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GOVERNMENT COPY

COPY

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUN 1, 2008 and ending MAY 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 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 617-484-8711	G Gross receipts \$ 1,792,217.34
		F Name and address of principal officer: RICHARD DOBLIN 3 FRANCIS STREET, BELMONT, MA 02478	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
		J Website: ▶ WWW.MAPS.ORG	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1986 M State of legal domicile: FL

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>MEDICAL RESEARCH AND EDUCATION</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 3
	5	Total number of employees (Part V, line 2a)	5 8
	6	Total number of volunteers (estimate if necessary)	6 30
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.00
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.00
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,617,728.37 Current Year 1,163,119.29
	9	Program service revenue (Part VIII, line 2g)	78,977.38 49,549.22
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,915.18 <6,178.67>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,277.65
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,721,898.58 1,206,489.84
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	284,167.03 230,179.02
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,759.33	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,170,125.57 1,163,669.06
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,454,292.60 1,393,848.08
	19	Revenue less expenses. Subtract line 18 from line 12	267,605.98 <187,358.24>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 1,062,772.54 End of Year 864,462.27
	21	Total liabilities (Part X, line 26)	10,952.03
	22	Net assets or fund balances. Subtract line 21 from line 20	1,051,820.51 864,462.27

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer	Date	
	▶ RICHARD DOBLIN, PRESIDENT/SECRETARY		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶	Date 02/01/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	PROFESSIONAL NON-PROFIT CONSULTANTS P.O. BOX 3319 SARASOTA, FL 34230	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 941-957-0777

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

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
MISSION STATEMENT - THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC
STUDIES (MAPS) IS A MEMBERSHIP BASED, IRS APPROVED 501 (C) (3)
NONPROFIT RESEARCH AND EDUCATIONAL ORGANIZATION. OUR MISSION IS 1) TO
TREAT CONDITIONS FOR WHICH CONVENTIONAL MEDICINES PROVIDE LIMITED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **194,779.55** including grants of \$) (Revenue \$)
1. US MDMA/PTSD STUDY - OUR LARGEST EXPENDITURE ON RESEARCH WAS FOR
ONGOING COSTS FOR MAPS' PILOT MDMA-ASSISTED PSYCHOTHERAPY STUDY,
CONDUCTED IN CHARLESTON, SOUTH CAROLINA UNDER THE DIRECTION OF DR.
MICHAEL MITHOEFER AND ANN MITHOEFER BSN. THIS STUDY INVESTIGATED
MDMA-ASSISTED PSYCHOTHERAPY IN SUBJECTS WITH TREATMENT-RESISTANT
POSTTRAUMATIC STRESS DISORDER (PTSD). THE 21ST AND FINAL SUBJECT
COMPLETED THE TWO-MONTH FOLLOW-UP IN SEPTEMBER 2008, CONCLUDING THE
STUDY. OVER THE YEARS, MAPS HAS SPENT ABOUT \$1,200,000 ON THIS STUDY.
THE RESULTS OF THIS STUDY ARE SO PROMISING THAT IT WAS WORTH EVERY
PENNY. WE ARE NOW EXPANDING OUR MDMA/PTSD RESEARCH TO NEW COUNTRIES AND
THERAPEUTIC TEAMS, TESTING DIFFERENT PROTOCOL MODIFICATIONS THAT WILL
HELP US IN THE DESIGN OF THE PHASE 3 STUDIES. IF OTHER THERAPIST TEAMS

4b (Code:) (Expenses \$ **16,268.46** including grants of \$) (Revenue \$)
2. EROWID WEBSITE - MAPS HAS SERVED AS FISCAL SPONSOR FOR EROWID SINCE
1999. EROWID IS THE MOST POPULAR WEBSITE OFFERING INFORMATION ABOUT A
WIDE RANGE OF DRUGS, VISITED BY ABOUT 50,000 UNIQUE VISITORS PER DAY.
EROWID HAS NOW OBTAINED ITS OWN NON-PROFIT STATUS AND MAPS IS NO LONGER
NEEDED AS A FISCAL SPONSOR. HOWEVER, SOME DONORS STILL SEND FUNDS TO
MAPS OUT OF HABIT OR AS PART OF EMPLOYER MATCHING PROGRAMS THAT TAKE
TIME TO CHANGE. AS A RESULT, WE STILL RECEIVE SOME DONATIONS FOR
EROWID. ASSISTING EROWID IS A SPECIAL PLEASURE SINCE THE FOUNDERS OF
EROWID, EARTH AND FIRE, AND I WERE COLLEGE FRIENDS AT NEW COLLEGE OF
FLORIDA.

4c (Code:) (Expenses \$ **171,386.87** including grants of \$) (Revenue \$)
3. BURNING MAN 2008 - MAPS HANDLED FUNDS FOR ENTHEON VILLAGE 2008,
WHICH WE FIRST HELPED TO CREATE AT BURNING MAN 2006, WHERE WE HELD
MAPS' 20TH ANNIVERSARY. EXPENSES OF ENTHEON VILLAGE WERE COVERED BY
REGISTRATION FEES, FOR WHICH PEOPLE DID NOT RECEIVE TAX RECEIPTS SINCE
THEIR FEES WERE FOR SERVICES PROVIDED AND WERE NOT DONATIONS. MAPS
ORGANIZED A LECTURE SERIES ABOUT PSYCHEDELIC RESEARCH AND CULTURE AS
PART OF OUR EDUCATIONAL MISSION. PARTICIPATION IN ENTHEON VILLAGE
HELPED MAPS FULFILL OUR COMMUNITY OUTREACH GOALS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **798,116.36** including grants of \$) (Revenue \$)

4e **Total program service expenses** ▶ \$ **1,180,551.24** (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		4
1b	Enter the number of voting members that are independent		3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD DOBLIN - 617/484-9509**
3 FRANCIS STREET, BELMONT, MA 02478

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

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Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,163,119.29				
	g	Noncash contributions included in lines 1a-1f: \$		72,915.98				
	h	Total. Add lines 1a-1f		1,163,119.29				
	Program Service Revenue	2 a	BOOKS & TAPES SALES	Business Code 511190	49,549.22	49,549.22		
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		49,549.22				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,521.17	20,521.17			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
		b	Gross Rents					
		c	Less: rental expenses					
		d	Net rental income or (loss)					
	7 a		(i) Securities	(ii) Other				
		b	Gross amount from sales of assets other than inventory		559,027.66			
		c	Less: cost or other basis and sales expenses		585,727.50			
		d	Net gain or (loss)		<26,699.84>	<26,699.84>		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,206,489.84	43,370.55	0.00	0.00	

832009 02-02-09

Form 990 (2008)

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,000.00	45,000.00	15,000.00	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	113,352.94	85,014.71	28,338.23	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	37,943.16	28,457.37	9,485.79	
10 Payroll taxes	18,882.92	14,162.19	4,720.73	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,420.00		4,420.00	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	12,101.92	9,076.44	3,025.48	
14 Information technology				
15 Royalties				
16 Occupancy	62,848.42		62,848.42	
17 Travel	25,516.78	19,137.58	6,379.20	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,467.64	2,600.73	866.91	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,561.92		3,561.92	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESEARCH & EDUCATIONAL	811,962.79	811,962.79		
b PRINTING & PUBLICATIONS	128,812.80	128,812.80		
c FUNDRAISING	33,759.33			33,759.33
d MISC EXPENSES	17,916.96	13,437.72	4,479.24	
e TELEPHONE	13,331.89	9,998.92	3,332.97	
f All other expenses	45,968.61	12,889.99	33,078.62	
25 Total functional expenses. Add lines 1 through 24f	1,393,848.08	1,180,551.24	179,537.51	33,759.33
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

MULTIDISCIPLINARY ASSOCIATION FOR
PSYCHEDELIC STUDIES, INC.

Form 990 (2008)

59-2751953 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	918,666.40	2	795,371.59
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis ...	10a 121,644.78		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 61,444.63	63,762.07	10c 60,200.15
	11 Investments - publicly traded securities	72,344.07	11	779.10
	12 Investments - other securities. See Part IV, line 11		12	111.43
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,000.00	15	8,000.00
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,062,772.54	16	864,462.27	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	10,952.03	25	0.00
	26 Total liabilities. Add lines 17 through 25	10,952.03	26	0.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.00	30	0.00
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.00	31	0.00
	32 Retained earnings, endowment, accumulated income, or other funds	1,051,820.51	32	864,462.27
33 Total net assets or fund balances	1,051,820.51	33	864,462.27	
34 Total liabilities and net assets/fund balances	1,062,772.54	34	864,462.27	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

MULTIDISCIPLINARY ASSOCIATION FOR

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	779,911.22	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51	5,775,828.58
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	779,911.22	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51	5,775,828.58
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						5,775,828.58

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	779,911.22	962,759.95	1,123,783.15	1,696,705.75	1,212,668.51	5,775,828.58
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,080.88	27,590.53	31,327.66	35,393.78	20,521.17	131,914.02
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17,080.88	27,590.53	31,327.66	35,393.78	20,521.17	131,914.02
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						5,907,742.60

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.77 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	97.79 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.23 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	2.21 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and questions 3-9 regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		50,000.00		50,000.00
b Buildings				
c Leasehold improvements				
d Equipment		71,644.78	61,444.63	10,200.15
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				60,200.15

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

Open to Public Inspection

Name of the organization MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.	Employer identification number 59-2751953
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICE	WE GAVE FUNDS TO CONDUCT TWO CLINICAL RESEARCH TRIALS IN EUROPE INCLUDING OUR SWISS	117,678.34
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	WE GAVE FUNDS TO HELP TO ESTABLISH AN ISRAELI MINISTRY OF HEALTH LISCENSED MEDICAL	15,575.00
Totals ▶					133,253.34

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FUNDS WERE GIVEN TO SAEPT STRICTLY FOR USE IN COMPLETING OUR TWO FDA-APPROVED	117,678.64	WIRE TRANSFER	0.00		
		MIDDLE EAST AND NORTH AFRICA	FUNDS WERE GIVEN TO PHARMOCANN STRICTLY FOR USE IN ESTABLISHING THEIR	15,575.00	ELECTRONIC FUNDS TRANSFER	0.00		

COPY

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 2

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: FOR ALL OUR FOREIGN RESEARCH PROJECTS WE: (1) ASK FOR MONTHLY REPORTS OF THE BALANCE OF HOW MUCH HAS BEEN USED AND HOW MUCH IS REMAINING OF THE ASSOCIATED FUNDS, INCLUDING A LIST OF EXPENSES AND UPDATES TO THE STUDY BUDGETS. (2) SEND OUR OWN CLINICAL RESEARCH MONITORING OR HIRE AN EXTERNAL CONTRACT RESEARCH ORGANIZATION (CRO) TO TRAVEL TO EACH STUDY SITE TO REVIEW COMPLIANCE DOCUMENTS, EVALUATE STUDY DATA AND CHECKUP ON THEIR ADHERANCE TO THE RESEARCH PROTOCOLS.

SCHEDULE F, PART I, LINE 3: THESE EXPENSES ARE TAKEN DIRECTLY FROM OUR ACCOUNTING SOFTWARE, WE MONITOR THE STUDY BUDGET AND EXPENDITURES AS THEY ARE COMPLETED, WE STAY IN CLOSE CONTACT WITH REGULATORY BODIES IN THE FOREIGN COUNTRY (E.G. SWISS MEDIC AND THE ISRAELI MINISTRY OF HEALTH)

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: WE GAVE FUNDS TO CONDUCT TWO CLINICAL RESEARCH TRIALS IN EUROPE INCLUDING OUR SWISS MDMA/PTSD STUDY (UNDER FDA IND#: 63,384) AND OUR SWISS LSD/END-OF-LIFE ANXIETY STUDY (UNDER FDA IND#: 101,825).

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WE GAVE FUNDS TO HELP TO ESTABLISH AN ISRAELI MINISTRY OF HEALTH LISCENSED MEDICAL MARIJUANA PRODUCTION FACILITY IN ISRAEL.

PART II, COLUMN (D):

REGION: EUROPE

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

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

COMPLETING OUR TWO FDA-APPROVED CLINICAL RESEARCH PROJECTS IN SWITZERLAND: OUR (1) MP-2 SWISS MDMA/PTSD STUDY AND OUR (2) LDA-1 SWISS LSD/END-OF-LIFE ANXIETY STUDY.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: FUNDS WERE GIVEN TO PHARMOCANN STRICTLY FOR USE IN ESTABLISHING THEIR ISRAELI MINISTRY OF HEALTH APPROVED MEDICAL MARIJUANA PRODUCTION FACILITY.



**SCHEDULE M
(Form 990)**

NonCash Contributions

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▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	72,915.98	FMV AT TIME OF TRANSFER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELIEF SUCH AS POSTTRAUMATIC STRESS DISORDER (PTSD), PAIN, DRUG

DEPENDENCE, AND ANXIETY AND DEPRESSION ASSOCIATED WITH END-OF-LIFE

ISSUES BY DEVELOPING PSYCHEDELICS AND MARIJUANA INTO PRESCRIPTION

MEDICINES; 2) TO CURE MANY THOUSANDS OF PEOPLE BY BUILDING A NETWORK OF

CLINICS WHERE TREATMENTS CAN BE PROVIDED; AND 3) TO EDUCATE THE PUBLIC

HONESTLY ABOUT THE RISKS AND BENEFITS OF PSYCHEDELICS AND MARIJUANA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

CAN GET RESULTS SIMILAR TO THE RESULTS OBTAINED BY MICHAEL AND ANN

MITHOEFER, WE WILL HAVE SUFFICIENT EVIDENCE TO JUSTIFY THE PRESCRIPTION

USE OF MDMA-ASSISTED PSYCHOTHERAPY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

4. DEA UMASS AMHERST/CONGRESSIONAL SIGN-ON LETTER - THIS FISCAL YEAR,

MAPS SPENT ALMOST NOTHING ON A SIGN-ON LETTER SINCE WE WERE WAITING ON

DEA TO REPLY TO THE FEBRUARY 12, 2007, DEA ADMINISTRATIVE LAW JUDGE

MARY ELLEN BITTNER'S FINDINGS OF FACT AND RECOMMENDATION IN THE CASE OF

PROF. LYLE CRAKER. ALJ BITTNER RECOMMENDED THAT DEA ISSUE A LICENSE TO

PROF. CRAKER FOR A MAPS-SPONSORED MEDICAL MARIJUANA PRODUCTION

FACILITY, WHICH WOULD END THE FEDERAL MONOPOLY ON THE SUPPLY OF

MARIJUANA LEGAL FOR RESEARCH. THE LICENSING OF PROF. CRAKER WOULD

CATALYZE A SERIOUS DRUG DEVELOPMENT RESEARCH PROGRAM, WHICH IS WHAT DEA

IS SEEKING TO PREVENT. AFTER THE ALJ RULING, MAPS INITIATED A MAJOR

EFFORT TO EDUCATE MEMBERS OF THE US HOUSE OF REPRESENTATIVES ABOUT ALJ

BITTNER'S RECOMMENDATION. WE OBTAINED SIGNATURES OF 45 CONGRESSIONAL

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Schedule O (Form 990) 2008

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REPRESENTATIVES ON A LETTER TO DEA URGING IT TO ACCEPT ALJ BITTNER'S RECOMMENDATION. WE ALSO OBTAINED WRITTEN SUPPORT FROM SENATORS KENNEDY AND KERRY, WHO SENT A LETTER TO DEA URGING IT TO ACCEPT ALJ BITTNER'S RECOMMENDATION .ON JANUARY 14, 2009, DEA ISSUED WHAT IT HOPED WAS A FINAL RULING REJECTING ALJ BITTNER'S RECOMMENDATION. HOWEVER, DEA CITED NEW EVIDENCE TO JUSTIFY ITS REJECTION, EVIDENCE THAT WAS MISLEADING OR IN ERROR AND WHICH HAD NOT BEEN REVIEWED BY PROF. CRAKER'S LEGAL TEAM. AS A RESULT, PROF. CRAKER'S LAWYERS HAVE FILED A SERIES OF REQUESTS FOR RECONSIDERATION, DELAYING DEA'S FINAL ORDER FROM GOING INTO EFFECT. THERE IS A REASONABLE CHANCE THAT DEA UNDER AN OBAMA ADMINISTRATION WILL PUT SCIENCE FIRST AND ISSUE PROF. CRAKER HIS LICENSE. AS OF SEPTEMBER 2009, PRES. OBAMA HAS NOT YET NOMINIATED NEW LEADERSHIP FOR THE DEA, WHICH IS STILL RUN BY BUSH ADMINISTRATION HOLDOVERS. IF NEW LEADERSHIP IS APPOINTED AND DECIDES TO ACCEPT ALJ BITTNER'S RECOMMENDATION, THE CONTROVERSY OVER THE MEDICAL USE OF MARIJUANA WILL BE DECIDED BY THE OUTCOME OF FDA-SANCTIONED RESEARCH. FUNDS FOR OUR CONGRESSIONAL EDUCATIONAL CAMPAIGN WERE DONATED TO MAPS BY BOARD MEMBER JOHN GILMORE.

EXPENSES \$ 70. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

5. SWISS MDMA/PTSD STUDY - THIS ITEM IS FOR ONGOING COSTS RELATED TO DR. PETER OEHEN@ MAPS-SPONSORED MDMA/PTSD STUDY, WHICH HAS CONTINUED TO ENROLL PATIENTS THIS YEAR. THIS STUDY IS DESIGNED FOR 12 SUBJECTS, WITH NINE HAVING COMPLETED TREATMENT AND THE 10TH, 11TH, AND 12TH SUBJECTS HAVING ALREADY BEEN ENROLLED. THE ESTIMATED COMPLETION DATE FOR THIS STUDY IS AROUND JANUARY 2010. THIS STUDY HAS BEEN SUBMITTED TO

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FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA, IN ORDER TO ENSURE THAT FDA WILL REVIEW THE DATA GENERATED BY THIS STUDY. EXPENSES \$ 48073. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

6. ISRAEL MDMA/PTSD STUDY - THIS ITEM IS FOR ONGOING COSTS RELATED TO DR. MOSHE KOTLER'S MAPS-SPONSORED MDMA/PTSD STUDY, WHICH HAS CONTINUED TO ENROLL PATIENTS THIS YEAR. THIS STUDY IS DESIGNED FOR 12 SUBJECTS AND THREE HAVE ALREADY BEEN TREATED AND A FOURTH SUBJECT IS ENROLLED. THE ESTIMATED COMPLETION DATE FOR THIS STUDY IS AROUND DECEMBER 2010. THIS STUDY HAS BEEN SUBMITTED TO FDA UNDER MAPS' INVESTIGATIONAL NEW DRUG (IND) APPLICATION FOR MDMA, IN ORDER TO ENSURE THAT FDA WILL REVIEW THE DATA GENERATED BY THIS STUDY. EXPENSES \$ 13282. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

7. CANADA MDMA/PTSD STUDY - THIS ITEM IS FOR PROTOCOL DEVELOPMENT FOR A NEW MAPS-SPONSORED MDMA/PTSD STUDY TO TAKE PLACE IN VANCOUVER, CANADA, WITH CO-THERAPISTS INGRID PACEY MD (PSYCHIATRIST) AND PSYCHOLOGIST ANDREW FELDMAR. A CANADIAN INSTITUTIONAL REVIEW BOARD (IRB) HAS APPROVED THE STUDY AS HAS HEALTH CANADA. WE ARE CURRENTLY WORKING TO OBTAIN THE PERMITS TO IMPORT THE MDMA FOR THE STUDY INTO CANADA FROM SWITZERLAND. WHEN WE OBTAIN FULL APPROVAL AND START THIS STUDY, IT WILL BE THE FIRST PSYCHEDELIC RESEARCH IN CANADA IN ABOUT 35 YEARS. THIS STUDY IS DESIGNED FOR 12 SUBJECTS. EXPENSES \$ 22698. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

8. FRANCE MDMA/PTSD STUDY -THESE EXPENSES ARE FOR A SITE VISIT BY MAPS

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CLINICAL RESEARCH TEAM VALERIE MOJEIKO AND JOSH SONSTROEM, AND FOR INITIAL WORK ON A DRAFT PROTOCOL. THE FRENCH PSYCHIATRISTS INTERESTED IN CONDUCTING THIS STUDY HAVE NOT BEEN ABLE TO OBTAIN APPROVAL FROM THEIR INSTITUTION TO SUBMIT THE PROTOCOL TO ITS ETHICS COMMITTEE. THIS STUDY IS THEREFORE BLOCKED FOR THE TIME BEING.

EXPENSES \$ 2512. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

9. MDMA THERAPIST TRAINING PROGRAM - MAPS IS DEVELOPING A TRAINING PROGRAM FOR THERAPISTS WHO WE WILL HIRE TO CONDUCT OUR PHASE 3 RESEARCH INTO MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD. THESE COSTS ARE FOR TRAINING PROGRAM DEVELOPMENT, WHICH INCLUDES EVALUATING AND LEARNING FROM THERAPISTS CURRENTLY CONDUCTING MDMA/PTSD STUDIES FOR MAPS. WE'VE FOUND THAT THE MOST USEFUL TRAINING TOOL IS THE VIEWING OF VIDEOTAPES OF ACTUAL MDMA/PTSD THERAPY SESSIONS.

EXPENSES \$ 9769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

10. MDMA LITERATURE REVIEW - MAPS RESEARCH ASSOCIATE ILSA JEROME, PH.D. IS RESPONSIBLE FOR KEEPING CURRENT ON THE STATE OF THE ART OF THE WORLD'S SCIENTIFIC, PEER-REVIEWED LITERATURE ON MDMA. SHE CONTINUED THIS ONGOING REVIEW THROUGHOUT FY 08-09. WHEN APPLYING TO THE FDA AND INSTITUTIONAL REVIEW BOARDS WITH A NEW PROTOCOL, IT IS NECESSARY TO HAVE A COMPREHENSIVE REVIEW OF ALL FACTORS RELATED TO RISK. THIS LITERATURE REVIEW IS BECOMING LESS EXPENSIVE EACH YEAR DUE TO THE RELATIVELY SETTLED STATE OF THE ART OF MDMA RESEARCH, WITH NEW RESEARCH GENERATING RELATIVELY FEW CHANGES IN THE RISK-BENEFIT ESTIMATES.

EXPENSES \$ 3343. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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11. MDMA RESEARCH - THESE ARE GENERAL EXPENDITURES IN SUPPORT OF OUR
MDMA RESEARCH EFFORTS THAT BENEFIT MULTIPLE MDMA PROJECTS.
EXPENSES \$ 1831. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

12. SWISS LSD/END-OF-LIFE ANXIETY STUDY - MAPS WORKED WITH PETER
GASSER, MD, A SWISS PSYCHIATRIST, ON THE PROTOCOL DEVELOPMENT AND
APPROVAL PROCESS FOR A PILOT STUDY INVESTIGATING THE SAFETY AND
EFFICACY OF LSD-ASSISTED PSYCHOTHERAPY IN REDUCING ANXIETY AND PAIN IN
PATIENTS WITH END-OF-LIFE DIAGNOSES. THE STUDY GAINED APPROVAL AND
TREATED ITS FOURTH SUBJECT IN THIS FISCAL YEAR. WHEN COMPLETED, THIS
WILL BECOME THE FIRST STUDY OF THE THERAPEUTIC USE OF LSD IN OVER 35
YEARS.
EXPENSES \$ 77045. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

13. US PSILOCYBIN CANCER/ANXIETY STUDY - THIS ITEM IS FOR THE PROTOCOL
DEVELOPMENT AND APPROVAL PROCESS FOR A STUDY OF PSILOCYBIN-ASSISTED
THERAPY WITH ADVANCED-STAGE MELANOMA CANCER PATIENTS WITH ANXIETY.
SAMEET KUMAR, PH.D. WILL CONDUCT THE STUDY. THE FDA HAS APPROVED THE
PROTOCOL, BUT WE ARE STILL SEEKING AN INSTITUTION IN SOUTHERN FLORIDA
WILLING TO LET THE STUDY TAKE PLACE THERE AND HAVE ITS IRB REVIEW THE
PROTOCOL. THERE IS NO ESTIMATED START DATE FOR THIS STUDY AT THIS TIME.
EXPENSES \$ 1028. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

14. CANADA IBOGAIN FOLLOUP STUDY - MAPS WAS SPONSORING A STUDY OF
THE LONG-TERM EFFECTIVENESS OF IBOGAIN-ASSISTED THERAPY IN THE

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TREATMENT OF OPIATE ADDICTION. THIS STUDY WAS LOCATED IN VANCOUVER, CANADA WITH PATIENTS TREATED AT THE IBOGA THERAPY HOUSE. FUNDS WERE USED FOR ENROLLMENT AND FOLLOW-UP FOR FIVE SUBJECTS. UNFORTUNATELY, THE IBOGA THERAPY HOUSE SHUT ITS DOOR FOR FINANCIAL REASONS AND OUR STUDY HAS BEEN ENDED PREMATURELY. FORTUNATELY, THIS STUDY HAS LED TO ANOTHER IBOGAINE OUTCOME STUDY IN MEXICO AND HELPED INTRODUCE US TO THERAPISTS IN VANCOUVER WITH WHOM WE ARE WORKING TO START OUR CANADIAN MDMA/PTSD STUDY.

EXPENSES \$ 479. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

15. MEXICO IBOGAINE FOLLOWUP STUDY - MAPS IS SPONSORING A STUDY OF THE LONG-TERM EFFECTIVENESS OF IBOGAINE-ASSISTED THERAPY IN THE TREATMENT OF OPIATE ADDICTION. THIS STUDY IS LOCATED IN MEXICO, WITH PATIENTS TREATED AT THE IBOGAINE ASSOCIATION, AND FUNDS WERE USED FOR PROTOCOL DEVELOPMENT, TRAINING, THE APPROVAL PROCESS AND THE ACTUAL CONDUCT OF THE STUDY.

EXPENSES \$ 9638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

16. CLUSTER HEADACHE PROTOCOL-PSILOCYBIN/LSD - MAPS DONATED SOME FUNDS THAT IT RECEIVED FROM CLUSTER HEADACHE SUFFERERS BACK TO CLUSTERBUSTERS, A GROUP OF PEOPLE WHO SUFFER FROM CLUSTER HEADACHES AND HAVE FOUND PSILOCYBIN AND LSD TO BE EFFECTIVE IN TREATING THEIR HEADACHES.

EXPENSES \$ 59789. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

17. MAPS MDMA/PTSD RESEARCHER RETREAT AUSTRIA - MAPS HELD IT'S FIRST

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MDMA/PTSD THERAPIST TRAINING SEMINAR IN JUNE, 2009, WITH THERAPISTS
ATTENDING FROM 7 DIFFERENT COUNTRIES. THIS TRAINING PROGRAM WAS A GREAT
SUCCESS AND HELPED THE RESEACHERS FROM OUR ONGOING AND PLANNED STUDIES
TO DISCUSS TOGETHER MAPS' THERAPEUTIC METHOD AND TREATMENT MANUAL. THIS
GATHERING WAS INSPIRATIONAL, AS WE ARE SEEING THE DEVELOPMENT OF A NEW
FIELD OF PSYCHOTHERAPY FOR PTSD IN ITS INFANCY.

EXPENSES \$ 7236. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

18. SPAIN MDMA/PTSD STUDY -MAPS IS WORKING WITH JOSE CARLOS BOUSO,
PH.D. AND D.R JORDI RIBA TO START AN MDMA/PTSD STUDY IN SPAIN. IN 2002,
JOSE CARLOS BOUSO'S MAPS-SPONSORED MDMA/PTSD STUDY WAS SHUT DOWN DUE TO
POLITICAL SUPPRESSION OF RESEARCH. NOW WE'RE STARTING THE PROCESS TO
CONDUCT A NEW MDMA/PTSD STUDY IN SPAIN. THESE EXPENSES FOR BRINGING
JOSE CARLOS AND HIS POTENTIAL CO-THERAPIST TO OUR AUSTRIAN TRAINING
SEMINAR, AND FOR MINIMAL PROTOCOL DESIGN WORK FOR A GRANT APPLICATION
THAT HAS BEEN SUBMITTED TO A SPANISH CHARITY.

EXPENSES \$ 3643. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

19. RACHEL HARRIS AYAHUASCA INTEGRATION STUDY GRANT - MAPS IS ACTING
AS FISCAL SPONSOR FOR THIS STUDY.

EXPENSES \$ 2250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

20. UNIV OF BRISTOL DRUG-USAGE SURVEY GRANT - MAPS IS ALSO ACTING AS
FISCAL SPONSOR FOR THIS STUDY.

EXPENSES \$ 1000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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21. CLINICAL RESEARCH MANAGEMENT AND GENERAL - THESE ARE EXPENSES FOR OUR CLINICAL RESEARCH THAT ARE FOR ALL THE STUDIES. WE HAVE CHOSEN NOT TO ALLOCATE A SHARE OF THESE EXPENSES ACROSS ALL OF OUR RESEARCH PROJECTS BUT RATHER TO CREATE THE SPECIAL CATEGORY.

EXPENSES \$ 13385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

22. MDMA/PTSD TREATMENT MANUAL NIMH GRANT - THIS YEAR, MAPS DIDN'T SUBMIT AN NIMH GRANT REQUEST FOR FUNDING TO DEVELOP OUR TREATMENT MANUA, EVEN THOUGH DEVELOPING A TREATMENT MANUAL IS AMONG OUR TOP PRIORITIES. RATHER, WE'VE FOCUSED ON COMPLETING OUR US MDMA/PTSD STUDY AND OUR SWISS MDMA/PTSD STUDY SO THAT WE WOULD BE ABLE TO SUBMIT SOLID PILOT DATA AS PART OF OUR EVENTUAL GRANT APPLICATION TO DEA. OUR AUSTRIAN THERAPIST TRAINING PROGRAM HELPED MAPS' GATHER USEFUL COMMENTS ABOUT IMPROVEMENTS TO THE CURRENT EDITION OF THE TREATMENT MANUAL.

EXPENSES \$ 641. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

23. JORDAN MDMA/PTSD STUDY - MAPS IS WORKING TO START MDMA/PTSD RESEARCH IN AMMAN, JORDAN, AND WE'VE RECEIVED A RESTRICTED GRANT OF \$85,000 FOR ALL EXPENSES RELATED TO THIS STUDY. OUR INITIAL EXPENSES ARE FOR A SITE VISIT AND EARLY PROTOCOL DEVELOPMENT WORK. WE EXPECT TO OBTAIN APPROVAL AND START THE STUDY IN EARLY 2010.

EXPENSES \$ 3470. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

24. MAPS/DOGSTAR CATERING "PSYCHEDELICATESSEN" FUNDRAISERS

EXPENSES \$ 7445. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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25. DR. DONALD ABRAMS MARIJUANA/PAIN/OPIATES STUDY - DR. ABRAMS IS AMONG A FEW RESEARCHERS IN THE U.S. EVALUATING THE MEDICAL USE OF SMOKED OR VAPORIZED MARIJUANA IN A PATIENT POPULATION. MAPS DONATED STAFF TIME AND RESOURCES TO ASSIST WITH TRAVEL AND LODGING FOR PATIENTS IN DR. ABRAMS STUDY OF MEDICAL MARIJUANA USED IN CONJUNCTION WITH PAIN MEDICATIONS. MAPS HAS HELPED FIND THE REMAINING PATIENTS FOR THIS STUD, WHICH HAS BEEN COMPLETED AND HAS GENERATED PROMISING RESULTS. EXPENSES \$ 8993. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

26. US MDMA/PTSD STUDY VETERANS - THESE EXPENSES ARE FOR EARLY PROTOCOL DEVELOPMENT WORK FOR OUR NEXT US MDMA/PTSD STUDY, WHICH WILL BE ENTIRELY IN VETERANS WITH PTSD. THERE IS A GROWING PUBLIC CONCERN OVER VETERANS RETURNING FROM IRAQ AND AFGHANISTAN WITH SERIOUS AND UNTREATED PTSD. WE BELIEVE THAT MDMA-ASSISTED PSYCHOTHERAPY WILL BE ABLE TO HELP HEAL SOME OF THE TRAUMA OF WAR. EXPENSES \$ 1573. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

27. ISRAEL MEDICAL MARIJUANA PRODUCTION FACILITY - THE ISRAELI MINISTRY OF HEALTH HAS ESTABLISHED A POLICY WHEREBY PHYSICIANS WHOSE PATIENTS HAVE ANY OF A CERTAIN LIMITED NUMBER OF CLINICAL CONDITIONS CAN APPLY TO THE MINISTRY REQUESTING THAT THEIR PATIENT RECEIVE A LICENSE TO USE MARIJUANA LEGALLY. SINCE THERE WAS NO LEGAL SUPPLY OF MARIJUANA IN ISRAEL, THE MINISTRY OF HEALTH DECIDED TO ISSUE SEVERAL LICENSES TO PRODUCE MARIJUANA FOR MINISTRY-APPROVED PATIENTS. THE LICENSE DOES NOT PERMIT THE PRODUCER TO SELL THE MARIJUANA, THUS IT REQUIRES THAT THE MARIJUANA BE GIVEN AWAY FOR FREE. THE PRODUCERS MUST

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OBTAIN DONATIONS TO COVER THEIR COSTS. DAVID BRONNER DONATED FUNDS TO
MAPS TO HELP SUBSIDIZE THE COSTS OF SEVERAL GROWERS. OVER TIME, AS MORE
PATIENTS ARE APPROVED AND OBTAIN MEDICAL BENEFITS, WE THINK THE
MINISTRY MAY RECONSIDER THE POLICY OF FREE DISTRIBUTION AND PERMIT
SALES WHICH WOULD THEN BE A SUSTAINABLE MODEL. MAPS ALSO BROUGHT
MEDICAL MARIJUANA PRODUCTION AND DISTRIBUTION EXPERTS, MIKE AND VAL
CORRAL AND MIMI PELEG, TO ISRAEL TO CONSULT.
EXPENSES \$ 27125. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

28. CONTINUING MEDICAL EDUCATION (CME) PROJECT - MAPS IS IN THE EARLY
PLANNING STAGES OF ORGANIZING A CONTINUING MEDICAL EDUCATION (CME)
CONFERENCE FOR PSYCHIATRISTS, PSYCHOLOGISTS, NURSES AND MEMBERS OF THE
GENERAL PUBLIC ABOUT THE LATEST FINDINGS FROM CLINICAL RESEARCH WITH
PSYCHEDELICS. THIS WILL BE AN INTERNATIONAL CONFERENCE THAT WE WILL
HOLD IN THE SAN FRANCISCO BAY AREA, APRIL 15-18, 2010. FUNDS WERE SPENT
ON STAFF TIME FOR INITIAL RESEARCH INTO POSSIBLE CONFERENCE LOCATIONS
AND ON HOW TO OBTAIN CME CREDIT.
EXPENSES \$ 4447. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

29. SUMMER FESTIVAL OUTREACH ACTIVITIES - MAPS MEMBER SETH HOLLUB
DONATED \$5,000 TO HELP MAPS SET UP TABLES AT A NUMBER OF SUMMER
FESTIVALS, BOTH FOR EDUCATIONAL AND MEMBER OUTREACH PURPOSES.
EXPENSES \$ 1744. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

30. WILLIAM WESTERFELD FUNDRAISER SF - THESE EXPENSES WERE FOR A
SUCCESSFUL FUNDRAISING EVENT IN SAN FRANCISCO.

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

EXPENSES \$ 4308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

31. BIONEERS FESTIVAL 2008 - THESE EXPENSES WERE FOR A MAPS TABLE AT THE BIONEERS FESTIVAL AND FOR SEVERAL MAPS STAFF TO ATTEND IN ORDER TO GIVE TALKS ABOUT MAPS. THIS WAS PART OF MAPS' EDUCATIONAL AND MEMBER OUTREACH EFFORTS.

EXPENSES \$ 1652. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

32. BOOM FESTIVAL 2008 - MAPS HELPED ESTABLISHED THE WORLD'S BEST MODEL OF PSYCHEDELIC HARM REDUCTION AT BOOM FESTIVAL. THESE EXPENSES ARE FOR MAPS STAFF TO HELP ORGANIZE A TEAM OF VOLUNTEERS TO ASSIST PEOPLE GOING THROUGH PSYCHEDELIC EMERGENCIES, AND FOR RICK DOBLIN TO TRAVEL TO BOOM TO WORK AS PART OF THE PSYCHEDELIC EMERGENCY SERVICES TEAM.

EXPENSES \$ 1682. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

33. BURNING MAN ZENDO/TEEPEE 2008 - MAPS RECEIVED A \$5,000 RESTRICTED GRANT TO COVER EXPENSES INVOLVED IN SETTING UP THE ZENDO AND TIPI AT ENTHEON VILLAGE. THESE FACILITIES ARE PART OF OUR HARM REDUCTION EFFORTS AND EDUCATIONAL EFFORTS.

EXPENSES \$ 5000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

34. INFORMATION - THIS CATEGORY OF EXPENSES IS FOR EDUCATIONAL MATERIALS THAT MAPS STAFF PURCHASE FOR THEIR OWN EDUCATION.

EXPENSES \$ 1151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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35. BURNING MAN 2009 - THESE ARE EARLY EXPENSES FOR ENTHEON VILLAGE
2009, FOR WHICH MAPS ONCE AGAIN HANDLED THE FINANCES. AS IN YEARS
BEFORE, EXPENSES WERE COVERED BY REGISTRATION FEES.
EXPENSES \$ 1578. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

36. WORKING WITH DIFFICULT PSYCHEDELIC EXPERIENCES VIDEO - MAPS HAS
CREATED AN EDUCATIONAL VIDEO AS PART OF OUR EFFORTS TO PREVENT A
BACKLASH AGAINST PSYCHEDELIC RESEARCH DUE TO TRAGEDIES CAUSED BY PEOPLE
HAVING DIFFICULT PSYCHEDELIC EXPERIENCES THAT THEY ARE NOT PREPARED TO
HANDLE. OUR VIDEO PRESENTS INFORMATION EXPLAINING HOW PEOPLE CAN HELP A
FRIEND IF THEIR FRIEND IS HAVING A DIFFICULT PSYCHEDELIC EXPERIENCE. WE
CREATED THE VIDEO IN PRIOR FISCAL YEARS AND THESE EXPENDITURES WERE FOR
CREATING A NEWER VERSION, WHICH TOOK PLACE IN THIS CURRENT FISCAL YEAR.
EXPENSES \$ 3196. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

37. MAPS BULLETIN - WE USE OUR BULLETIN AS A KEY EDUCATIONAL TOOL. WE
TAKE SPECIAL CARE TO MAKE THE BULLETIN A MAGAZINE THAT PEOPLE CAN
PROUDLY SHOW TO OTHERS. BULLETIN COSTS HAVE BEEN PARTIALLY SUBSIDIZED
BY USING THE COLOR COVERS AS AN OPPORTUNITY TO DISPLAY ART FOR SALE
THROUGH THE MAPS STORE. THE BULLETIN COMES OUT 3 TIMES A YEAR AND
FOCUSES MOSTLY ON ARTICLES ABOUT MAPS' VARIOUS PROJECTS WITH OCCASIONAL
SPECIAL THEMED ISSUES RELATED IN SOME WAY TO PSYCHEDELICS. OUR THEMED
ISSUE IN EARLY 2009 WAS ABOUT PSYCHEDELICS AND ECOLOGY. IN ORDER TO
SAVE FUNDS, AND MAKE SOME OF OUR BULLETINS EASIER TO READ, WE ARE
SENDING OUT SMALLER ISSUES AND WILL HAVE JUST ONE SPECIAL THEMED ISSUES
PER YEAR. IN EARLY 2010, WE WILL FOCUS ON PSYCHEDELICS, DEATH AND

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DYING. WE ARE EXPANDING OUR COMMUNICATIONS WITH MEMBERS THROUGH OUR
WEBSITE AND EMAIL UPDATES.

EXPENSES \$ 55438. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

38. MONTHLY EMAIL UPDATES

EXPENSES \$ 8273. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

39. BURNING MAN - BASURA SAGRADA TEMPLE PROJECT - MAPS SERVED AS
FISCAL SPONSOR FOR A TEAM OF ARTISTS WHO BUILT, AND THEN BURNED, THE
TEMPLE STRUCTURE AT BURNING MAN 2008. THE TEMPLE STRUCTURE AT BURNING
MAN IS A PLACE WHERE PEOPLE TRADITIONALLY REFLECT ON LOVED ONES WHO
HAVE DIED AND IS A MEDITATIVE LOCATION THAT OFFERS PEOPLE THE
OPPORTUNITY TO EXPERIENCE AND EXPRESS SOMBER AND SERIOUS EMOTIONS--IN
CONTRAST TO THE OFTEN CARNIVAL-LIKE MOOD ELSEWHERE AT BURNING MAN. THE
TEMPLE STRUCTURE OFFERS PEOPLE A SUPPORTIVE PLACE TO EXPERIENCE COMPLEX
EMOTIONS AND THEREFORE ADDS AN IMPORTANT, GROUNDED "HARM REDUCTION"
ELEMENT THAT, IN COMBINATION WITH THE SANCTUARY SPACE, MAKES BURNING
MAN A MORE PSYCHOLOGICALLY BALANCED AND HEALTHY ENVIRONMENT.

EXPENSES \$ 90694. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

40. LSD - MY PROBLEM CHILD 3RD EDITION THESE EXPENSES WERE FOR OUR
PUBLICATION OF NEW ISSUE OF ALBERT HOFMANN'S LSD - MY PROBLEM CHILD.

EXPENSES \$ 13817. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

41. AYAHUASCA RELIGION - THESE EXPENSES ARE FOR THE PUBLICATION OF OUR
FIRST BOOK ABOUT AYAHUASCA, EDITED BY BIA LABATE.

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EXPENSES \$ 7413. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

42. WOMEN'S VISIONARY CONGRESS AND WOMEN'S ENTHEOGEN FUND - ORGANIZED

BY ANNIE HARRISON, MAPS WAS A FISCAL SPONSOR FOR THE FIRST WOMEN'S

VISIONARY CONGRESS, WHICH TOOK PLACE IN THE SUMMER OF 2007. THE

CONFERENCE SOUGHT TO PROVIDE A GATHERING PLACE FOR WOMEN IN THE

PSYCHEDELIC MOVEMENT, PROVIDING THEM WITH NETWORKING AND SPEAKING

OPPORTUNITIES THAT ARE FREQUENTLY ABSENT OR MINIMAL AT OTHER

PSYCHEDELIC-RELATED CONFERENCES. MAPS ALSO FISCALLY SPONSORED THE

WOMEN'S ENTHEOGEN FUND, WHICH SUPPORTED WOMEN WHO MADE SIGNIFICANT

CONTRIBUTIONS TO THE PSYCHEDELIC MOVEMENT. ANNIE HARRISON AND ADVISORS

DETERMINED ALLOCATIONS. IN PREPARATION FOR THE 2008 WOMEN'S VISIONARY

CONGRESS, ANNIE HARRISON CREATED A NEW NON-PROFIT TO SPONSOR THE EVENT

AND THE WOMEN'S ENTHEOGEN FUND.

EXPENSES \$ 3308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

43. WOMEN'S ALLIANCE FOR MEDICAL MARIJUANA GRANT (WAMM) - VALERIE

CORRAL CO-FOUNDED WAMM. SHE HAS BEEN INVOLVED IN LITIGATION WITH DEA

ABOUT HER MEDICAL MARIJUANA COOPERATIVE PRODUCTION FACILITY. THIS GRANT

FROM MAPS WAS FOR HER PUBLIC EDUCATION EFFORTS.

EXPENSES \$ 1870. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

44. STAFF SALARIES, BENEFITS & OTHER RELATED DIRECT EXPENSES - ALL OF

OUR GROUNDBREAKING RESEARCH WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED

CORE STAFF. OUR MAIN OFFICE, LOCATED IN SANTA CRUZ, CURRENTLY EMPLOYS

FOUR FULL-TIME STAFF, ONE UNPAID INTERN, ONE SEASONAL PART-TIME

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EMPLOYEE, AND OCCASIONAL TEMPORARY EMPLOYEES ON A PROJECT BASIS THROUGHOUT THE YEAR. MAPS STRIVES TO PROVIDE A FAIR AND COMPETITIVE SALARY AND TO OFFER A BASIC BENEFIT PACKAGE INCLUDING HEALTHCARE AND DENTAL INSURANCE. THE GROSS SALARY FOR CORE STAFF AND CONTRACTORS ATTRIBUTED TO OPERATIONS PRIOR TO THE ALLOCATION TO PROGRAM SERVICE EXPENSES IN THE SANTA CRUZ OFFICE IN FY 08-09 WAS \$173,352.94, WITH BENEFITS AND PAYROLL TAXES COSTING MAPS \$56,826.08. SALARY EXPENSES ARE ALSO DISTRIBUTED ACROSS THE PROJECTS TO WHICH STAFF ARE ASSIGNED. IN ADDITION, MAPS PRESIDENT RICK DOBLIN, PHD, EARNS A TOTAL SALARY OF \$60,000 PER YEAR, AND RECEIVES NO HEALTH CARE OR OTHER BENEFITS (OTHER THAN THE TREMENDOUS SATISFACTION OF WORKING AT MAPS). EXPENSES \$ 172634. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

45. PHONES - ONE CONSEQUENCE OF STAFF, RESEARCHERS, AND VOLUNTEERS SPREAD OUT ACROSS THE WORLD IS HIGHER PHONE COSTS THAN WE WOULD LIKE. ALTHOUGH WE TRY TO COMMUNICATE VIA E-MAIL WHENEVER POSSIBLE, THERE ARE CERTAIN SITUATIONS WHEN PHONE CONVERSATIONS ARE DESIRABLE. EXPENSES \$ 9999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

46. POSTAL - POSTAL COSTS ARE FOR MAPS MEMBERSHIP RENEWAL MAILINGS, SHIPPING OF MAPS MERCHANDISE, AND MAPS MAIL COMMUNICATIONS ALL OVER THE WORLD. EXPENSES \$ 8272. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

47. CONFERENCE FEES - FEES FOR MAPS STAFF TO ATTAND RESEARCH, EDUCATIONAL, AND ACTIVIST CONFERENCES AROUND THE WORLD.

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EXPENSES \$ 2601. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

48. STAFF TRAVEL - AS THE NUMBER AND LOCATIONS OF MAPS' PROJECTS INCREASES, AS MAPS STAFF SPEAK AT MORE CONFERENCES AND EVENTS, STAFF TRAVEL CONTINUES TO INCREASE.

EXPENSES \$ 19138. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

49. BOOKS, TAPES AND ACCESSORIES - MERCHANDISE THAT WE RESELL.

EXPENSES \$ 4618. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

50. OFFICE SUPPLIES - INCLUDES CUSTOMIZED ENVELOPES, VARIOUS PRINTED HANDOUTS, BROCHURES, BOOK BLYERS, AND REGULAR OFFICE SUPPLIES. COSTS WERE HIGHER THIS YEAR DUE TO RELOCATION AND THE NEED TO PRINT MATERIALS WITH THE NEW ADDRESS, AND TO STOCK THE NEW LOCATION WITH OFFICE SUPPLIES.

EXPENSES \$ 2462. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

51. ART FOR RESALE - THESE EXPENSES ARE FOR ROYALTY PAYMENTS TO ARTISTS, USUALLY 50% OF THE SALES PRICE IS FOR MAPS AND 50% IS FOR THE ARTIST.

EXPENSES \$ 6923. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

52. COPIES - PHOTOCOPIES AND OTHER DOCUMENTS WE NEED PRINTED.

EXPENSES \$ 1615. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

53. MAPS WEBSITE (HOSTING, CONTENT, ADMINISTRATION, OFFICE INTERNET,

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WEBSTORE, MAPS FORUM, ETC) THESE EXPENSES ARE LESS THAN THEY WOULD BE

BECAUSE OUR WEB SERVER MANAGEMENT IS DONATED BY SETH HOLLUB.

EXPENSES \$ 17915. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

54. CAPITAL EXPENSES: THIS IS MOSTLY FOR NEW ELECTRONIC EQUIPMENT AND SOME FURNITURE FOR OUR OFFICE.

EXPENSES \$ 6615. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

55. EXTRAORDINARY BACK PAYROLL TAXES (CALENDAR YEAR 2007) - TO FIX UP 941 ACCOUNTS FOR TAX YEAR 2007 WITH IRS

EXPENSES \$ 6396. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

56. REFUNDS, ADJUSTED CREDIT CARD EXPENSES - THESE ARE FOR REFUNDS OR REIMBURSEMENTS AND SOME FEES.

EXPENSES \$ 7042. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: RETURN IS MAILED TO PRINCIPAL BOARD MEMBER AND THEN FORWARDED TO ALL OTHER BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS WILL PERIODICALLY REVEIW NEW AND ON GOING RELATIONSHIPS TO ASSURE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: IT IS A MATTER OF POLICY TO SEARCH AVAILABLE WAGE DATA SCALES FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGINAZATION MAKES THESE

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DOCUMENTS AVAILABLE THROUGH ITS WEBSITE--WWW.MAPS.ORG/FISCAL, THE QUIDESTAR WEBSITE AND BY PHONE, FAX OR EMAIL UPON REQUEST.

COPY

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

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

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) TEST		0.00
(2)		
(3)		
(4)		
(5)		
(6)		

