Internal Revenue Service

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

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

A	for the	2002 calendar year, or tax year period beginning JUN 1, 2002 and ending MAY 31, 2	003
8 (Check If	Please C Name of organization D Emp	loyer identification number
	pplicabl	use RS MULTIDISCIPLINARY ASSOCIATION FOR	-
	Addre	label or PSYCHEDELIC STUDIES, INC. 5:	9-2751953
	Name	type. Number and street (or P.O. hov if mail is not delivered to street address). Beam/suite. E.Tele	phone number
Γ	Initial		17-484-8711RIC
F	Final	jeebrus .	unting method: X Cash Accrual
F	Amen-		Other specify
F	lreturn Applic	Abon 0 0 41 - 704 (-) (0)	to section 527 organizations
	pendi	must attach a completed Schedule & (Form 900 or 900-F7)	
	Mah ali	H(a) Is this a group return for the N/A	
			/
		to the state of th	d? N/A Yes No
		H(d) is this a separate return	i filed by an or-
		ition need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered by a	group ruling? Yes X No
	11 (116 11	ail, it should file a return without financial data. Some states require a complete return I Enter 4-digit GEN	
			rganization is not required to attach
		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 593, 243.37 Sch B (Form 990, 990-	-EZ, 01 990-PF)
F	ert I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	
	1	Contributions, gifts, grants, and similar amounts received	
	8	Direct public support 1a 560, 353.88	
	b	Indirect public support 1b	
	٠	Government contributions (grants)	
	ď	Total (add lines 1a through 1c) (cash \$ 559,333.88 noncash \$ 1,020.00)	1d 560,353.88
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 16,167.23
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4
	5	Dividends and interest from securities	5 15,702.26
	6 a	Gross rents 6a	
	6	Less rental expenses 6b	·
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c
•	7	Other investment income (describe	7
Revenue	8 a	Gross amount from sale of assets other (A) Securities (B) Other	
Š		than inventory1,020.00 8a	`
ш	ь	Less cost or other basis and sales expenses 892.97 8b	
	C	Gain or (loss) (attach schedule) 127.03 8c	. 1
	d	Net gain or (lo ps) (combine ling 8ρ ζοίμημας (()) and (β)) STMT 1	8d 127.03
	9	Special events and activities (attain a detuile)	
	a	Gross revenue (not linctuding \$ of contributions	
		reported on line (to)	,
	6	Less direct expenses other than fundraising expenses 9b	
	ء	Net income or (loss) from special events (subtract line 9b from line 9a)	9¢
	10 a	Gross sales of inventory less entires and allowances 10a	
	b	Less cost of go ods sold	·
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10¢
	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)	12 592,350.40
ra.	13	Program services (from line 44, column (B))	13 478,726.56
8	14	Management and general (from line 44, column (C))	14 136,613.84
Expenses	15	Fundraising (from line 44, column (D))	15 4,485.44
ă	18	Payments to affiliates (attach schedule)	16
	17	Total expenses (add lines 16 and 44, column (A))	17 619,825.84
æ	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 <27,475.44>
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 385,950.37
Zğ	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)	21 358,474.93
2230 01 22	וג 2-03	LHA For Paperwork Reduction Act Notice, see the separate instructions	Form 990 (2002)

SCANNED

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

59-2751953

Part II Statement of All or and (ganiza 'A) ora	tions must complete colum	N (A) COIUMNS (B), (C), and Va)(1) nonexempt charitabl	d (D) are required for section e trusts but optional for othe	n 501(c)(3) Page 2
Do not include amounts reported on line	7, O.Q	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I	* * *	(A) IUIBI	services	and general	(D) Fullulaising
22 Grants and allocations (attach schedule)					243
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)				° '	
24 Benefits paid to or for members (attach schedule)	24	40 021 21	20 015 61	20 015 60	0 00
25 Compensation of officers, directors, etc	25	40,031.21 87,766.80		20,015.60	
26 Other salaries and wages	26	07,700.00	43,003.40	43,883.40	
27 Pension plan contributions	27	21,759.90	10,879.95	10,879.95	
28 Other employee benefits	28 29	9,841.27			
29 Payroll taxes 30 Professional fundralsing fees	30	9,041.27	4,320.04	4,320.03	
	31	2,500.00		2,500.00	
31 Accounting fees	32	2,300.00		2,300.00	
32 Legal fees		5,310.16	_	5,310.16	
33 Supplies	33	11,676.87		11,676.87	
34 Telephone	34				
35 Postage and shipping	35	11,411.81 8,770.80		11,411.81 8,770.80	
36 Occupancy	36 37	0,170.00		0,770.80	
37 Equipment rental and maintenance	38	156 601 91	156,691.81		
38 Printing and publications 39 Travel	38	10,939.22			
	40	140.00			
40 Conferences, conventions, and meetings 41 Interest		140.00			
	41	4,660.39		4,660.39	
42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize)	92	4,000.33		4,000.33	
•	40-				
å	43a 43b	· ·-			
b	43c				
4	43d				
6 SEE STATEMENT 2	438	248 325 60	236,795.54	7,044.62	4,485.44
Total functional expenses (add lines 22 through 43) 44 Organizations completing columns (6)-(0) carry these totals to lines 13-19	438	619 825 84	478,726.56	136,613.84	4,485.44
44 Absentions condend commercial to the impact of the impa	, , ,,,,,	017/023:07	7/0//40:30	T 3 0 * 0 T 3 * 0 40	
					4,403.44
Joint Costs Check - If you are following SOP 9	8-2				
Joint Costs Check Important Information of the Info	8-2 ign an	d fundraising solicitation re	ported in (B) Program servi	ces? ►□	Yes X No
Joint Costs Check Important Inflyou are following SOP 9 Are any joint costs from a combined educational campa If "Yes," enter (i) the aggregate amount of these joint co	8-2 ign an ists \$	d fundraising solicitation re	ported in (8) Program servi (ii) the amount allocated to	ces?	
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Joint Costs Check In you are following SOP 9 Are any joint costs from a combined educational campa if "Yes," enter (i) the aggregate amount of these joint co (III) the amount allocated to Management and general Part III Statement of Program Serve What is the organization's primary exempt purpose? MEDICAL RESEARCH AND EDUCAL RESEARCH AND EDUCAL ORGANIZATIONS must describe their exempt purpose exhibit enter exempt purpose exhibit enter exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) callocations to others) a SUPPORTED THE DEVELOPM POPULAR SITE ON THE INTERPRETATION THE INTERPRETATION OF THE INTERPR	8-2 ign an ists \$ CAT its in a corporatize FERI	d fundraising solicitation replacements Accomplishments ION Rear and concluse manner State from and 4947(aX1) nonexempt of the state	ported in (8) Program service (ii) the amount allocated to (iv) the amount allocated to the number of clients served put the number of clients and allocations \$ Grants and allocations \$	Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and TE, THE MOST T	Program Service Expansed for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) 62,454.84 54,708.72 46,617.32

Page 3

Part IV Balance Sheets Where required, attached schedules and amounts within the description column should be for end-of-year amounts only Beginning of year End of year 45 45 Cash - non-interest-bearing 476.5932,831.94 46 46 Savings and temporary cash investments 47a Accounts receivable Less allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a Less allowance for doubtful accounts 48c ь 48b 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b Less allowance for doubtful accounts 51c 52 Inventories for sale or use 52 53 Prepaid expenses and deferred charges 53 ► X Cost FMV 364,925.19 306,571.94 Investments - securities STMT 6 54 54 55 a Investments - land, buildings, and 40,000.00 55a equipment basis 40,000.00 40,000.00 55b 55c Less accumulated depreciation 56 Investments - other 58 35,284.35 57 a Land, buildings, and equipment basis 57a 28,001.38 STMT 7 10,671.77 7,282.97 57b b Less accumulated depreciation 57c Other assets (describe 58 58 416,073.55 386,686.85 59 Total assets (add lines 45 through 58) (must equal line 74) 59 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 Deferred revenue 62 63 Loans from officers, directors, trustees, and key employees a Tax-exempt bond liabilities 64a 64 b Mortgages and other notes payable 64b 30,123.18 SEE STATEMENT 8 $\overline{2}8,211.92$ 65 Other liabilities (describe 65 30,123.18 28,211.92 Total trabitities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here and complete lines 67 through

416,073.55 386,686.85 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

Net Assets or Fund Balances

67

72

69 and lines 73 and 74

Temporarily restricted

Permanently restricted

Capital stock, trust principal, or current funds

Organizations that do not follow SFAS 117, check here X and complete lines

Paid-in or capital surplus, or land, building, and equipment fund

column (A) must equal line 19, column (B) must equal line 21)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets / fund balances (add lines 66 and 73)

Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72,

Unrestricted

70 through 74

67

68

69

70

358,474.93

358,474.93

0.00

0.00

385,950.37

385,950.37

MULTIDISCIPLINARY ASSOCIATION FOR 59-2751953 PSYCHEDELIC STUDIES, Form 990 (2002) INC. Page 4 Part IV-B Reconciliation of Expenses per Audited Part IV-A Reconciliation of Revenue per Audited Financial Statements with Expenses per Financial Statements with Revenue per Return Total revenue, gains, and other support Total expenses and losses per N/A N/A per audited financial statements audited financial statements Amounts included on line a but not on Amounts included on line a but not on line 17, Form 990 line 12, Form 990 **Donated services** and use of facilities (1) Net unrealized gains on investments (2) Prior year adjustments reported on line 20, (2) Donated services Form 990 and use of facilities (3) Recoveries of prior (3) Losses reported on line 20, Form 990 year grants (4) Other (specify) (4) Other (specify) Add amounts on lines (1) through (4) Add amounts on lines (1) through (4) Line a minus line b Line a minus line b Amounts included on line 17, Form Amounts included on line 12, Form 990 but not on line a 990 but not on line a (1) Investment expenses (1) Investment expenses not included on not included on line 6b, Form 990 line 6b, Form 990 (2) Other (specify) (2) Other (specify) Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 Total expenses per line 17, Form 990 (line c plus line d) (line c plus line d) Trustees, and Key Employees (List each one even if not compensated) List of Officers, Directors, (C) Compensation (D) Contributions to employee benefit plans & deferred (B) Title and average hours (E) Expense (If not paid, enter per week devoted to account and (A) Name and address other allowances position RICHARD DOBLIN PRESIDENT FRANCIS STREET BELMONT, MA 02478 VARIOUS 0.00 0.00 0.00 MARYBETH HOME VICE-PRESIDENT 154 GLENWOOD AVENUE SARASOTA, FL VARIOUS 0.00 0.00 0.00 RICHARD DOBLIN SECRETARY FRANCIS STREET 0.00 BELMONT, MA 02478 VARIOUS 0.00 0.00 DIRECTOR OF OPERATIONS MARGARET HALL 2105 ROBINSON **AVENUE** SARASOTA, FL 34232 0.00 VARIOUS 0.00 0.00 NICOLE TRAVENIER DIR. OF ORGANIZATIONAL DEV 2301 47TH AVE DR. W BRADENTON, FL 34207 0.00 VARIOUS 0.00 0.00 MISC SMALL SALARIES 0.00 0.00 0.00 VARIOUS

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 (2002) MULTIDISCIPLINARY ASSOCIATION FOR

Form	990 (2002) PSYCHEDELIC STUDIES, INC. 5	9-275195	3	Page 5
Pa	t 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	71		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	7	X
	If "Yes," attach a conformed copy of the changes		3 72	
78 z	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78		X
		/A 78	ь	T
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	9	X
	If "Yes," attach a statement			T
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?	80		_ X
b	If "Yes," enter the name of the organization	[7]	1	T ^
		nonexempt	·	
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a	0.00	41. 1	
	Did the organization file Form 1120-POL for this year?	81	b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less the	ıan 📗		
	fair rental value?	82	a	X
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an		٠.	1
		/A	, ,	1.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83	a X	1
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83	ьΧ	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	/A 84	а	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		/A <u>84</u>	ь	<u> </u>
85	1717171 11 4	/A <u>85</u>	a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	/A 85	b L	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p	roxy tax	- 1	;
	owed for the pnor year			
C		/A	٠ .	.[
d		/A /	- 1 >	1
8		/A		
f		/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	/A <u>85</u>	<u>. </u>	┿
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimates an extension of the section for the section of the			
		/A 85	h	
88	, , , , , , , , , , , , , , , , , , ,	/A		
	, , , , , , , , , , , , , , , , , , ,	/A		
87		/A	- 1	
Þ	Gross income from other sources (Do not net amounts due or paid to other sources	/A	•	
	· · · · · · · · · · · · · · · · · · ·	/ <u>A</u> :		
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?	_		"
gn -	If "Yes," complete Part IX	84		<u>X</u>
89 a		0.00	1	1.
h	section 4911 \(\bigsquare\) 0 \(\cdot\)0 , section 4912 \(\bigsquare\) 0 \(\cdot\)0 , section 4955 \(\bigsquare\) 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	<u> </u>	nct co	·
J	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	}	1	1
	If "Yes," attach a statement explaining each transaction	89	h	X
r.	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	[08	<u>u </u>	1
•	sections 4912, 4955, and 4958	•	(0.00
đ	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			
	Number of employees employed in the pay period that includes March 12, 2002			5
91	The books are in care of ► RICHARD DOBLIN Telephone no ►	617/484-	9509	
	Located at ► 3 FRANCIS STREET, BELMONT, MA.	ZIP+4 ► 024	78	
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	
22304 01-22) ca	F	orm 99 0	(2002)

MULTIDISCIPLINARY ASSOCIATION FOR

Form 990 (2002) ·

indicated

Note Enter gross amounts unless otherwise

PSYCHEDELIC STUDIES, INC.

Part VII Analysis of Income-Producing Activities (See page 31 of the Instructions)

Note Enter cross amounts unless otherwise Unrelated business income Exclud

59-2751953 Page 6 Excluded by section 512, 513, or 514 (E) (D) Related or exempt

93 Program service revenue	(A) Business code	(B) Amount	(C) Exclu- slon code	(D) Amount	Related or exempt function income
BOOKS & TAPES SALE	<u> </u>	 	-		10,107.23
b		 		<u> </u>	
d			-		
В					
f Medicare/Medicaid payments				-	
g Fees and contracts from government agend	cies				
94 Membership dues and assessments					
95 Interest on savings and temporary cash inv	vestments				<u> </u>
98 Dividends and interest from securities		15,702.26			
97 Net rental income or (loss) from real estate	·	1.50	^		4
debt-financed property		<u> </u>			
b not debt-financed property	<u></u>	<u> </u>	 _		
98 Net rental income or (loss) from personal p	property	 	-		<u> </u>
99 Other investment income			 		
00 Gain or (loss) from sales of assets					107.00
other than inventory	<u> </u>	 	 		127.03
01 Net income or (loss) from special events	<u> </u>	<u> </u>	 -		
Of Gross profit or (loss) from sales of invento	'ry				
03 Other revenue					
<u> </u>	 _				
b		 	-	· ··· ·	
1					
<u> </u>	_	 	┝╌┼╴	 -	 -
04 Subtotal (add columns (B), (D), and (E))		15,702.26	-	0.00	16,294.26
05 Total (add line 104, columns (B), (D), and	(F))	107.02.20	<u> </u>		31,996.52
lote Line 105 plus line 1d, Part I, should e		12. Part I			
Part VIII Relationship of Activi	ties to the Accomp	lishment of Exemp	t Purp	oses (See page 32 of th	e instructions)
Line No Explain how each activity for which exempt purposes (other than by page 2).	n income is reported in colun roviding funds for such purp	nn (E) of Part VII contributed oses)			
SALE OF EDUCATION	NAL MATERIALS	TO MEMBERS		<u> </u>	
	······································				
Part IX Information Regardin			ed Ent		
Name, address, and EIN of corporation, partnership, or disregarded entity or	(B) Percentage of wnership interest	(C) Nature of activities		(D) Total income	(E) End-of-year _assets
N/A	%				
	%				
	<u> </u>	<u> </u>		 	<u> </u>
Part X Information Regarding					
(a) Did the organization, during the year, rece(b) Did the organization, during the year, pay	-	•	•	il benefit contract?	Yes X No
		companying schedules and	statements	, and to the best of my knowle	dge and belief, it is true,
		formstion of which prepare	Pir L	100000 Das/1	· •
			pe or prin	it name and title	- 111 - 11001

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treesury

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

Internal Revenu	ie Service	► MUST be completed by the above or	rganizations and attached to thei	r Form 990 or 990-E	z	
Name of the	organization	MULTIDISCIPLINARY ASSOC	IATION FOR		Employer Identifi	cation number
		PSYCHEDELIC STUDIES, IN	rc		59 27519	53
Part I		sation of the Five Highest Pald Emp		icers, Directo	rs, and Trus	tees
	_	of the instructions. List each one. If there are none, er			P. A. C	
	(a) Name a	nd 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						
			-7			
				•		
 						
	- 					
				-		
- 						
	 .					
	- 					
Total number over \$50,000	of other emp	loyees paid	• 0		4.	·
Part II	Compen	sation of the Five Highest Paid Inde	pendent Contractors f	or Profession	al Services	
	-	of the instructions. List each one (whether individuals and address of each independent contractor paid more	·	TNone ") (b) Type of s	service (c) Compensation
	_ .			(-) · // · · · ·		
NONE						
-	 -					
						-
	_					
					}	
- -						
	of others rec		1	· · · · · · · · · · · · · · · · · · ·		
	rofessional se		▶ 0		33 / 23	

MULTIDISCIPLINARY ASSOCIATION FOR

59-2751953 Schedule A (Form 990 or 990-EZ) 2002 PSYCHEDELIC STUDIES, INC. Page 2 Part III Statements About Activities (See page 2 of the instructions) Yes No 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 i 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 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," ران ب attach a detailed statement explaining the transactions) a Sale, exchange, or leasing of property? Х 2a b Lending of money or other extension of credit? Х 2b c Furnishing of goods, services, or facilities? 2c Х d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990 2d e Transfer of any part of its income or assets? X 28 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below) 3 Do you have a section 403(b) annuity plan for your employees? 4 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 9 Part IV Reason for Non-Private Foundation Status (See pages 3 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) 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) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, 9 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) 116 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) 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) (b) Line number (a) Name(s) of supported organization(s) from above An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions Schedule A (Form 990 or 990-EZ) 2002

9

Schedule A (Form 990 or 990-EZ) 2002

59-2751953 Page 4

Pa	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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	58	-	
-	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1	Ì
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30	-	
•	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?	31		0000
	If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement)	- 31		
			٠.	
		_ ,	-	
		_ ` `		,
32	Does the organization maintain the following		W	
3	• • • • • • • • • • • • • • • • • • • •	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		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		r	٠,
		_	,	. ·
33	Does the organization discriminate by race in any way with respect to	1	~	1
a	• • • •	33a		
D		33b		
	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
8		338		
1 -	Use of facilities?	331	-	├
g	Athletic programs? Other extracurpoules activities?	33g		
"		33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			, í
		-] .		4.
		-		, ,
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		i	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Schedule A (Form 990 or 990-EZ) 2002

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768)									N/A		
Che	eck 🕨 a 🔲 if the organization belon	gs to an affiliated group	Check 🕨 b	if you c	necked "a"	and Timit	ted contro	provisions ap	ply		
		Lobbying Expendit			Aff	(a) iliated gr	oup	To be comp	b) leted for ALL		
	(The term "expendi	tures" means amounts paid o	r incurred)		<u> </u>	totals	_	electing of	ganizations		
]]	N/A					
36	Total lobbying expenditures to influence	public opinion (grassroots lo	obbying)	36				ļ. <u>.</u>			
37	Total lobbying expenditures to influence	a legislative body (direct lobb	oying)	37							
38	Total lobbying expenditures (add lines 3	6 and 37)		38				ļ			
39	Other exampt purpose expenditures			39							
40	Total exempt purpose expenditures (add	l lines 38 and 39)		40	<u> </u>						
41	Lobbying nontaxable amount. Enter the	amount from the following tal	ble -					\ \	,		
	If the amount on line 40 is -	The lobbying nontaxab	le amount is -			•					
	Not over \$500 000	20% of the amount on line 4	0	٦ .	4	15	ζ<		,		
	Over \$500,000 but not over \$1,000 000	\$100,000 plus 15% of the ex	kcesa over \$500,000			- 2		1			
	Over \$1,000,000 but not over \$1,500 000	\$175,000 plus 10% of the ex	xcess over \$1,000,000	41							
	Over \$1,500,000 but not over \$17,000 000	\$225,000 plus 5% of the exc	cess over \$1,500,000			7		.4			
	Over \$17 000 000	\$1,000 000		$-J_{1/\lambda}$.1	w.^^d		1:			
42	Grassroots nontaxable amount (enter 25	% of line 41)		42							
43 Subtract line 42 from line 36 Enter -O- if line 42 is more than line 36											
44	Subtract line 41 from line 38 Enter -0- ri	line 41 is more than line 38		44							
	Paulles If them is an emerch as all	ibas kan 42 as kan 44				·					
_	Caution If there is an amount on eit	ner line 43 or line 44, you	must nie Form 4720	1		······	·····	P			

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.)

		Lobbying Expenditures During 4-Year Averaging Period									N/A		
Calendar year (or fiscal year beginning in)	(a) 2002		(b) 2001		(c) 2000			(d) 1999		(e) Total			
45 Lobbying nontaxable amount					·				_				0.
46 Lobbying ceiling amount (150% of line 45(e))		٧,	, ,	3.5	·	4	1	1/2	÷	7.		, (0.
17 Total lobbying expenditures													0.
18 Grassroots nontaxable amount								_					0.
49 Grassroots ceiling amount (150% of line 48(e))	۲,	j			Ž	Ć.		2.0	,	1,		<i>i,</i>	0.
60 Grassroots lobbying expenditures					***************************************						**************************************		0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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

Volunteers

- b Paid staff or management (include compensation in expenses reported on lines a 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- 1 Total lobbying expenditures (Add lines a through h.)

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

Yes	No		Amount							
			,,	<u> </u>	, ,					
	_	_								
				0	.00					

223141 01 22 03

Schedule A (Form 990 or 990-EZ) 2002

and Relationships With Noncharitable

Schedule A (Form 990 or 990-EZ) 2002

Part		garding Transfers to and zations (See page 12 of the instr		r Relationships With Ronchanta	IDIO				
51 DI		rectly or indirectly engage in any of		ornanization described in section					
		section 501(c)(3) organizations) or t							
	• •	panization to a noncharitable exempt	•		<u></u>	res	No		
	l) Cash				51a(i)		X		
-	I) Other assets				a(II)		<u>_x</u>		
_	ther transactions					\neg			
		ts with a noncharitable exempt orgai	nization		b(I)		X		
-	· ·	noncharitable exempt organization			b(ii)		<u>x</u>		
-	il) Rental of facilities, equipme				b(iii)	\neg	X		
-	v) Reimbursement arrangeme				b(lv)		<u>x</u>		
	v) Loans or loan guarantees	-			b(v)		X		
-	-	membership or fundraising solicitat	ions		b(vi)		<u>x</u>		
		mailing lists, other assets, or paid ei			C		X		
	=			lways show the fair market value of the					
		given by the reporting organization							
-		nent, show in column (d) the value of			N	/A			
(a)	(b)	(c)	<u> </u>	(d)					
Line no	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and st	arıng arra	ngem	ents		
_									
_									
			<u> </u>						
			<u> </u>				_		
			_						
	<u>-</u> .								
	<u> </u>		<u> </u>						
C	the organization directly or incode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of the	Yes	X	No		
	(a) Name of org) panization	(b) Type of organization	(c) Description of relationshi	b(ii) X b(iii) X b(iv) X b(v) X b(v) X c X				
			 						
				<u> </u>					
			<u> </u>						
	<u> </u>								
			 -						
									
			 						
			·	 					
			 -	 					
									

223151 01-22-03

FORM 990 PAGE 2

Amount Of Depreciation	0.00 0.00 66.90 226.20 78.94 851.99 385.38 540.15 540.15 319.12	
Dep		4
Current Sec 179	4 7 7 7 7 8 3 3 6 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6	
Accumulated Depreciation	614.5 6,109.4 1,094.5 3,700.8 3,245.5 1,853.6 1,853.6 2,598.8 3,347.6 23,340.	
Basis For Depreciation	614.54 6,109.47 1,161.48 3,927.02 2,817.10 2,127.2 34,012.7	
Reduction in Basis	359.93	, , , , , , , , , , , , , , , , , , , ,
Bus % Excl		
Unadjusted Cost Or Basis	614.54 6,109.47 1,161,48 3,927.02 685.24 685.24 74.94 7,783.90 7,783.90 1,199.72 1,199.72 35,284.35	
S C		
Life		
Method	2000B5 2000B5 2000B5 2000B5 2000B5 2000B5 22000B5 22000B5 22000B5	3
Date Acquired	12319 62 0 0 0 0 5 5 1 1 1 1 5 9 72 0 0 0 0 0 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1	- 10
Description	COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT CAR COMPUTER EQUIPMENT CAR COMPUTER EQUIPMENT CAR COMPUTER EQUIPMENT	Carl Continuous Carle Carlo Continuo
¥ 2	→ 2 	e u dhen e

(D) - Asset disposed

• ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990 GAIN (I	LOSS) FRO	M PUBLI	CLY T	RADED SI	ECURIT	IES	STATEMENT	1	
DESCRIPTION		GROS SALES P	_	COST OR OTHER BASIS		EXPENSE OF SALE			
MCMORAN EXPLORATION	_	1,02	0.00	89	92.97	0.00	127	.03	
TO FORM 990, PART I, LI	INE 8 =	1,02	892.97		92.97	0.00	127	127.03	
FORM 990		OTHER EXPENSES					STATEMENT		
	(A)		•	B) GRAM	-	C) GEMENT	(D)		
DESCRIPTION	TOTA					GENERAL	FUNDRAISING		
NON-ACCOUNTING PROFESSIONAL SRVCS RESEARCH PROJECTS EDUCATIONAL PROJECTS	178,2 58,5	00.00 63.20 32.34		178,263.20 58,532.34		1,400.00			
FUNDRAISING EQUIPMENT - LEASED LICENSES, FEES &		85.44 06.16			2,606.16		4,485	.44	
PERMITS MISCELLANEOUS	2,1	34.26	6		2,134.26				
EXPENSE OFFICE EXPENSE TAXES - OTHER		1.00 65.50 37.70				1.00 165.50 737.70			

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953 		
FORM 990 STATEMENT OF PROGRAM SERVICE ACC	OMPLISHMENTS	STATEMENT	3
DESCRIPTION OF PROGRAM SERVICE TWO			
FUNDED PROTOCOL DESIGN/THE INSTITUTIONAL REVIEW (IRB) AND DEA APPROVAL PROCESSES FOR THE FIRST F STUDY OF THE THERAPEUTIC USE OF MDMA, IN THIS CA TO TAKE PLACE IN CHARLESTON, SC UNDER DR. MICHAE	DA-APPROVED SE FOR PTDS,		
	GRANTS	EXPENSES	
TO FORM 990, PART III, LINE B		54,708	.72
FORM 990 STATEMENT OF PROGRAM SERVICE ACC	OMPLISHMENTS	STATEMENT	<u> </u>
DESCRIPTION OF PROGRAM SERVICE THREE			
	AD OF CONCET		
CONTRIBUTE TO STUDY AT DEA-LICENSES ANALYTICAL L TUENTS OF VAPOR STREAM WHEN MARIJUANA IS HEATED UNIT THAT DOES NOT REACH COMBUSTION TEMP., EXPLO SMOKING DELIVERY SYSTEMS AS REC. BY THE INSTITUT	IN VAPORIZER RING NON-		
TUENTS OF VAPOR STREAM WHEN MARIJUANA IS HEATED UNIT THAT DOES NOT REACH COMBUSTION TEMP., EXPLO	IN VAPORIZER RING NON-	EXPENSES	
TUENTS OF VAPOR STREAM WHEN MARIJUANA IS HEATED UNIT THAT DOES NOT REACH COMBUSTION TEMP., EXPLO	IN VAPORIZER PRING NON- PE OF MEDICINE	EXPENSES 46,617	.32
TUENTS OF VAPOR STREAM WHEN MARIJUANA IS HEATED UNIT THAT DOES NOT REACH COMBUSTION TEMP., EXPLO SMOKING DELIVERY SYSTEMS AS REC. BY THE INSTITUT	IN VAPORIZER PRING NON- PE OF MEDICINE GRANTS		. 32
TUENTS OF VAPOR STREAM WHEN MARIJUANA IS HEATED UNIT THAT DOES NOT REACH COMBUSTION TEMP., EXPLO SMOKING DELIVERY SYSTEMS AS REC. BY THE INSTITUT TO FORM 990, PART III, LINE C	IN VAPORIZER PRING NON- PE OF MEDICINE GRANTS	46,617	

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
ALCOHOLISM AND DRUG ADDICTION THERAPY, INTO THE	
USE OF KETAMINE-ASSISTED	
PSYCHOTHERAPY IN THE TREATMENT OF HEROIN	0 000 00
ADDICTS. FUNDED THE PREPARATION OF A GRANT APPLICATION	9,900.00
TO THE NATIONAL INSTITUTE OF	
MENTAL HEALTH (NIMH) FOR THE DEVELOPMENT OF A	
STANDARDIZED TREATMENT	
MANUAL FOR MDMA - ASSISTED PSYCHOTHERAPY IN THE	
TREATMENT OF	
POSTTRAUMATIC STRESS DISORDER.	9,523.30
PAID FOR DR. MORENO, THE PRINCIPAL INVESTIGATOR	
OF THE FIRST FDA-	
APPROVED STUDY IN 30 YEARS IN WHICH PSILOCYBIN	
IS BEING GIVEN TO PATIENTS	
TO VISIT PSILOCYBIN RESEARCHERS IN GERMANY AND SWITZERLAND, TO FOSTER	
INTERNATIONAL COLLABORATIONS.	1 574 70
CONTRIBUTED TO A STUDY OF THE PSYCHOLOGICAL	1,574.79
EFFECTS OF PARTICIPATION IN A	
LONG-TERM PROCESS OF PERSONALITY GROWTH USING	
ALTERED STATES.	1,500.00
SUPPORTED AN EFFORT BY PROF. LYLE CRAKER, UMASS	•
AMHERST, TO OBTAIN A DEA	
LICENSE TO ESTABLISH A MAPS-SPONSORED FACILITY	
TO PRODUCE MARIJUANA FOR	
FEDERALLY-APPROVED RESEARCH.	950.00
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 THER DRUGS.	757.50
SUPPORTED EXPENSES IN EDITING THE J. OF	.5.130
CANNABIS THERAPEUTICS.	25,000.00
EDITED, PUBLISHED AND DISTRIBUTED ABOUT 14,000	·
COPIES OF THE MAPS BULLETIN	
TO MEMBERS, NEWSSTANDS, SCIENTISTS AND	
GOVERNMENT REGULATORS.	23,478.61
FUNDED EXPENSES INVOLVED LITIGATION IN CANADA	
REGARDING THE LEGAL STATUS OF MEDICAL MARJUANA.	20 000 00
ORGANIZED AND FUNDED A CONFERENCE ON MDMA/PTSD	20,000.00
RESEARCH FOR MEMBERS OF THE	
ISRAELI MINISTRY OF HEALTH AND THE ISRAELI	
SOCIETY OF ADDICTION MEDICINE	
IN ISRAEL, LAYING THE GROUNDWORK FOR AN ISRAELI	
MDMA/PTSD PROTOCOL.	12,059.02
THE WOMEN'S ENTHEOGEN FUND, TO ASSIST WOMEN	
INTERESTED IN STUDYING THE	
THERAPEUTIC/RELIGIOUS USE OF PSYCHEDELICS.	10,000.00
FUNDED THE MODERATION OF A FREE, ON-LINE MAPS FORUM WITH ABOUT 1200	
PARTICIPANTS.	6,310.62
	0,310.02

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHE	59-2751953
HELPED SUPPORT EXPENSES FOR THE PUBLICATION OF THE ENTHEOGEN REVIEW.	5,240.00
ORGANIZED A RAFFLE FOR THE JAMAICAN MINDSTATES CONFERENCE.	5,069.96
FUNDED THE BEGINNINGS OF A DOCUMENTARY FILM ABOUT SASHA AND ANN SHULGIN. HELPED ORGANIZERS OF A CONFERENCE ON ALTERED STATES AND SPIRITUAL	4,600.00
AWARENESS PROCESS ADMITTANCE FEES. PAID FOR COMPLETING THE SCANNING AND LABOR REQUIRED FOR THE CREATION OF A WEB-BASED BIBLIOGRAPHY OF ALL SCIENTIFIC PAPERS PUBLISHED ABOUT LDS AND	2,601.12
BIBLIOGRAPHY OF ALL SCIENTIFIC PAPERS PUBLISHED ABOUT LSD AND PSILOCYBIN.	2,237.88
EXPENSES FOR OBTAINING A VARIETY OF CONTENT FOR THE MAPS WEBSITE. PROVIDED PSYCHEDELIC EMERGENCY SERVICES AT A	2,235.00
LARGE OUTDOOR MUSIC FESTIVAL IN	
PROTUGAL. HAD VARIOUS COPIES MADE OF WRITTEN MATERIAL TO	1,793.68
DISTRIBUTE. COSTS TO EXPAND MAPS' OFFICE LIBRARY. FUNDED THE BEGINNINGS OF A DOCUMENTARY ABOUT	1,196.46 556.25
MAPS. DONATED TO ASMEVEI, AN ORGANIZATION OF	511.00
INDIGENOUS SOUTH AMERICAN SHAMEN. FUNDED EXPENSES FOR ONE PERSON TO ATTEND AND REPORT ON THE FIRST CONFERENCE	500.00
ON GHB. EXPENSES TO HELP SEND ONE PERSON TO THE COLLEGE ON PROBLEMS OF DRUG	441.28
DEPENDENCE CONFERENCE. EXPANDED A NEW SECTION ON THE MAPS WEBSITE -	400.00
THE RITES OF PASSAGE PROJECT. ROYALTIES TO AUTHORS. PAID FOR THE PRINTING AND DISTRIBUTION OF AN AMICUS CURIAE BRIEF SUBMITTED TO THE NINTH CIRCUIT IN THE MEDICAL MARIJUANA CASE, OUTLINING FEDERAL	395.50 230.99
OBSTRUCTION OF RESEARCH. PUBLICITY OF A NDW BOOK, DRAWING IT OUT, BY	212.13
SHERANA HARRIETTE FRANCES. PAID FOR EXPENSES INVOLVED INPREPARING FOR THE SECOND EDITION OF THE	169.78
SECRET CHIEF. OTHER AMOUNTS RELATING TO ALL ABOVE PROGRAM	30.00
SERVICES.	110,239.24
TOTAL TO FORM 990, PART III, LINE E	287,445.68

FORM 990	ORM 990 NON-GOVERNMENT SECURITIES					6
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIE	TOTAL NON-GOV ES SECURITI	
SECURITIES			306,571.94		306,571	.94
TO 990, LN 54 COL B			306,571.94		306,571	.94
FORM 990 DEPRECI	ATION OF ASSI	ETS NOT HEL	D FOR INVES	rment	STATEMENT	7
DESCRIPTION		COST OR OTHER BAS		JLATED CIATION	BOOK VALU	E
MACHINERY & OTHER EQU	IPMENT	35,28	4.35 28	3,001.38	7,282	.97
TOTAL TO FORM 990, PA	RT IV, LN 57	35,28	4.35	3,001.38	7,282	.97
FORM 990	ОТНЕ	R LIABILITI	ES		STATEMENT	8
DESCRIPTION					AMOUNT	
UNREALIZED GAIN ON ST STATE U/I TAX PAYABLE FEDERAL W/H TAXES PAY				_	27,738 6 466	64
TOTAL TO FORM 990, PA	RT IV, LINE 6	55, COLUMN	В	=	28,211	.92
SCHEDULE A EXPLANA	TION OF QUALI	IFICATIONS		PAYMENTS	STATEMENT	9

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.