

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year period beginning **JUN 1, 2001** and ending **MAY 31, 2002**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
C/O P.O. BOX 3319
 City or town, state or country, and ZIP + 4
SARASOTA, FL 34230

D Employer identification number
59-2751953

E Telephone number
617-484-8711RIC

F Accounting method: Cash Accrual
 Other (specify) **▶**

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

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶**
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
I Enter 4-digit GEN **▶**

G Web site **▶ N/A**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 906,240.51**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	723,804.44		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 642,385.53 noncash \$ 81,418.91)	1d			723,804.44
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			31,158.39
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			16,478.21
	6 a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	134,799.47	8a			
	133,413.42	8b			
	1,386.05	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		STMT 1	1,386.05	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
	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			772,827.09	
Expenses	13 Program services (from line 44, column (B))	13		549,563.47	
	14 Management and general (from line 44, column (C))	14		161,604.04	
	15 Fundraising (from line 44, column (D))	15		4,429.20	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			715,596.71
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		57,230.38	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		328,719.99	
	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			385,950.37

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

Form 990 (2001)

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
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 39,999.96	19,999.98	19,999.98	0.00	
26 Other salaries and wages	26 107,374.30	53,687.15	53,687.15		
27 Pension plan contributions	27				
28 Other employee benefits	28 22,990.31	11,495.15	11,495.16		
29 Payroll taxes	29 12,886.21	6,443.11	6,443.10		
30 Professional fundraising fees	30				
31 Accounting fees	31 2,440.00		2,440.00		
32 Legal fees	32				
33 Supplies	33 7,110.76		7,110.76		
34 Telephone	34 13,826.85		13,826.85		
35 Postage and shipping	35 17,382.83		17,382.83		
36 Occupancy	36 11,407.33		11,407.33		
37 Equipment rental and maintenance	37				
38 Printing and publications	38 204,052.50	204,052.50			
39 Travel	39 8,315.23	4,157.61	4,157.62		
40 Conferences, conventions, and meetings	40 1,947.14	973.57	973.57		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42 7,433.44		7,433.44		
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 2	43e	258,429.85	248,754.40	5,246.25	4,429.20
44 Total functional expenses (add lines 22 through 43) <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	715,596.71	549,563.47	161,604.04	4,429.20

Joint Costs Check if you are following SOP 99-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (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?

MEDICAL RESEARCH AND EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)

a SUPPORTED THE DEVELOPMENT OF THE EROWID.ORG WEBSITE, THE MOST POPULAR SITE ON THE INTERNET FOR INFORMATION ABOUT PSYCHEDELIC DRUGS. (Grants and allocations \$ _____)	96,722.93
b FUNDED EXPENSES INVOLVED IN THE CREATION OF A PROFESSIONAL DOCUMENTARY ABOUT MEDICAL MARIJUANA RESEARCH, FOCUSED ON DR. DONALD ABRAMS. (Grants and allocations \$ _____)	49,943.92
c EDITED, PUBLISHED AND DISTRIBUTED ABOUT 14,000 COPIES OF THE MAPS BULLETIN, TO MEMBERS, NEWSTANDS, SCIENTISTS AND GOVERNMENT REGULATORS. (Grants and allocations \$ _____)	44,877.46
d FUNDED PROTOCOL DESIGN AND APPROVAL EXPENSES FOR THE FIRST FDA APPROVED STUDY OF THE THERAPEUTIC USE OF MDMA, IN THIS CASE FOR PTSD TO TAKE PLACE IN CHARLESTON, SC UNDER THE DIRECTION OF DR. MICHAEL MITHOEFER (Grants and allocations \$ _____)	36,069.58
e Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ _____)	321,949.58
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	549,563.47

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Part IV Balance Sheets

Note		(A) Beginning of year	(B) End of year
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>			
Assets	45	Cash - non-interest-bearing	45
	46	Savings and temporary cash investments	28,949.95 46 476.59
	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 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	261,540.03 54 364,925.19
	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 35,284.35	
b	Less accumulated depreciation STMT 5	57b 24,612.58 57c 10,671.77	
58	Other assets (describe ▶)	58	
59	Total assets (add lines 45 through 58) (must equal line 74)	344,356.57 59 416,073.55	
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 ▶ SEE STATEMENT 6)	15,636.58 65 30,123.18
66	Total liabilities (add lines 60 through 65)	15,636.58 66 30,123.18	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67	Unrestricted	67
	68	Temporarily restricted	68
	69	Permanently restricted	69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74		
	70	Capital stock, trust principal, or current funds	0.00 70 0.00
	71	Paid-in or capital surplus, or land, building, and equipment fund	0.00 71 0.00
	72	Retained earnings, endowment, accumulated income, or other funds	328,719.99 72 385,950.37
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	328,719.99 73 385,950.37	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	344,356.57 74 416,073.55	

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

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	b	
(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	d	
(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	b	
(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	d	
(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			
RICHARD DOBLIN 3 FRANCIS STREET BELMONT, MA 02478	SECRETARY			
MARGARET HALL 2105 ROBINSON AVENUE SARASOTA, FL 34232	DIRECTOR OF OPERATIONS			
NICOLE TRAVENIER 2301 47TH AVE. DR. W. BRADENTON, FL 34207	DIR. OF ORGANIZATIONAL DEV			
MISC SMALL SALARIES				
	VARIOUS	39,999.96	0.00	0.00
	VARIOUS	0.00	0.00	0.00
	VARIOUS	0.00	0.00	0.00
	VARIOUS	32,334.74	0.00	0.00
	VARIOUS	29,110.00	0.00	0.00
	VARIOUS	45,929.60	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 Form 990 (2001)

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 direct or indirect political expenditures See line 81 instructions 81a 0.00		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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? N/A		
h	If section 6033(e)(1)(A) dues notices 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? 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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.00 , section 4912 0.00 , section 4955 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 or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 N/A		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 4		
91	The books are in care of RICHARD DOBLIN Telephone no 617/484-9509		
	Located at 3 FRANCIS STREET, BELMONT, MA. ZIP + 4 02478		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a BOOKS & TAPES SALES					31,158.39
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		16,478.21			
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					1,386.05
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))		16,478.21		0.00	32,544.44
105 Total (add line 104, columns (B), (D), and (E))					49,022.65

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 (See Specific Instructions on page 32)

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

SALE OF EDUCATIONAL MATERIALS TO MEMBERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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

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

2/17/02 Richard Doshin, President, MAPS

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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 page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

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

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note 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 STATEMENT 7		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 of the instructions)

MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2001 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	805,078.60	552,819.77	268,046.65	177,506.04	1,803,451.06
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,567.94	23,443.58	21,260.72	2,017.28	74,289.52
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	832,646.54	576,263.35	289,307.37	179,523.32	1,877,740.58
24 Line 23 minus line 17	832,646.54	576,263.35	289,307.37	179,523.32	1,877,740.58
25 Enter 1% of line 23	8,326.47	5,762.63	2,893.07	1,795.23	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	N/A
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2000)	0.00	(1999)	0.00	(1998)	0.00	(1997)	0.00
--------	------	--------	------	--------	------	--------	------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000)	0.00	(1999)	0.00	(1998)	0.00	(1997)	0.00
--------	------	--------	------	--------	------	--------	------

c Add Amounts from column (e) for lines	15 1,803,451.06	16 _____	17 _____	20 _____	21 _____	27c	1,803,451.06
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	1,803,451.06
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)						27f	1,877,740.58
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						27g	96.0437%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						27h	3.9563%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2001 PSYCHEDELIC STUDIES, INC.

59-2751953 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2001

MULTIDISCIPLINARY ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2001 PSYCHEDELIC STUDIES, INC.

59-2751953 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

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	
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.00
46	Lobbying ceiling amount (150% of line 45(e))				0.00
47	Total lobbying expenditures				0.00
48	Grassroots nontaxable amount				0.00
49	Grassroots ceiling amount (150% of line 48(e))				0.00
50	Grassroots lobbying expenditures				0.00

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

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

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

- (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

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 (X)

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Employer identification number

59-2751953

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

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

Special Rules-

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

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

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

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

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

Employer identification number
59-2751953

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 212,500.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 40,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 30,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 15,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 126,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 58,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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

▶ See separate instructions ▶ Attach to your tax 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
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Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.00
2 Total cost of section 179 property placed in service (see instructions)	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 29	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 line 13 of your 2000 Form 4562	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 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	1,271.59
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	6,013.50
18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3-year property						
b 5-year property		2,967.03	5 YRS.	MQ	200DB	148.35
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	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	7,433.44
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 24a, 24b, 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)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

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
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

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					614.54			614.54	579.14		35.40
1	OFFICE EQUIPMENT	123196200DB5.00	17			614.54			614.54	579.14		35.40
2	COMPUTER EQUIPMENT	123196200DB5.00	17			6,109.47			6,109.47	5,757.57		351.90
3	OFFICE EQUIPMENT	111597200DB5.00	17			1,161.48			1,161.48	960.77		133.81
4	COMPUTER EQUIPMENT	111597200DB5.00	17			3,927.02			3,927.02	3,248.43		452.39
5	OFFICE EQUIPMENT	120198200DB5.00	17			685.24			685.24	487.89		78.94
6	COMPUTER EQUIPMENT	120198200DB5.00	17			74.94			74.94	53.36		8.63
7	CAR	120198200DB5.00	17			3,923.58			3,923.58	2,793.59		452.00
8	OFFICE EQUIPMENT	053000200DB5.00	17			2,817.10			2,817.10	1,211.35		642.30
9	COMPUTER EQUIPMENT	053000200DB5.00	17			3,948.46			3,948.46	1,697.84		900.25
10	OFFICE EQUIPMENT	053101200DB5.00	17			7,783.90			7,783.90	389.20		2,957.88
11	OFFICE EQUIPMENT	053102200DB5.00	19B			3,038.90			3,038.90			1,018.03
12	COMPUTER EQUIPMENT	053102200DB5.00	19B			1,199.72			1,199.72			401.91
	* 990 PAGE 2 TOTAL					35,284.35		0.00	35,284.35	17,179.14	0.00	7,433.44
	* GRAND TOTAL 990 PAGE 2					35,284.35		0.00	35,284.35	17,179.14	0.00	7,433.44
	DEPR											

(D) - Asset disposed

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
DUN AND BRADSTREET, 166 SHARES	5,248.34	5,023.16	0.00	225.18
FREEMPORT MCMORAN, 200 SHARES	3,102.95	2,690.00	0.00	412.95
PROGRESSIVE, 475 SHARES	74,134.63	73,705.75	0.00	428.88
REDHAT, 97 SHARES	433.06	533.50	0.00	<100.44>
SUNAMERICA	51,880.49	51,461.01	0.00	419.48
TO FORM 990, PART I, LINE 8	134,799.47	133,413.42	0.00	1,386.05

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NON-ACCOUNTING PROFESSIONAL SRVCS	4,300.00		4,300.00	
BANK FEES	946.25		946.25	
RESEARCH PROJECTS	147,527.71	147,527.71		
EDUCATIONAL PROJECTS	101,226.69	101,226.69		
FUNDRAISING	4,429.20			4,429.20
TOTAL TO FM 990, LN 43	258,429.85	248,754.40	5,246.25	4,429.20

FORM 990 OTHER PROGRAM SERVICES STATEMENT 3

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
THE WOMEN'S ENTHEOGEN FUND, TO ASSIST WOMEN INTERESTED IN STUDYING THE THERAPEUTIC/RELIGIOUS USE OF PSYCHEDELICS. SUPPORTED INITIAL EXPENSES FOR THE CREATION OF THE J. OF CANNABIS THERAPEUTICS.		34,923.17
PUBLISHED A NEW BOOK, DRAWING IT OUT, BY SHERANA HARRIETTE FRANCES		24,971.96
HELPED SUPPORT EXPENSES FOR THE PUBLICATION OF THE ENTHEOGEN REVIEW.		8,027.49
		2,955.00

STARTED A NEW BOOK PROJECT, TO BE WRITTEN BY NICK SAND.	2,500.00
ADVERTISEMENT FOR THE PAPERBACK EDITION OF LSD PSYCHOTHERAPY, BY DR. STAN GROF	20.72
ADVERTISEMENT FOR SECRET CHIEF.	73.80
ADVERTISING FOR THE FIRST EDITION OF KETAMINE: DREAMS AND REALITIES BY DR. KARL JANSEN.	2,131.39
ROYALTIES TO AUTHORS.	1,282.55
PAID FOR SCANNING AND LABOR REQUIRED FOR THE CREATION OF A WEB-BASED BIBLIOGRAPHY OF ALL SCIENTIFIC PAPERS PUBLISHED ABOUT LSD AND PSILOCYBIN.	9,367.92
FUNDED THE MODERATION OF A FREE, ON-LINE MAPS FORUM WITH ABOUT 1200 PARTICIPANTS	2,022.88
SUPPORTED WORK TO CREATE A BIBLIOGRAPHY OF ALL THE SCIENTIFIC LITERATURE ON MDMA, FOR SUBMISSION TO FDA AS PART OF MAPS' EFFORTS TO START MDMA PSYCHOTHERAPY RESEARCH.	2,015.00
FUNDED TRAVEL EXPENSES FOR SEVERAL RESEARCHERS TO ATTEND THE U. OF ARIZONA TUCSON CONFERENCE ON CONSCIOUSNESS.	750.42
EXPENSES FOR MAPS PRESIDENT AND A STAFF MEMBER TO TRAVEL TO THE TELLURIDE MUSHROOM FESTIVAL, WHERE RICK DOBLIN WAS SPEAKER.	
EXPENSES TOWARD MAPS PARTICIPATION IN AN INTERNATIONAL SOCIETY OF ADDICTION MEDICINE CONFERENCE IN ISRAEL, LAYING THE GROUNDWORK FOR AN ISRAELI MDMA/PTSD PROTOCOL.	7,112.68
EXPENSES TO SEND SEVERAL PEOPLE TO NIDA'S MDMA CONFERENCE.	2,133.84
FUNDED A NEW VENTURE PROVIDING PSYCHEDELIC EMERGENCY SERVICES AT A LARGE OUTDOOR MUSIC FESTIVAL.	4,064.83
STARTED A NEW SECTION ON THE MAPS WEBSITE - THE RITES OF PASSAGE PROJECT.	3,918.96
EXPENSES FOR OBTAINING A VARIETY OF CONTENT FOR THE MAPS WEBSITE.	879.16
OFFERED THE FIRST MAPS SCHOLARSHIP FOR AN UNDERGRADUATE THESIS STUDENT WORKING ON A PSYCHEDELIC RELATED THESIS, TO SARAH HUSSIN.	994.98
FUNDED A REVIEW OF THE ENTIRE PEER REVIEWED SCIENTIFIC LITERATURE ON MDMA, FOR SUBMISSION TO FDA.	18,802.72
FUNDED AN ECSTASY PILL ANALYSIS/TESTING PROGRAM AT A DEA LICENSED ANALYTICAL LABORATORY.	30,000.00

SUPPORTED THE WORLD'S FIRST SCIENTIFIC STUDY OF THE THERAPEUTIC USE OF THE THERAPEUTIC USE OF MDMA, EXPLORING MDMA ASSISTED PSYCHOTHERAPY IN WOMEN SURVIVORS OF SEXUAL ASSAULT WITH CHRONIC POSTTRAUMATIC STRESS DISORDER, AT THE UNIVERSITY AUTONOMA DE MADRID, UNDER THE DIRECTION OF DR. PEDRO SOPELANA AND JOSE CARLOS BOUSO (PH.D. CANDIDATE)	20,000.00
DONATED A PORTABLE CD/TAPE/RADIO PLAYER FOR THE MDMA TREATMENT ROOM AT THE U. OF ZURICH.	534.58
FUNDED A STUDY BY DR. EVGENY KRUPITSKY, LENINGRAD REGIONAL CENTER FOR ALCOHOLISM AND DRUG ADDICTION THERAPY, INTO THE USE OF KETAMINE ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF HEROIN ADDICTS.	10,380.00
CONTRIBUTED TO A STUDY AT A DEA LICENSED ANALYTICAL LAB OF THE CONSTITUENTS OF THE VAPOR STREAM WHEN MARIJUANA 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.	2,000.00
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.	10,000.00
DONATED TO A STUDY BY DR. JOHN HALPERN, HARVARD MEDICAL SCHOOL, EXPLORING NEUROPSYCHOLOGICAL EFFECTS OF THE USE OF MDMA IN A POPULATION THAT USED MDMA BUT ALMOST NO OTHER DRUGS.	11,545.00
PAID FOR THE TRAINING OF THE TREATMENT TEAM FOR THE FIRST FDA APPROVED STUDY IN 30 YEARS IN WHICH PSILOCYBIN IS BEING GIVEN TO PATIENTS.	2,574.98
SUPPORTED RESEARCH INTO THE RECORDS FROM THE LATE 1960S AND EARLY 1970S OF PEOPLE TREATED WITH LSD BY DR. WALTER PAHNKE AND OTHER THERAPISTS AT SPRING GROVE FOR EMOTIONAL ASPECTS OF DEALING WITH CANCER AND OTHER PSYCHOLOGICAL CONDITIONS, FOR SUBMISSION TO FDA BY RICHARD YENSEN, PH.D. IN SUPPORT OF A STUDY OF LSD ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF ANXIETY, DEPRESSION AND PAIN IN CANCER PATIENTS.	1,903.35

SUPPORTED EXPENSES FOR REID STUART TO GO TO PERU TO SEEK SAMPLES OF POSSIBLE MIXTURES OF AYAHUASCA AND CACTUS, AND TO SEEK A PLANT WITH SUPPOSED MDMA LIKE EFFECTS.	2,000.00
FUNDED SOME PRELIMINARY LITERATURE REVIEWS OF CREATIVITY RESERACH IN ORDER TO GET SOME IDEAS ABOUT POSSIBLE PROTOCOL DESIGNS FOR A MODERN PSYCHEDELIC CREATIVITY STUDY.	217.50
DONATED TO MICHAEL LERNER AT BOND UNIVERSITY, AUSTRALIA FOR A QUESTIONNAIRE STUDY OF HOW PEOPLE IN DIFFERENT CULTURES DESCRIBE PSYCHEDELIC/RELIGIOUS EXPERIENCES.	500.00
DONATED TO HANS OSSEBAARD FOR A FOLLOWUP STUDY IN PATIENTS WHO RECEIVED LSD THERAPY FROM JAN BASTIAANS TO HELP THEM COPE WITH HAVING SURVIVED CONCENTRATION CAMPS.	1,000.00
OTHER AMOUNTS RELATING TO ALL ABOVE PROGRAM SERVICES.	100,344.70
TOTAL TO FORM 990, PART III, LINE E	321,949.58

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES			364,925.19		364,925.19
TO 990, LN 54 COL B			364,925.19		364,925.19

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MACHINERY & OTHER EQUIPMENT	35,284.35	24,612.58	10,671.77
TOTAL TO FORM 990, PART IV, LN 57	35,284.35	24,612.58	10,671.77

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON STOCKS		29,123.18	
ADVANCE FROM BANK		1,000.00	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		30,123.18	

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7
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.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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 MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC	Employer identification number 59-2751953
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions STUDIES, INC, PO BOX 3319	
	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 1/15, 2003, 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 6/1, 2001, and ending 5/31, 2002.

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. \$ 0.00

Signature and Verification

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

Signature Title ▶ CPA Date ▶ 10/15/02

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)