

Form **990**Department of the Treasury
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.

OMB No. 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

C Name of organization**THE MAY INSTITUTE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

41 PACELLA PARK DRIVE

City or town, state or country, and ZIP + 4

RANDOLPH, MA 02368**F** Name and address of principal officer: **WALTER P. CHRISTIAN PH.D****SAME AS C ABOVE****D** Employer identification number**04-2197449****E** Telephone number**(781) 440-0400****G** Gross receipts \$ **101,242,273.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MAYINSTITUTE.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1955** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL AND REHABILITATIVE SERVICES. SEE SCHEDULE O.		
	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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of employees (Part V, line 2a)	2598	
	6	Total number of volunteers (estimate if necessary)	15	
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	795,455.	1,009,268.
	9	Program service revenue (Part VIII, line 2g)	91,379,135.	98,693,002.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,767.	335,872.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,069,379.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,911,736.	100,038,142.
	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)	70,279,502.	76,834,384.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	320,975.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,202,775.	25,107,303.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,482,277.	101,941,687.
	19	Revenue less expenses. Subtract line 18 from line 12	429,459.	-1,903,545.
	20	Total assets (Part X, line 16)	56,761,484.	49,199,693.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	38,944,715.	36,347,568.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,816,769.	12,852,125.

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

MICHAEL MILCZAREK, TREASURER & CFO

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4**CBIZ TOFIAS
350 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139**

EIN ▶

Phone no. ▶ **617-761-0600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MAY INSTITUTE, INC. IS A NONPROFIT ORGANIZATION THAT PROVIDES
EDUCATIONAL AND REHABILITATIVE SERVICES FOR INDIVIDUALS, AND FAMILIES
OF INDIVIDUALS, WITH AUTISM, DEVELOPMENTAL DISABILITIES, NEUROLOGICAL
AND BEHAVIORAL DISORDERS, AND MENTAL ILLNESS. WE CONDUCT AND
- 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.

4a (Code:) (Expenses \$ 43,174,841. including grants of \$) (Revenue \$ 48,842,063.)
RESIDENTIAL AND DAY SERVICES FOR INDIVIDUALS WITH
DEVELOPMENTAL/INTELLECTUAL DISABILITIES:
MAY INSTITUTE PROVIDES A WIDE RANGE OF COMMUNITY-BASED SERVICES FOR
ADULTS WITH AUTISM AND OTHER DEVELOPMENTAL DISABILITIES. THESE SERVICES
INCLUDE OVER 140 RESIDENTIAL GROUP HOMES AND SUPPORTED LIVING
APARTMENTS, AS WELL AS DAY PROGRAMMING, VOCATIONAL TRAINING, AND
SUPPORTED EMPLOYMENT. DEDICATED, EXPERIENCED STAFF ARE COMMITTED TO
PROVIDING RESPECTFUL, EFFECTIVE, AND SUPPORTIVE SERVICES WITHIN
COMMUNITY SETTINGS.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 27,080,442. including grants of \$) (Revenue \$ 30,400,616.)
MAY CENTERS FOR CHILD DEVELOPMENT:
MAY INSTITUTE IS ONE OF THE LARGEST PROVIDERS OF PRIVATE (MA CHAPTER
766-APPROVED) SCHOOLS SPECIFICALLY SERVING CHILDREN WITH AUTISM
SPECTRUM DISORDERS (ASD) AND OTHER DEVELOPMENTAL DISABILITIES. THREE
MAY CENTERS FOR CHILD DEVELOPMENT IN MASSACHUSETTS OFFER FULL-DAY,
YEAR-ROUND EDUCATIONAL SERVICES TO CHILDREN AND ADOLESCENTS AGES 2.9
THROUGH 22 (DEPENDING UPON LOCATION). THESE SCHOOLS ARE LOCATED IN
RANDOLPH, WEST SPRINGFIELD, AND WOBURN, MASS. A FOURTH MASSACHUSETTS
SCHOOL, THE MAY CENTER FOR EDUCATION AND NEUROREHABILITATION, SERVICES

SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 9,520,311. including grants of \$) (Revenue \$ 10,653,527.)
BEHAVIORAL HEALTH SERVICES:
FOR CHILDREN: MAY INSTITUTE OFFERS A BROAD RANGE OF THERAPEUTIC
SERVICES TO CHILDREN AND ADOLESCENTS WITH MENTAL ILLNESS, BEHAVIORAL
ISSUES, AND SCHOOL AND LEARNING PROBLEMS. WE PROVIDE THE CHILDREN AND
TEENS WE SERVE, AND THEIR FAMILIES, WITH A COMPREHENSIVE DIAGNOSTIC
EVALUATION BY ONE OF OUR CHILD-TRAINED CLINICIANS.

SEE SCHEDULE O FOR CONTINUATION

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 9,143,347. including grants of \$) (Revenue \$ 8,796,796.)

4e Total program service expenses ▶ \$ 88,918,941. (Must equal Part IX, Line 25, column (B).)

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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.? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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	220	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	2598	
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
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	

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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	1a	14
b Enter the number of voting members that are independent	1b	14
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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b 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?	9b	
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	10	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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
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?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA, CT**

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: **MICHAEL MILCZAREK, TREASURER & CFO - 781-440-0400**
41 PACELLA PARK DRIVE, RANDOLPH, MA 02368

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JORY BERKWITS CHAIR, BD.OF TRUSTEES	1.00	X						0.	0.	0.
DON RICCIATO VICE CHAIR, BD.OF TRUSTEES	1.00	X						0.	0.	0.
STEPHEN YOUNG SECRETARY & TRUSTEE	1.00	X						0.	0.	0.
CATHERINE CRONE COBURN TRUSTEE	1.00	X						0.	0.	0.
ALLEN CROCKER TRUSTEE	1.00	X						0.	0.	0.
HERBERT HAESSLER TRUSTEE	1.00	X						0.	0.	0.
MATTHEW HOBBS TRUSTEE	1.00	X						0.	0.	0.
JONATHAN KATZ TRUSTEE	1.00	X						0.	0.	0.
MARY LOU MALONEY TRUSTEE	1.00	X						0.	0.	0.
JOHN MURPHY TRUSTEE	1.00	X						0.	0.	0.
NEAL TODRYS TRUSTEE	1.00	X						0.	0.	0.
ROBERT WHITTLESEY TRUSTEE	1.00	X						0.	0.	0.
RICHARD WICHMANN TRUSTEE	1.00	X						0.	0.	0.
ROBERT YELTON TRUSTEE	1.00	X						0.	0.	0.
WALTER P CHRISTIAN, PH.D PRESIDENT & CEO	40.00			X				1,048,622.	0.	38,130.
MICHAEL MILCZAREK TREASURER & CFO	40.00			X				329,194.	0.	32,254.
ALAN HARCHIK CHIEF OPERATING OFFICER	40.00				X			307,975.	0.	30,786.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS RUSSO CHIEF CLINICAL OFFICER	40.00				X			280,353.	0.	39,608.
JOY BURGHARDT SR. VP EDUCATION SERVICE	26.00				X			254,908.	0.	1,522.
JAMES MILLINS CHIEF OF FACILITIES MGT	40.00				X			245,770.	0.	25,719.
HEIDI HOWARD CHIEF OF BUSINESS DEV.	40.00				X			241,234.	0.	27,391.
JAMES M. SPERRY SR. VP ADULT SVC.	40.00				X			209,640.	0.	20,298.
JAMES K. LUISELLI SR. VP APPLIED RESEARCH	40.00					X		214,707.	0.	19,914.
LAUREN C. SOLOTAR SR. V.P. BEHAVIORAL HEAL	40.00					X		186,475.	0.	27,542.
GARY PACE SR.V.P., NEUROREHABILITA	40.00					X		179,883.	0.	16,511.
SUSAN WILCZYNSKI SR. VP AUTISM SVC.	40.00					X		168,995.	0.	9,733.
ROBERT F. PUTNAM SR. VP. CONSULTATION SER	40.00					X		166,851.	0.	17,911.
1b Total								3,834,607.	0.	307,319.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

28

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JACKSON LEWIS LLP P.O. BOX 3497, NEWARK, NJ 07189-4973	LEGAL	131,948.
SPEECH THERAPY GROUP, LLC, 100 CUMMINGS CENTER, STE. 135H, BEVERLY, MA 01930	CONSULTING SVS	121,516.
JENNINGS, JON P.O. BOX 1388, MARBLEHEAD, MA 01945	MANAGEMENT CONSULTANT	110,184.
CBIZ TOFIAS 350 MASSACHUSETTS AVE., CAMBRIDGE, MA 02139	AUDITING	106,795.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

4

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	1009268.			
	g	Noncash contributions included in lines 1a-1f \$		223,097.			
	h	Total. Add lines 1a-1f		1,009,268.			
Program Service Revenue	2 a	CONTRACT REVENUE	Business Code	900099	53474842.	53474842.	
	b	TUITION REVENUE		611600	28282292.	28282292.	
	c	CLINIC FEES		621400	6,406,929.	6,406,929.	
	d	CONSULTING AND MANAGEM		900099	5,675,896.	5,675,896.	
	e	CONSUMER REVENUE		900099	3,700,993.	3,700,993.	
	f	All other program service revenue		900099	1,152,050.	1,152,050.	
	g	Total. Add lines 2a-2f		98693002.			
	3	Investment income (including dividends, interest, and other similar amounts)			284,420.		284,420.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	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			100038142.	98693002.	0.	335,872.

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	1,836,998.	309,688.	1,475,073.	52,237.
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	62,394,665.	57,259,653.	4,955,754.	179,258.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	740,013.	476,483.	259,256.	4,274.
9 Other employee benefits	7,276,422.	6,327,924.	919,222.	29,276.
10 Payroll taxes	4,586,286.	4,175,865.	394,449.	15,972.
11 Fees for services (non-employees):				
a Management				
b Legal	280,785.	86,142.	194,643.	
c Accounting	97,500.		97,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,078,573.	1,779,270.	299,303.	
12 Advertising and promotion	24,864.	5,798.	14,892.	4,174.
13 Office expenses	2,124,940.	1,293,279.	812,530.	19,131.
14 Information technology	311,288.	187,689.	122,977.	622.
15 Royalties				
16 Occupancy	8,513,655.	7,342,063.	1,167,704.	3,888.
17 Travel	3,708,054.	3,138,967.	564,619.	4,468.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	116,047.	69,161.	46,823.	63.
20 Interest	1,506,426.	1,069,113.	437,313.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,760,015.	1,346,130.	412,819.	1,066.
23 Insurance	502,930.	304,456.	198,102.	372.
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 <u>DIETARY EXPENSES</u>	1,775,403.	1,742,835.	31,995.	573.
b <u>SUPPLIES</u>	1,211,026.	1,170,123.	39,763.	1,140.
c <u>CLIENT PERSONAL ALLOWAN</u>	427,413.	427,136.	277.	
d <u>RECRUITMENT, STAFF TRAI</u>	412,646.	277,882.	134,574.	190.
e <u>DUES & SUBSCRIPTIONS</u>	137,308.	85,289.	47,896.	4,123.
f All other expenses	118,430.	43,995.	74,287.	148.
25 Total functional expenses. Add lines 1 through 24f	101,941,687.	88,918,941.	12,701,771.	320,975.
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,267,084.	1	1,963,693.
	2 Savings and temporary cash investments	2,396,068.	2	1,908,945.
	3 Pledges and grants receivable, net	25,000.	3	
	4 Accounts receivable, net	6,505,210.	4	6,446,162.
	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	1,279,233.	9	122,704.
	10a Land, buildings, and equipment: cost basis	10a 43,554,000.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 11,775,113.		
		28,766,152.	10c	31,778,887.
	11 Investments - publicly traded securities	8,140,120.	11	5,282,681.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	8,382,617.	15	1,696,621.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,761,484.	16	49,199,693.	
Liabilities	17 Accounts payable and accrued expenses	6,485,921.	17	5,682,913.
	18 Grants payable		18	
	19 Deferred revenue	753,101.	19	726,068.
	20 Tax-exempt bond liabilities	19,541,214.	20	19,108,455.
	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	6,735,605.	23	8,553,428.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	5,428,874.	25	2,276,704.
	26 Total liabilities. Add lines 17 through 25	38,944,715.	26	36,347,568.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,719,796.	27	12,687,693.
	28 Temporarily restricted net assets	95,973.	28	163,432.
	29 Permanently restricted net assets	1,000.	29	1,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	17,816,769.	33	12,852,125.
	34 Total liabilities and net assets/fund balances	56,761,484.	34	49,199,693.

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?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	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?	2c	X
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	X

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"/>

Schedule A (Form 990 or 990-EZ) 2008

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.")						
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						
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.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
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		<input type="checkbox"/>
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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	1,000.				
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	1,000.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ .00 %
 b Permanent endowment ☐ 100.00 %
 c Term endowment ☐ .00 %

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		X
(ii) related organizations		X
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

(i) unrelated organizations _____
 (ii) related organizations _____

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

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		8,034,129.		8,034,129.
b Buildings		25,326,890.	4,565,340.	20,761,550.
c Leasehold improvements		3,874,239.	2,190,625.	1,683,614.
d Equipment		4,885,335.	3,985,105.	900,230.
e Other		1,433,407.	1,034,043.	399,364.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				31,778,887.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	100,038,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	101,941,687.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,903,545.
4	Net unrealized gains (losses) on investments	4	-532,801.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,364,908.
9	Total adjustments (net). Add lines 4-8	9	1,832,107.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-71,438.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	101,633,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-532,801.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,364,908.
e	Add lines 2a through 2d	2e	1,832,107.
3	Subtract line 2e from line 1	3	99,800,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	237,196.
c	Add lines 4a and 4b	4c	237,196.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	100,038,142.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	101,704,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	101,704,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	237,196.
c	Add lines 4a and 4b	4c	237,196.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	101,941,687.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: TO BE HELD FOR INVESTMENT

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT: -380105.

GAIN ON SALE-LEASEBACK TRANSACTIONS: 2745013.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE LEASE BACK TRANSACTION: 2745013.

Part XIV Supplemental Information (continued)

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT: -380105.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSACTIONS NOT INCLUDED IN CONSOLIDATED FINANCIAL
STATEMENTS: 237196.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSACTIONS NOT INCLUDED IN CONSOLIDATED FINANCIAL
STATEMENTS: 237196.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

- 1 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?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain
- THROUGH BROCHURES, PAMPHLETS AND AN ANNUAL PUBLICATION IN AREA
NEWSPAPER AS A MEMBER OF MASSACHUSETTS ASSOCIATION OF 766
APPROVED PRIVATE SCHOOLS.**

YES NO

1 X

2 X

3 X

- 4 Does the organization maintain the following?

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

4a X

4b X

4c X

4d X

- 5 Does the organization discriminate by race in any way with respect to:

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

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

6a X

- b Has the organization's right to such aid ever been revoked or suspended?

6b X

If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.

STATEMENT 1

- 7 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

7 X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule E (Form 990 or 990-EZ) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b	X	

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2	X	
---	---	--

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WALTER P CHRISTIAN, PH.D.	(i) 265,866.	(ii) 16,798.	(iii) 765,958.	33,073.	5,057.	1,086,752.	175,236.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHAEL MILCZAREK	(i) 206,631.	(ii) 7,500.	(iii) 115,063.	30,307.	1,947.	361,448.	119,859.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ALAN HARCHIK	(i) 175,127.	(ii) 0.	(iii) 132,848.	27,201.	3,585.	338,761.	95,223.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DENNIS RUSSO	(i) 211,247.	(ii) 0.	(iii) 69,106.	37,231.	2,377.	319,961.	116,100.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOY BURGHARDT	(i) 61,050.	(ii) 0.	(iii) 193,858.	0.	1,522.	256,430.	254,908.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAMES MILLINS	(i) 156,516.	(ii) 15,000.	(iii) 74,254.	23,342.	2,377.	271,489.	85,867.
	(ii) 0.	0.	0.	0.	0.	0.	0.
HEIDI HOWARD	(i) 170,948.	(ii) 2,500.	(iii) 67,786.	25,444.	1,947.	268,625.	92,404.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAMES M. SPERRY	(i) 124,894.	(ii) 0.	(iii) 84,746.	13,724.	6,574.	229,938.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAMES K. LUISELLI	(i) 140,020.	(ii) 0.	(iii) 74,687.	17,537.	2,377.	234,621.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LAUREN C. SOLOTAR	(i) 125,661.	(ii) 0.	(iii) 60,814.	23,735.	3,807.	214,017.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
GARY PACE	(i) 103,751.	(ii) 0.	(iii) 76,132.	10,687.	5,824.	196,394.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SUSAN WILCZYNSKI	(i) 133,298.	(ii) 0.	(iii) 35,697.	5,399.	4,334.	178,728.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT F. PUTNAM	(i) 124,003.	(ii) 0.	(iii) 42,848.	15,837.	2,074.	184,762.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: ONE OF THE PERSONS LISTED IS PROVIDED HEALTH CARE SUPPORT IN LIEU OF SALARY.

PART I, LINE 4A: 4.A. SEVERANCE PAYMENT OF \$37,648 WAS PAID.

PART I, LINE 4B:

LIKE MANY LARGE NONPROFIT ORGANIZATIONS, MAY INSTITUTE IMPLEMENTED A DEFERRED COMPENSATION PACKAGE IN 1997 IN ORDER TO RETAIN HIGHLY QUALIFIED MEMBERS OF SENIOR LEADERSHIP. MAY INSTITUTE REPORTED PAYMENTS TOWARD DEFERRED COMPENSATION AS A BENEFIT ON AN ANNUAL BASIS. IN CALENDAR 2008, THESE DEFERRED COMPENSATION AGREEMENTS BECAME FULLY VESTED AND WERE DISTRIBUTED IN TOTAL. THE TOTAL COMPENSATION AMOUNTS LISTED ON THE FORM 990 FOR 13 MAY INSTITUTE SENIOR EXECUTIVES INCLUDE A ONE-TIME DISTRIBUTION OF THE AGGREGATED, MULTI-YEAR PAYMENTS TO EACH EMPLOYEE'S DEFERRED COMPENSATION AGREEMENT.

IN THE PERIOD OF TIME DURING WHICH THE DEFERRED COMPENSATION BENEFIT WAS IN PLACE, MAY INSTITUTE WAS ABLE TO SIGNIFICANTLY EXPAND ITS MISSION THROUGH

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ITS GROWTH FROM A LOCAL NONPROFIT WITH PROGRAM LOCATIONS IN MASSACHUSETTS ONLY, TO ONE WITH A NATIONAL SCOPE ABLE TO PROVIDE SERVICES TO TENS OF THOUSANDS OF INDIVIDUALS IN THE NORTHEAST, SOUTHEAST, AND ON THE WEST COAST. THE ORGANIZATION ALSO MORE THAN DOUBLED IN SIZE, GROWING FROM A \$42M TO A \$104M ORGANIZATION, AND INCREASED ITS STAFF BY MORE THAN 100 PERCENT, FROM 1,265 TO 2,598.

MAY INSTITUTE HAS AN EXCEPTIONALLY STRONG RETENTION RECORD FOR MEMBERS OF ITS SENIOR LEADERSHIP. GIVEN THE COMPLEXITIES OF MANAGING AN ORGANIZATION OF THIS SIZE AND WITH ITS BREADTH AND DEPTH OF SERVICES, IT IS CRITICAL THAT WE RECRUIT AND MAINTAIN SENIOR LEADERS OF THE HIGHEST CALIBER.

DR. WALTER P. CHRISTIAN, MAY INSTITUTE'S PRESIDENT AND CEO, HAS BEEN AN EMPLOYEE OF MAY INSTITUTE FOR 32 YEARS. HE AND THE 12 SENIOR MANAGERS WHO RECEIVED DEFERRED COMPENSATION HAVE 185 YEARS OF COMBINED SERVICE TO THE ORGANIZATION. ELEVEN OF THESE 13 EMPLOYEES, EACH WITH AN AVERAGE OF 14 YEARS OF SERVICE, CONTINUE TO BE EMPLOYED BY THE ORGANIZATION IN TOP MANAGEMENT ROLES.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

MAY INSTITUTE STRICTLY ADHERES TO MASSACHUSETTS REGULATION 808 CMR

10.5(24), WHICH GOVERNS THE AMOUNT OF EXECUTIVE COMPENSATION FOR SENIOR

MANAGEMENT IN MASSACHUSETTS NONPROFITS. MAY INSTITUTE ALSO VOLUNTARILY

COMPLIES WITH FEDERAL SARBANES-OXLEY REQUIREMENTS, AND USES AN INDEPENDENT

COMPENSATION CONSULTANT TO PROVIDE NATIONAL COMPARATIVE DATA TO ESTABLISH

APPROPRIATE SALARY LEVELS FOR THE CEO AND CFO.

AMOUNTS PAID WERE AS FOLLOWS: W CHRISTIAN - \$682,343, M MILCZAREK -

\$87,602, A HARCHIK - \$111,854, D RUSSO - \$45,362, J BURGHARDT - \$88,500, J

MILLINS - \$59,963, H HOWARD - \$44,939, J LUISELLI - \$63,483, J SPERRY -

\$69,483, L SOLOTAR - \$45,845, G PACE - \$58,572, S WILCZYNSKI - \$23,773, AND

R PUTNAM - \$29,812.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number
04-2197449

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
MA. DEVELOPMENT FINANCE AGENCY	04-3431814	57583RGX7	10/27/06	6,500,000	RE PURCHASE, REFI & RENOVATION		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

For 2008, see the instructions for Form 990.

Schedule K (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

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				
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	X	1	12,122.FMV	
16 Real estate - Commercial	X	1	112,725.FMV	
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 ► (<u>COMP. EQUIPT.</u>)	X	2	98,250.FMV	
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

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?

	Yes	No
30a		X
31		X
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): LINE 25 - THE NUMBER OF ITEMS RECEIVED

WAS 30.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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

DISSEMINATE THE RESULTS OF RESEARCH CONCERNING THE EDUCATION AND
REHABILITATION OF THESE INDIVIDUALS. WE ALSO TRAIN AND CONSULT WITH
PROFESSIONALS AND ORGANIZATIONS SERVING THESE INDIVIDUALS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ON JULY 1, 2008, MAY SOUTH, INC. WAS DISSOLVED AND ALL ASSETS,
LIABILITIES, NET ASSETS, AND PROGRAMS OF THE FORMER ENTITY MERGED INTO
THE MAY INSTITUTE, INC.

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

CONSULTING AND HOME BASED SERVICES ARE PROVIDED TO SCHOOL DISTRICTS,
OTHER PRIVATE ORGANIZATIONS AND FAMILIES. SERVICES FOCUS ON NEEDS OF
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND BEHAVIORAL NEEDS.
EXPENSES \$ 6892424. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7004893.

SPECIAL PROJECTS. THE ORGANIZATION PROVIDES UNIQUE ABA TRAINING
SERVICES, PROGRAM MANAGEMENT, AND RESEARCH NOT RELATED TO ITS PRIMARY
PROGRAM SERVICE SYSTEM.

EXPENSES \$ 2250923. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1791903.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD DELEGATED RESPONSIBILITY
TO REVIEW THE FORM 990 TO THE FINANCE AND STRATEGIC PLANNING COMMITTEE. THE
COMMITTEE MET WITH OUR EXTERNAL TAX ADVISOR TO REVIEW THE FORM 990. THE
FINANCE AND STRATEGIC PLANNING COMMITTEE REPORTED TO THE BOARD OF
DIRECTORS. THE FULL BOARD MEMBERSHIP WAS PROVIDED WITH A COPY OF THE FORM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS, KEY EMPLOYEES
CERTIFY COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY
ANNUALLY. THE CERTIFICATION PROCESS IS SUPERVISED BY THE TREASURER.
INSTANCES OF DISCLOSURE OF POSSIBLE CONFLICT ARE REPORTED TO THE BOARD'S
EXECUTIVE COMMITTEE FOR ADJUDICATION AND ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S OUTSIDE TAX
ADVISOR IS PRESENTED WITH A DRAFT REBUTTAL PRESUMPTION CHECKLIST WHICH
DETAILS TOTAL PROPOSED COMPENSATION FOR THE PRESIDENT/CEO AND
TREASURER/CFO. THE TAX ADVISOR REVIEWS APPROPRIATE COMPARABILITY DATA. THE
SOURCES OF REVIEW DATA ARE INCORPORATED INTO THE CHECKLISTS. THE CHECKLISTS
ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR REVIEW AND
RECOMMENDATION. THE BOARD APPROVES THE COMPENSATION AT A REGULARLY
SCHEDULED MEETING. THE PERSONS SETTING THE COMPENSATION ARE INDEPENDENT OF
THE INDIVIDUALS WHOSE COMPENSATION IS BEING DETERMINED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE
ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE
MASSACHUSETTS ATTORNEY GENERAL'S DIVISION OF PUBLIC CHARITIES WEBSITE,
NATIONAL DATA SOURCES SUCH AS GUIDESTAR, THE MASSACHUSETTS EXECUTIVE OFFICE
OF ADMINISTRATION AND FINANCE'S OPERATIONAL SERVICES DIVISION WEBSITE, AND
UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

FORM 990, PART XI, LINE 2B:

THE MAY INSTITUTE, INC. PREPARES CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE THE ACCOUNTS OF THE MAY INSTITUTE, INC.'S AFFILIATED ENTITIES. THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE MAY INSTITUTE, INC. AND RELATED ENTITIES ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM. STAND-ALONE FINANCIAL STATEMENTS FOR THE MAY INSTITUTE, INC. ARE NOT AUDITED.

FORM 990, PART IV, LINE 12:

THE MAY INSTITUTE, INC. PREPARES CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE THE ACCOUNTS OF THE MAY INSTITUTE, INC.'S AFFILIATED ENTITIES. THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE MAY INSTITUTE, INC. AND RELATED ENTITIES ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM. STAND-ALONE FINANCIAL STATEMENTS FOR THE MAY INSTITUTE, INC. ARE NOT AUDITED.

FORM 990, PART III, LINE 4A:

RESIDENTIAL LIVING:

MAY INSTITUTE PROVIDES COMMUNITY LIVING SERVICES TO 450 ADULTS WITH DISABILITIES IN MASSACHUSETTS, CONNECTICUT, AND FLORIDA. THESE INDIVIDUALS RECEIVE SUPPORT FROM OUR HIGHLY TRAINED STAFF, WHO PROVIDE ASSISTANCE WITH DAILY ROUTINES AND ACTIVITIES. SERVICES ARE CUSTOMIZED TO MEET EACH INDIVIDUAL'S UNIQUE NEEDS. SUPPORT RANGES FROM INTENSIVE 24-HOUR SUPERVISION TO DROP-IN CASE MANAGEMENT.

SCHEDULE O
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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public
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Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number

04-2197449

SERVICES AND ACTIVITIES FOR INDIVIDUALS IN OUR RESIDENTIAL PROGRAMS

INCLUDE: INDIVIDUALIZED HEALTHCARE; FUNCTIONAL LIVING ACTIVITIES;

PSYCHIATRIC CONSULTATION; RECREATIONAL ACTIVITIES; SUPPORTED EMPLOYMENT

AND TRAINING; CLINICAL SERVICES; DAY PROGRAMS; VOLUNTEER ACTIVITIES;

SOCIAL SKILLS TRAINING; COMMUNITY INTEGRATION; COMMUNICATION SKILLS

DEVELOPMENT; AND BEHAVIORAL THERAPIES AND INTERVENTION.

RESIDENTIAL MODELS INCLUDE SEMI-INDEPENDENT APARTMENTS (40-60 HOURS PER

WEEK OF STAFF PRESENCE PER RESIDENT) AND SMALL COMMUNITY-BASED GROUP

HOMES FOR 2-5 INDIVIDUALS (24-HOUR SUPERVISION WITH EITHER AWAKE OR

ASLEEP OVERNIGHT STAFF).

DAY HABILITATION PROGRAMS:

MANY INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES REQUIRE SPECIALIZED

SUPPORT TO ACHIEVE COMMUNITY INCLUSION. MAY INSTITUTE'S FOUR DAY

HABILITATION PROGRAMS PROVIDE INDIVIDUALIZED SUPPORT FOR 450 ADULTS OF

ALL AGES, INCLUDING THOSE WITH COMPLEX MEDICAL NEEDS. THESE PROGRAMS

COMBINE MEDICAL MONITORING, INCLUDING NURSING, PHYSICAL, OCCUPATIONAL

AND SPEECH THERAPIES, WITH DAILY LIVING SKILLS TRAINING AND ACTIVE

COMMUNITY INVOLVEMENT.

VOCATIONAL SERVICES:

VALUED COMMUNITY WORK IS CRITICAL TO OVERALL QUALITY OF LIFE FOR AN

ADULT WITH DEVELOPMENTAL DISABILITIES. MAY INSTITUTE'S EMPLOYMENT

TRAINING AND SUPPORTED EMPLOYMENT PROGRAMS PROVIDE COMPREHENSIVE

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SERVICES, RANGING FROM CENTER-BASED WORK SKILLS TRAINING TO
COMMUNITY-BASED JOB COACHING AND SUPPORT. INDIVIDUALS RECEIVE A LEVEL
OF SUPPORT BASED ON THEIR UNIQUE ABILITIES, WITH THE ULTIMATE GOAL OF
GAINING THE SKILLS REQUIRED FOR COMPETITIVE EMPLOYMENT.

FORM 990, PART III, LINE 4B:

CHILDREN AND ADOLESCENTS WITH BRAIN INJURY. ALL OF OUR SCHOOLS ARE
ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION
FACILITIES (CARF).

THE MAY CENTERS ARE GUIDED BY DOCTORAL-LEVEL CLINICAL DIRECTORS WHO
OVERSEE ALL PROGRAMS AND SERVICES. MAY INSTITUTE'S STAFF INCLUDES MORE
THAN 40 LICENSED AND CREDENTIALLED DOCTORAL-LEVEL PROFESSIONALS, AND
MORE THAN 60 BEHAVIOR ANALYSTS WITH BCBA (BOARD CERTIFIED BEHAVIOR
ANALYST) AND BCABA (BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYST)
CERTIFICATION. WITH OUR MASTER'S-LEVEL STAFF, THIS REPRESENTS ONE OF
THE COUNTRY'S LARGEST CONCENTRATIONS OF ON-SITE CLINICIANS WITH
EXPERTISE IN AUTISM AND OTHER DEVELOPMENTAL DISABILITIES, SPECIAL
EDUCATION, AND APPLIED BEHAVIOR ANALYSIS (ABA).

OUR PROGRAMS ARE BASED ON APPLIED BEHAVIOR ANALYSIS (ABA), WHICH HAS
BEEN ENDORSED BY THE NATIONAL INSTITUTES OF HEALTH AND THE ASSOCIATION
FOR SCIENCE IN AUTISM TREATMENT, AND HAS BEEN IDENTIFIED BY THE SURGEON
GENERAL OF THE UNITED STATES AS THE MOST EFFECTIVE WAY TO TREAT AUTISM
AND NEUROLOGICAL DISORDERS. ADDITIONALLY, ACCORDING TO THE NATIONAL
AUTISM CENTER'S NATIONAL STANDARDS REPORT (2009), DATA COLLECTED

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THROUGH HUNDREDS OF STUDIES INDICATE THAT ABA IS A HIGHLY EFFECTIVE
METHOD TO TEACH CHILDREN AND ADOLESCENTS WITH ASD.

MAY CENTER SCHOOL FEATURES INCLUDE: EVIDENCE-BASED TREATMENT;
INDIVIDUALIZED PROGRAMMING AND A HIGH STAFF-STUDENT RATIO; HEALTH
SERVICES AND ON-SITE NURSING STAFF; ALLIED HEALTH SERVICES, INCLUDING
OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPISTS; FAMILY SUPPORT SERVICES
AND TRAINING, INCLUDING FAMILY THERAPISTS, COUNSELORS, AND SOCIAL
WORKERS; VOCATIONAL SERVICES; ADAPTIVE PHYSICAL EDUCATION PROGRAMS; AN
INTEGRATED PRESCHOOL (IN RANDOLPH); AND ART AND MUSIC PROGRAMS.

THE MAY CENTER IN RANDOLPH COMBINES DAY SCHOOL SERVICES WITH
RESIDENTIAL LIVING IN ONE OF SEVERAL COMMUNITY-BASED HOMES. RESIDENTIAL
SERVICES FOCUS ON HELPING STUDENTS DEVELOP GREATER INDEPENDENCE IN ALL
ACTIVITIES OF DAILY LIVING.

AS PART OF OUR DEDICATION TO THE HIGHEST POSSIBLE STANDARDS, OUR
QUALITY IMPROVEMENT DIVISION WORKS WITH ALL PROGRAMS TO MEASURE
PERFORMANCE AND TRACK PROGRESS. RESULTS CONSISTENTLY REVEAL OUTSTANDING
SATISFACTION (95% OR HIGHER) ON THE PART OF INDIVIDUALS SERVED,
FAMILIES AND GUARDIANS, AND AFFILIATED AGENCIES.

FORM 990, PART III, LINE 4C:

OUR EVALUATION AND THERAPY SERVICES FOR CHILDREN, ADOLESCENTS, AND
FAMILIES ARE PROVIDED BY CLINICIANS WITH SPECIFIC CLINICAL TRAINING IN
THE EVALUATION AND TREATMENT OF YOUTH AND FAMILIES. OUR PROGRAMS AND

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SERVICES INCLUDE: SITE-BASED CLINICS; SCHOOL AND HOME-BASED SERVICES; PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING; AND GROUP TREATMENT. OUR CHILDREN'S SERVICES PROGRAM PROVIDES "WRAP-AROUND SERVICES" TO CHILDREN 4 TO 19 YEARS OF AGE. THE GOAL OF THE PROGRAM IS TO KEEP CHILDREN WITH SERIOUS EMOTIONAL DISABILITIES IN THE HOMES AND COMMUNITIES, REDUCING THE NEED FOR OUT-OF-HOME PLACEMENTS.

OUR SPECIALTY SERVICES FOR CHILDREN INCLUDE VARIOUS PROGRAMS TO SUPPORT AT-RISK CHILDREN AND ADOLESCENTS, INCLUDING THOSE WITH BEHAVIORAL HEALTH ISSUES. THESE SERVICES INCLUDE THE GYM PROGRAM, OUR THERAPEUTIC AFTER-SCHOOL PROGRAM, AND THE SPEAK PROGRAM (SAFETY PROTECTION EDUCATION AND ASSERTIVENESS FOR KIDS), A CHILD ABUSE EDUCATION AND PREVENTION PROGRAM AVAILABLE TO SCHOOL DISTRICTS ACROSS THE COUNTRY. FOR ADULTS: MAY INSTITUTE PROVIDES A FULL RANGE OF MENTAL HEALTH SERVICES TO ADULTS. CARING, EFFECTIVE STATE-OF-THE-ART SERVICES ARE AVAILABLE TO INDIVIDUALS WITH A WIDE RANGE OF DISORDERS.

THE MAY COUNSELING CENTERS IN WALPOLE, MASS., AND IN WEST ROXBURY, MASS., OFFER ADULTS A BROAD RANGE OF EMOTIONAL AND PSYCHOLOGICAL SERVICES. OUR HIGHLY TRAINED, MULTI-DISCIPLINARY TEAM CONSISTS OF PSYCHIATRISTS, PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, NURSES, AND INTERNS. THESE PROFESSIONALS PROVIDE SPECIALIZED CLINICAL CARE FOR KEY EMOTIONAL AND BEHAVIORAL CONCERNS INCLUDING ANXIETY DISORDERS, DEPRESSION, EATING DISORDERS, WOMEN'S ISSUES, AND LEARNING DIFFICULTIES.

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THE PROFESSIONALS AT OUR CENTERS STRIVE TO PROVIDE THE MOST EFFECTIVE TREATMENT, UTILIZING CLINICALLY PROVEN, GOAL-ORIENTED INTERVENTIONS AND ONGOING SUPPORT. OUR SERVICES INCLUDE: COMPREHENSIVE DIAGNOSTIC EVALUATIONS; INDIVIDUAL, COUPLES, AND FAMILY THERAPY; SPECIALIZED GROUPS; 24-HOUR CRISIS SERVICES; MEDICATION EVALUATIONS AND MANAGEMENT; PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING; SEPARATION AND DIVORCE COUNSELING; AND DIALECTICAL BEHAVIOR THERAPY.

OUR BEHAVIORAL HEALTH DAY SERVICES, INCLUDING THE ADULT DAY HEALTH PROGRAM AND OUR DAY TREATMENT PROGRAMS, SERVE ADULTS WITH PSYCHIATRIC AND DEVELOPMENTAL DISABILITIES AND OLDER ADULTS WITH MENTAL ILLNESS. WE ALSO PROVIDE COMMUNITY SUPPORT AND SOCIAL OPPORTUNITIES FOR ADULTS WITH BEHAVIORAL HEALTH NEEDS THROUGH OUR PSYCHOSOCIAL REHABILITATION CLUBHOUSE PROGRAMS. OTHER CLUBHOUSE SERVICES INCLUDE JOB SKILLS AND EMPLOYMENT SUPPORT, AND HOUSING, EDUCATION, AND SOCIAL SUPPORT.

MAY INSTITUTE'S CRISIS STABILIZATION UNIT IS A 10-BED HOSPITAL DIVERSION PROGRAM IN HYANNIS, MASS., FOR ADULTS WITH MAJOR MENTAL ILLNESS. THE PROGRAM HELPS TO STABILIZE AN INDIVIDUAL IN CRISIS AND SERVES AS AN ALTERNATIVE TO HOSPITALIZATION. IT IS ALSO UTILIZED AS A STEP-DOWN FROM A HOSPITAL.

OUR RESPITE CARE PROGRAM IS A SHORT-TERM SUPERVISED RESIDENTIAL LIVING PROGRAM WHICH SERVICES SOUTHEASTERN MASSACHUSETTS, OFFERS 24-HOUR STAFFING. THROUGH THE PROGRAM, MAY INSTITUTE PROVIDES A SAFE, SUPPORTIVE, SEMI-STRUCTURED PROGRAM IN A CONGREGATE ENVIRONMENT. WE

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ALSO OFFER SHORT-TERM INDIVIDUAL, GROUP, AND SUPPORTIVE COUNSELING.ACHIEVEMENTS:

OVER THE YEARS, EXCELLENCE IN SERVICE, TRAINING, AND RESEARCH AT MAY
INSTITUTE HAS LED TO BOTH NATIONAL AND INTERNATIONAL RECOGNITION. OUR
ACHIEVEMENTS INCLUDE:

-MAY INSTITUTE IS THE FIRST NONPROFIT HUMAN SERVICES ORGANIZATION IN
THE COUNTRY TO RECEIVE TOP NATIONAL HONORS FROM THE SOCIETY FOR THE
ADVANCEMENT OF BEHAVIOR ANALYSIS (SABA) AND THE ASSOCIATION FOR
BEHAVIORAL AND COGNITIVE THERAPIES (ABCT). THE INSTITUTE RECEIVED THE
2005 OUTSTANDING TRAINING PROGRAM AWARD FROM ABCT AND THE 2007 AWARD
FOR ENDURING PROGRAMMATIC CONTRIBUTIONS IN BEHAVIOR ANALYSIS FROM SABA.

-THE ORGANIZATION CONTINUOUSLY SEEKS AND RECEIVES THE HIGHEST LEVEL OF
PROGRAM ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF
REHABILITATION FACILITIES (CARF). ALL OF MAY INSTITUTE'S PROGRAMS THAT
HAVE BEEN THROUGH THE CARF ACCREDITATION PROCESS HAVE EARNED THREE-YEAR
ACCREDITATION. THIS CONSTITUTES ONE OF THE LARGEST AND MOST
COMPREHENSIVE ACCREDITATIONS CARF HAS EVER AWARDED FOR A NETWORK OF
BEHAVIORAL PROGRAMS.

-PRESIDENT AND CEO WALTER P. CHRISTIAN, PH.D., ABPP, WAS RECOGNIZED IN
2008 WITH THE 'CHAMPIONS IN HEALTH CARE' LIFETIME ACHIEVEMENT AWARD BY
THE BOSTON BUSINESS JOURNAL. IN ADDITIONAL, DR. CHRISTIAN IS COUNTED

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AMONG ONLY 56 FELLOWS OF THE ASSOCIATION FOR BEHAVIOR ANALYSIS
INTERNATIONAL (ABAI) WORLDWIDE. THE DESIGNATION RECOGNIZES THE MOST
OUTSTANDING CONTRIBUTORS TO THE FIELD OF BEHAVIOR ANALYSIS. DR.
CHRISTIAN WAS NAMED A FELLOW IN 2007.

-SINCE 1978, THE ORGANIZATION'S PROFESSIONAL STAFF HAVE PUBLISHED OVER
340 PEER-REVIEWED JOURNAL ARTICLES, BOOK CHAPTERS, AND BOOKS. MAY
INSTITUTE PROFESSIONALS ARE ACTIVE IN THE DISSEMINATION OF BEST
PRACTICES, AND HAVE CONDUCTED MORE THAN 1700 INVITED PRESENTATIONS TO
INTERNATIONAL, NATIONAL, AND REGIONAL AUDIENCES.

-THE ORGANIZATION IS GUIDED BY A PROFESSIONAL ADVISORY BOARD THAT
INCLUDES LEADING AUTHORITIES IN THE FIELDS OF EDUCATION, DEVELOPMENTAL
DISABILITIES, AND BEHAVIORAL HEALTH. IT MAINTAINS ACTIVE AFFILIATIONS
WITH MORE THAN 55 UNIVERSITIES, TEACHING HOSPITALS, AND HUMAN SERVICE
ORGANIZATIONS.

-IN 2005, THE INSTITUTE FOUNDED THE NATIONAL AUTISM CENTER, A NONPROFIT
ORGANIZATION DEDICATED TO SUPPORTING EFFECTIVE, EVIDENCE-BASED
TREATMENT APPROACHES FOR AUTISM. MAY INSTITUTE CONTINUES TO SUPPORT
THIS CENTER.

-MAY INSTITUTE HAS PROVIDED BEHAVIOR ANALYSIS TRAINING TO HUNDREDS OF
STUDENTS AND PROFESSIONALS FROM COUNTRIES AROUND THE WORLD, INCLUDING
AUSTRALIA, BRAZIL, CANADA, CHINA, COLUMBIA, THE CZECH REPUBLIC,
DENMARK, FRANCE, GERMANY, ICELAND, IRELAND, ITALY, KUWAIT, MEXICO, NEW

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ZEALAND, NORWAY, POLAND, PORTUGAL, ROMANIA, SAUDI ARABIA, SOUTH AFRICA,
SPAIN, SWEDEN, SWITZERLAND, TURKEY, THE UK, AND WEST AFRICA.

-THROUGH ITS APA-ACCREDITED INTERNSHIP PROGRAM, THE ORGANIZATION HAS
TRAINED AND SUPERVISED MORE THAN 100 PRE-DOCTORAL CLINICAL PSYCHOLOGY
INTERNS AND POST-DOCTORAL FELLOWS SINCE 1998.

-OVER 740 GRADUATE STUDENTS HAVE RECEIVED THEIR MASTER'S DEGREES IN
APPLIED BEHAVIOR ANALYSIS THROUGH MAY INSTITUTE'S MABA PROGRAM, ONE OF
THE FIRST AND NOW LARGEST PROGRAMS IN THE COUNTRY.

▶ **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

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Part I Identification of Disregarded Entities

[illegible]

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
NATIONAL AUTISM CENTER, INC. - 56-2529097					
41 PACELLA PARK DRIVE					
RANDOLPH, MA 02368	RESEARCH, EDUCATION	MASSACHUSETTS	501(C)(3)	7	N/A
THE MAY-WEST ROXBURY RESIDENCES, INC. -					
04-3331170, 41 PACELLA PARK DRIVE, RANDOLPH,					
MA 02368	RESIDENTIAL	MASSACHUSETTS	501(C)(3)	9	N/A
GREATER SPRINGFIELD RESIDENCE, INC. -					
04-3330930, 41 PACELLA PARK DRIVE, RANDOLPH,					
MA 02368	RESIDENTIAL	MASSACHUSETTS	501(C)(3)	9	N/A
THE MAY FOUNDATION INC - 57-1136642					
41 PACELLA PARK DRIVE					
RANDOLPH, MA 02368	SUPPORT ORGANIZATION	MASSACHUSETTS	501(C)(3)	11 - I	N/A

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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)		
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) THE BAY SCHOOL	K	391,538.
(2) THE BAY SCHOOL	N	184,685.
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

49.1

SCHEDULE E	GOVERNMENT FINANCIAL ASSISTANCE STATEMENT	STATEMENT	1
	LINE 6		

ALL OF THE ORGANIZATION'S STUDENTS AND CONSUMERS ARE SUPPORTED BY A VARIETY OF FUNDING SOURCES AS NOTED BELOW.

LOCAL EDUCATIONAL AUTHORITIES - \$28,169,420

MEDICAID (MAINE) - \$113,106

MASS. DEPT. OF CHILDREN AND FAMILIES (DCF) - \$1,730,739

MASS. DEPT. OF DEVELOPMENTAL SERVICES (DDS) - \$96,734

BUREAU OF NUTRITION - \$119,419