 8	4a	X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the 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 5 )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 page 5 of the instructions )

(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 page 5 of the instructions )



MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2000 PSYCHEDELIC STUDIES, INC.

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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	552,819.77	268,046.65	177,506.04	540,100.62	1,538,473.08
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					
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	23,443.58	21,260.72	2,017.28	11,274.68	57,996.26
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	576,263.35	289,307.37	179,523.32	551,375.30	1,596,469.34
24 Line 23 minus line 17	576,263.35	289,307.37	179,523.32	551,375.30	1,596,469.34
25 Enter 1% of line 23	5,762.63	2,893.07	1,795.23	5,513.75	
26 Organizations described on 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 1996 through 1999 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 (which is not open to public inspection) 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: (1999) 0.00 (1998) 0.00 (1997) 0.00 (1996) 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: (1999) 0.00 (1998) 0.00 (1997) 0.00 (1996) 0.00				
	c Add Amounts from column (e) for lines 15 1,538,473.08 16 _____ 17 _____ 20 _____ 21 _____				27c 1,538,473.08
	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 1,538,473.08
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f 1,596,469.34
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 96.3672%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h 3.6328%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, 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 page 5 of the 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		

Schedule A (Form 990 or 990-EZ) 2000

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

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

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
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			Amount
	Yes	No	
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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

N/A

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

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

Yes  No

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

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

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

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

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

Employer identification number  
**5902751953**

Organization type (check one) Section  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IVA, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)),

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033(a)(2)(iii)(a)).

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)),

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-6 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>	Employer identification number <b>5902751953</b>
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**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>	_____	\$ <u>65,000.00</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>	_____	\$ <u>1,041.38</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization <b>MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.</b>	Employer identification number <b>5902751953</b>
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**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SUN MICRO, 2020 SHARES <hr/> <hr/> <hr/>	\$ 183,153.60	06/14/00
2	CRITICAL PATH, 625 SHARES, DONATED 9/8/00 CRITICAL PATH, 1500 SHARES, DONATED 8/23/00 <hr/> <hr/>	\$ 127,240.00	VARIOUS
3	CRITICAL PATH, 850 SHARES, DONATED 6/7/00 ORGANIC, 500 SHARRES, DONATED 6/7/00 <hr/> <hr/>	\$ 43,530.50	VARIOUS
4	JUNIPER NETWORKS, 200 SHARES <hr/> <hr/> <hr/>	\$ 42,775.00	10/18/00
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179 Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MACHINERY & EQUIPMENT											
1	OFFICE EQUIPMENT	123196200DB5	DB5	00	17	614.54			614.54	508.35		70.79
2	COMPUTER EQUIPMENT	123196200DB5	DB5	00	17	6,109.47			6,109.47	5,053.76		703.81
3	OFFICE EQUIPMENT	111597200DB5	DB5	00	17	1,161.48			1,161.48	826.97		133.80
4	COMPUTER EQUIPMENT	111597200DB5	DB5	00	17	3,927.02			3,927.02	2,796.04		452.39
5	OFFICE EQUIPMENT	120198200DB5	DB5	00	17	685.24			685.24	356.33		131.56
6	COMPUTER EQUIPMENT	120198200DB5	DB5	00	17	74.94			74.94	38.97		14.39
7	CAR	120198200DB5	DB5	00	17	3,923.58			3,923.58	2,040.26		753.33
8	OFFICE EQUIPMENT	053000200DB5	DB5	00	17	2,817.10			2,817.10	140.85		1,070.50
9	COMPUTER EQUIPMENT	053000200DB5	DB5	00	17	3,948.46			3,948.46	197.42		1,500.42
10	OFFICE EQUIPMENT	053101200DB5	DB5	00	15B	7,783.90			7,783.90			389.20
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					31,045.73		0.00	31,045.73	11,958.95	0.00	5,220.19
	* GRAND TOTAL 990 PAGE 2 DEPR					31,045.73		0.00	31,045.73	11,958.95	0.00	5,220.19



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FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT    1

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CRITICAL PATH - 850 SHRS	43,607.17	38,190.50	0.00	5,416.67
ORGANIC - 500 SHRS	6,237.79	5,340.00	0.00	897.79
SUN MICRO - 200 SHRS	25,487.15	18,136.00	0.00	7,351.15
SUN MIRCO - 200 SHRS	21,324.78	18,116.00	0.00	3,208.78
DUN & BRADSTREET - 170 SHRS	5,464.69	5,023.16	0.00	441.53
CRITICAL PATH - 600 SHRS	39,304.18	42,000.00	0.00	<2,695.82>
EMERSON ELECTRIC - 20 SHRS	1,470.45	1,425.00	0.00	45.45
FREEPORT MCMORAN - 255 SHRS	3,244.13	2,836.87	0.00	407.26
SUN MICRO - 1468 SHRS	180,092.24	133,118.24	0.00	46,974.00
SUN MICRO - 1468 SHRS	182,844.65	178,644.25	0.00	4,200.40
SUN MICRO - 1468 SHRS	180,178.98	182,681.25	0.00	<2,502.27>
SUN MICRO - 1468 SHRS	177,706.82	180,387.50	0.00	<2,680.68>
SUN MICRO - 1468 SHRS	176,479.67	178,185.50	0.00	<1,705.83>
SUN MICRO - 1468 SHRS	159,999.66	159,743.75	0.00	255.91
SUN MICRO - 1468 SHRS	166,788.93	164,872.88	0.00	1,916.05
SUN MICRO - 1468 SHRS	169,816.58	171,733.75	0.00	<1,917.17>
SUN MICRO - 1468 SHRS	154,641.71	146,898.75	0.00	7,742.96
SUN MICRO - 1500 SHRS	118,676.54	114,850.75	0.00	3,825.79
GSFT - 10,000 SHRS	6,200.78	6,200.78	0.00	0.00
TO FORM 990, PART I, LINE 8	<u>1,819,566.90</u>	<u>1,748,384.93</u>	<u>0.00</u>	<u>71,181.97</u>

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOOKS AND TAPES FOR ORDER	199.60	199.60		
NON-ACCOUNTING PROFESSIONAL SRVCS	3,046.00		3,046.00	
BANK FEES	647.39		647.39	
RESEARCH PROJECTS	189,906.76	189,906.76		
EDUCATIONAL PROJECTS	439,236.55	439,236.55		
FUNDRAISING	3,235.12			3,235.12
<b>TOTAL TO FM 990, LN 43</b>	<b>636,271.42</b>	<b>629,342.91</b>	<b>3,693.39</b>	<b>3,235.12</b>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

FUNDED THE DEVELOPMENT OF DANCESAFE, A NATIONAL NON-PROFIT HARM REDUCTION ORG. FOCUSING ON THE RAVE COMMUNITY. SUPPORT THE ESTAB. OF ITS NATIONAL OFFICE AND LOCAL CHAPTERS, WEBSITE AND THE WRITING & PRINTING OF EDUCATIONAL MATERIALS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		396,972.72

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

SUPPORTED THE DEVELOPMENT OF ALCHEMIND, A NON-PROFIT ORGANIZATION FOCUSED ON EDUCATING THE PEOPLE THROUGH ITS WEB-SITE & PUBLICATIONS ABOUT THE CONCEPT OF "COGNITIVE LIBERTY" UNTIL ALCHEMIND OBTAINED ITS OWN 501C (3) STATUS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		30,574.49

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-PUBLISHED A PAPERBACK EDITION OF LSD PSYCHOTHERAPY, BY DR CHARLES GROF		15,209.25
-PUBLISHED FIRST EDITION OF KETAMINE: DREAMS & REALITIES BY DR KARL JANSEN		14,174.09
-PAID FOR SOME OF THE EXPENSES INVOLVED IN ASSEMBLING TRANSCRIPTS AND PRELIMINARY WRITINGS FOR A BOOK ABOUT THE PSYCHEDELIC ELDER'S CONFERENCE		5,443.44
-PAID FOR SOFTWARE DEVELOPEMENT AND PRELIMINARY DATA GATHERING FOR THE CREATION OF A WEB-BASED BIBLIOGRAPHY OF ALL SCIENTIFIC PAPERS PUBLISHED ABOUT LSD & PSILOCYBIN		4,740.89
-FUNDED A REVIEW OF THE ENTIRE PEER-REVIEWED LITERATURE ON MDMA, FOR SUBMISSIONS TO FDA		63,126.06
-FUNDED AN ECSTASY PILL ANALYSIS/TESTING PROGRAM AT A DEA-LICENSED ANALYTICAL LABORATORY		28,000.00
-SUPPORTED THE WORLD'S FIRST SCIENTIFIC STUFY OF THE THERAPEUTIC USE OF MDMA, EXPLORING MDMA-ASSISTED PSYCHOTHEAPY IN WOMEN SURVIVORS OF SEXUAL ASSAULT WITH CHRONIC POSTTRAUMTIC STRESS DISORDER, AT THE UNIVERSITY AUTONOMIA DE MADRID, UNDER THE DIRECTION OF DR. PEDRO		

SOPELANA AND JOSE CARLOS BOUSO (PH.D. CANDIDATE)	21,454.73
- FUNDED A STUDY BY DR. EVGENY KRUPITSKY, LENINGRAD REGIONAL CENTER FOR ALCOHOLISM AND DRUG ADDICTION THERAPY, INTO THE USE OF KEAMINE-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF HEROIN ADDICTS	19,886.70
- CONTRIBUTED TO AN STUDY AT A DEA-LICENSES ANALYTICAL LAB OF THE CONSTITUENTS OF THE VAPOR STREAM WHEN MARIJUANNA IS HEATED IN A VAPORIZER UNIT THAT DOES NOT REACH A COMBUSTION TEMPERATURE, EXPLORING NON-SMOKING DELIVERY SYSTEMS AS RECOMMENDED BY THE INSTITUTE OF MEDICINE	19,850.00
- CONTRIBUTED TO A STUDY BY DR. ETHAN RUSSO OF THE HEALTH STATUS OF 4 MEDICAL MARIJUANA PATIENTS WHO RECEIVE MARIJUANA LEGALLY FROM THE NATIONAL INSTITUTE ON DRUG ABUSE	11,050.00
- DONATED TO A STUDY BY DR JOHN HALPERN, HARVARD MEDICAL SCHOOL, EXPLORING NEUROPSYHCOLOGICAL EFFECTS OF THE USE OF PEYOTE IN MEMBERS OF THE NATIVE AMERICAN CHURCH	10,000.00
- FUNDED WORK BY DR. GROB, HARBOR/UCLA MEDICAL SCHOOL, ANALYZING DATA FROM HIS COMPLETED FDA-APPROVED MDMA PHASE 1 SAFETY STUDY	3,523.25
-BROUGHT SEVERAL SCIENTISTS/MDMA RESEARCHERS TO A SCIENTIFIC MEEING ABOUT MDMA HELD IN SAN FRANCISCO, FOR A MEETING ON PROTOCOL DESIGN	1,834.37
- DONATED TO A GOVERNMENT-APPROVED STUDY BY DR. TORSTEN PASSIE, HANNOVER, GERMANY, EXPLORING TO ADMINISTRATION OF PSILOCYBIN TO PHYSICIAN VOLUNTEERS	3,000.00
- PAID FOR THE MANUFACTURE OF PSILOCYBIN AT A DEA-LICENSED LABORATORY FOR USE IN THE FIRST FDA-APPROVED STUDY IN 30 YEARS IN WHICH PSILOCYBIN IS BEING GIVEN TO PATIENTS	1,750.00
- FUNDED EFFORTS BY DR. CHARLES GROB, HARBOR/UCLA MEDICAL SCHOOL, TO DESIGN AND OBTAIN FDA APPROVAL FOR A STUDY OF MDMA-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF ANXIETY AND DEPRESSION IN END-STAGE CANCER PATIENTS	1,655.52
- SUPPORTED EFFORTS TO INITIATE MDMA-ASSISTED PSYCHOTHERAPY RESEARCH IN	

ISRAEL, WITH PATIENTS WITH PTSD AS A RESULT OF HAVING SURVIVED A TERRORIST ATTACK	1,200.00
- SUPPORTED STUDY IN BRAZIL BY ERIK HOFFMAN, PH.D. INTO THE EFFECTS OF AYAHUASCA ON EEG MEASUREMENTS	1,000.00
- SUPPORTED PROTOCOL DEVELOPMENT BY RICHARD YENSEN, PH.D. FOR A STUDY OF LSD-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF ANXIETY, DEPRESSION AND PAIN IN CANCER PATIENTS	500.00
- SUPPORTED A STUDY BY IAN SOUTER IN CANADA OF THE EFFECT OF SMALL DOSES OF SALVIA DIVINORUM IN QUAKER MEDITATION	360.00
- PAID APPLICATION FEE AND OTHER EXPENSES FOR DEA AND MA STATE DEPARTMENT OF PUBLIC HEALTH APPLICATION FROM UMASS AMHERST DEPT. OF PLANT AND SOIC SCIENCES TO ESTABLISH A MEDICAL MARIJUANA PRODUCTION FACILITY FOR FDA-APPROVED RESEARCH	174.61
- FUNDED THE MODERATION OF A FREE, ON-LINE MAPS FORUM WITH ABOUT 1200 PARTICIPANTS	3,850.00
- SUPPORTED WORK TO CREAT A BIBLIOGRAPHY OF ALL THE SCIENTIFIC LITERATURE ON MDMA, FOR SUBMISSION TO FDA AS PART OF MAPS EFFORTS TO START MDMA PSYCHOTHERAPY RESEARCH	3,822.43
- SUPPORTED THE DEVELOPMENT OF A WEBSITE FOR INFORMATION ABOUT THE PSYCHOTHERAPEUTIC USE OF MDMA IN TERMINAL CANCER PATIENTS, BY SUE AND SHANE STEVENS	3,000.00
- FUNDED RESEARCH AND WRITING BY BENNY SHANON, PH.D. HEBREW UNIVERSITY, OF A BOOK ABOUT AYAHUASCIA	2,781.35
- ORGANIZED A HOLOTROPIC BREATHWORK WORKSHOP FOR STUDENTS	2,560.12
- HELPED WRITE AND PAID CHERYL FLAX-DAVIDSON TO WRITE AN AMICUS CURIAE BRIEF TO THE SUPREME COURT FOR ITS MEDICAL MARIJUANA CASE	1,586.27
- DONATED TO A BOOK BY DR. KEN ALPER, NEW YORK UNIVERSITY MEDICAL SCHOOL, ABOUT IBOGAIINE, MOSTLY ITS USE IN THE TREATMENT OF ADDICTION	1,000.00
- PAID TO HAVE A DOCUMENT WRITTEN OUTLINING IMPORTANT POTENTIAL AREAS OF MDMA RESEARCH OTHER THAN AS AN ADJUNCT TO PSYCHOTHERAPY	825.00
- FUNDED TRAVEL EXPENSES FOR SEVERAL RESEARCHERS TO ATTEND THE U. OF	

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE

59-2751953

ARIZONA TUCSON CONVERENCE ON CONSCIOUSNESS	500.00
- PAID SOME EPENSES TOWARDS MAPS PARTICIPATION IN AN INTERNATIONAL SOCIETY OF ADDICTION MEDICINE CONFERENCE IN ISRAEL	440.29
- PAID EXPENSES IN PRESENTING INFORMAITON ABOUT MDMA TO THE US SENTENCING COMMISSION	334.22
- OTHER AMOUNTS RELATING TO ALL ABOVE PROGRAM SERVICES	83,119.81
TOTAL TO FORM 990, PART III, LINE E	331,752.40

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES			261,540.03		261,540.03
TO FM 990, LN 54 COL B			261,540.03		261,540.03

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MACHINERY & OTHER EQUIPMENT	31,045.73	17,179.14	13,866.59
TOTAL TO FORM 990, PART IV, LN 57	31,045.73	17,179.14	13,866.59

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.

2000

Attachment Sequence No 87

Form 4562

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions Attach this form to your return

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

FORM 990 PAGE 2

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

Table with 5 rows for election details: 1 Maximum dollar limitation, 2 Total cost of section 179 property, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Table with 2 columns: 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover of disallowed deduction, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover of disallowed deduction to 2001.

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 2000 Tax Year (Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(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)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 15a-i.

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

Table with 5 columns: 16a Class life, 16b 12 year, 16c 40 year, (d) Recovery period, (e) Convention, (f) Method.

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

Table with 3 rows: 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000, 18 Property subject to section 168(f)(1) election, 19 ACRS and other depreciation.

Part IV Summary (See instructions)

Table with 3 rows: 20 Listed property, 21 Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20, 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 4562 (2000)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>24 Property used more than 50% in a qualified business use</b>								
		%						
		%						
		%						
<b>25 Property used 50% or less in a qualified business use</b>								
		%				S/L		
		%				S/L		
		%				S/L -		
<b>26</b> Add amounts in column (h) Enter the total here and on line 20, page 1							<b>26</b>	
<b>27</b> Add amounts in column (i) Enter the total here and on line 7, page 1								<b>27</b>

**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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>28</b> Total business/investment miles driven during the year (DO NOT include commuting miles)												
<b>29</b> Total commuting miles driven during the year												
<b>30</b> Total other personal (noncommuting) miles driven												
<b>31</b> Total miles driven during the year Add lines 28 through 30												
<b>32</b> Was the vehicle available for personal use during off duty hours?												
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>34</b> Is another vehicle available for personal use?												

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

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

	Yes	No
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>37</b> Do you treat all use of vehicles by employees as personal use?		
<b>38</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>40</b> Amortization of costs that begins during your 2000 tax year					
<b>41</b> Amortization of costs that began before 2000					<b>41</b>
<b>42</b> Total Add amounts in column (f) See instructions for where to report					<b>42</b>



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print	Name of Exempt Organization	Employer identification number
	MULTIDISCIPLINARY ASSOCIATION FOR PSYDELIC STUDIES	59-2751953
	Number street, and room or suite no. If a P O box, see instructions	
	PO BOX 3319	
File by the due date for filing your return. See instructions	City town or post office state and ZIP code. For a foreign address, see instructions	
	SARASOTA, FL 34230	

### Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                            | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until JANUARY 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUNE 1, 2000, and ending MAY 31, 2001

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

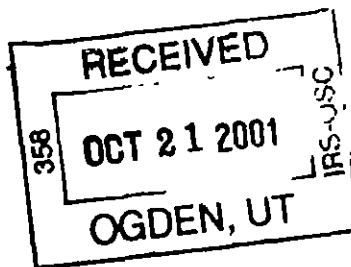
### Signature and Verification

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 ▶ [Handwritten Signature] Title ▶ CPA Date ▶ 10/15/01

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12 2000)



EXTENSION APPROVED

NOV 07 2001

LINDA WEISKOPF, FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization MULTIDISCIPLINARY ASSOCIATION FOR PSYEDELIC STUDI	Employer identification number 59-3751953
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 3319	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SARASOTA, FL 34230	

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

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

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

- 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 a 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, 2002

5 For calendar year \_\_\_\_\_, or other tax year beginning JUNE 1 \_\_\_\_\_ 00 and ending MAY 31 \_\_\_\_\_ 01

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

7 State in detail why you need the extension NEED ADDITIONAL INFORMATION TO SUMMARIZE RECORDS & REVIEW ADDITIONAL INFORMATION & DATA FROM OUTSIDE SOURCES & TAXPAYER

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

**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 1/15/02

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above**

Type or print	Name
	Number and street (include suite, room, or apt no ) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED  
1/15/02