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

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01 **, 2009, and ending** 6/30 **, 2010**

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

C Please use IRS label or print or type. See specific Instructions.

The May Institute, Inc.
41 Pacella Park Drive
Randolph, MA 02368

D Employer Identification Number: 04-2197449

E Telephone number: 781-440-0400

G Gross receipts $ 101,677,715.

F Name and address of principal officer: Walter P. Christian, Ph.D.
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] 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 [X] 501(c) (3)◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.mayinstitute.org

K Form of organization: [X] 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 ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	2,591
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,009,268.	584,547.
9	Program service revenue (Part VIII, line 2g)	98,693,002.	99,272,082.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	335,872.	262,349.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,038,142.	100,118,978.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,834,384.	73,674,455.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 332,071.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,107,303.	24,241,795.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	101,941,687.	97,916,250.
19	Revenue less expenses. Subtract line 18 from line 12	-1,903,545.	2,202,728.

Net Assets or Fund Balances		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	49,199,693.	51,355,624.
21	Total liabilities (Part X, line 26)	36,347,568.	36,019,424.
22	Net assets or fund balances. Subtract line 21 from line 20	12,852,125.	15,336,200.

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 5·3·11

► Michael Milczarek — Treasurer, CFO
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► CBIZ Tofias — Date — Check if self-employed ► [ ] — Preparer's identifying number (see instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ► CBIZ Tofias, 350 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139-4182

EIN ► N/A

Phone no. ► (617) 761-0600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See Schedule O

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 $ 45,206,439. including grants of $) (Revenue $ 51,369,523.)

See Schedule O

4b (Code:) (Expenses $ 27,161,321. including grants of $) (Revenue $ 32,309,587.)

See Schedule O

4c (Code:) (Expenses $ 6,773,502. including grants of $) (Revenue $ 7,456,336.)

See Schedule O

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses $ 7,294,830. including grants of $) (Revenue $ 8,136,636.)

4e Total program service expenses ► 86,436,092.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4	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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes X, No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 United States? *If 'Yes,' complete Schedule F, Part I*	14b		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*	15		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*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?	24c		X
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		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*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	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*	35	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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	217			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	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	2a	2,591			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		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?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		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?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b		X
10 Section 501(c)(7) organizations. Enter:					
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:					
a Gross income from other 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	12b				

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			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: See Schedule O				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b		X
9 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.*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
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* See Schedule O	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. See Schedule O	15a	X	
b Other officers of key employees of the organization	15b		X
If 'Yes' to line 15a or 15b, 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. Disclosures

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 [X] Another's website [X] 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. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Michael Milczarek 41 Pacella Park Drive Randolph MA 02368 781-440-0400

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- 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 current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Jory Berkwits Chair, BOT	1	X						0.	0.	0.
Don Ricciato Vice Chair, BOT	1	X						0.	0.	0.
Stephen Young Secretary, BOT	1	X						0.	0.	0.
Catherine Crone Coburn Trustee	1	X						0.	0.	0.
Allen Crocker Trustee	1	X						0.	0.	0.
Herbert Haessler Trustee	1	X						0.	0.	0.
Matthew Hobbs Trustee	1	X						0.	0.	0.
Jonathan Katz Trustee	1	X						0.	0.	0.
Mary Lou Maloney Trustee	1	X						0.	0.	0.
John E. Murphy Trustee	1	X						0.	0.	0.
Neal Todrys Trustee	1	X						0.	0.	0.
Robert Whittlesey Trustee	1	X						0.	0.	0.
Richard Wichmann Trustee	1	X						0.	0.	0.
Robert Yelton Trustee	1	X						0.	0.	0.
Walter P. Christian, Ph.D. President & CEO	40			X	X			366,879.	0.	54,245.
Michael Milczarek Treasurer, CFO	40			X	X			239,294.	0.	13,745.
Dennis C. Russo Chief Clinical Officer	40				X			343,232.	0.	13,869.

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

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	(C) Institutional trustee	(C) Officer	(C) Key employee	(C) Highest compensated employee	(C) Former	(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
Heidi A. Howard Chief of Business Development	40				X			204,660.	0.	11,817.
Alan E. Harchik Chief Operating Officer	40				X			200,226.	0.	12,704.
James M. Millins Chief of Facilities Management	40				X			179,081.	0.	11,611.
James M. Sperry Senior VP of Adult Services	40				X			159,590.	0.	6,268.
Lauren C. Solotar SVP, Behav. Health	40					X		164,011.	0.	11,244.
Ralph Sperry VP, Consultation	40					X		167,226.	0.	3,211.
James K. Luiselli SVP, Appl. Researc	40					X		158,176.	0.	2,595.
Gary Pace SVP, Neurorehab.	40					X		152,046.	0.	3,949.
Susan Wilczynski SVP, Autism Svs.	40					X		151,672.	0.	4,156.
1b Total								2,486,093.	0.	149,414.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 30

		Yes	No
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*	3		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*	4	X	
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*	5		X

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
Prospect Building Services Corp. 360 Pearl St. Malden, MA 02148	Cleaning	377,944.
Allcorp Construction P.O. Box 300 South Weymouth, MA 02190	Construction	230,278.
B. Johnson & Sons Landscaping P.O. Box 521 W. Bridgewater, MA 02379	Landscaping	183,635.
Fabiani & Company 1101 Penn. Ave, NW Suite 700 Washington, DC 20004	Lobbyist	167,250.
Liberty Carpets P.O. Box 2096 Abington, MA 02351	Flooring	145,126.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 7

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						
1a 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	584,547.				
g Noncash contribns included in lns 1a-1f:	$	186,805.				
h **Total.** Add lines 1a-1f			584,547.			
PROGRAM SERVICE REVENUE		Business Code				
2a Contract Revenue		900099	50,732,611.	50,732,611.		
b Tuition Revenue		611600	30,505,275.	30,505,275.		
c Clinic Fees		621400	8,449,000.	8,449,000.		
d Consulting and Mgmt Fees		900099	4,638,634.	4,638,634.		
e Consumer Revenue		900099	3,919,221.	3,919,221.		
f All other program service revenue			1,027,341.	1,027,341.		
g **Total.** Add lines 2a-2f			99,272,082.			
OTHER REVENUE						
3 Investment income (including dividends, interest and other similar amounts)			190,726.			190,726.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	1,447,452.	182,908.				
b Less: cost or other basis and sales expenses	1,558,737.					
c Gain or (loss)	-111,285.	182,908.				
d Net gain or (loss)			71,623.			71,623.
8a 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						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a 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				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d						
12 **Total revenue.** See instructions			100118978.	99,272,082.	0.	262,349.

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	1,397,975.	257,974.	1,099,492.	40,509.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	60,699,818.	55,878,576.	4,634,296.	186,946.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	7,162,722.	6,460,875.	669,806.	32,041.
10 Payroll taxes	4,413,940.	4,044,060.	357,938.	11,942.
11 Fees for services (non-employees)				
a Management				
b Legal	149,080.	19,247.	129,833.	
c Accounting	118,300.		118,300.	
d Lobbying	167,250.		167,250.	
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	1,604,270.	1,469,710.	134,560.	
12 Advertising and promotion	35,686.	5,121.	4,982.	25,583.
13 Office expenses	2,117,026.	1,200,537.	908,632.	7,857.
14 Information technology	319,541.	137,479.	182,062.	
15 Royalties				
16 Occupancy	8,108,251.	7,302,852.	801,410.	3,989.
17 Travel	3,520,095.	2,931,014.	588,956.	125.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	107,067.	69,256.	36,527.	1,284.
20 Interest	1,487,770.	1,048,108.	439,662.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,844,421.	1,332,894.	511,527.	
23 Insurance	447,855.	337,819.	110,036.	
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 Dietary Expenses	1,724,642.	1,689,772.	34,870.	
b Supplies	1,240,347.	1,200,764.	29,716.	9,867.
c Miscellaneous	600,369.	523,794.	68,547.	8,028.
d Recruit., Training, Retention	327,187.	203,730.	119,557.	3,900.
e Client Pers Allow/Mtl Goods	322,638.	322,510.	128.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	97,916,250.	86,436,092.	11,148,087.	332,071.
26 **Joint costs.** Check here ► ☐ 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	1,963,693.	1	5,077,380.
	2	Savings and temporary cash investments	1,908,945.	2	1,878,368.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,446,162.	4	7,098,975.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	122,704.	9	43,649.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 43,358,033.			
	b	Less: accumulated depreciation — 10b: 12,864,861.	31,778,887.	10c	30,493,172.
	11	Investments — publicly-traded securities	5,282,681.	11	4,866,641.
	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	1,696,621.	15	1,897,439.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	49,199,693.	16	51,355,624.
Liabilities	17	Accounts payable and accrued expenses	5,682,913.	17	5,789,045.
	18	Grants payable		18	
	19	Deferred revenue	726,068.	19	705,524.
	20	Tax-exempt bond liabilities	19,108,455.	20	18,650,273.
	21	Escrow or custodial 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	8,553,428.	23	9,288,455.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	2,276,704.	25	1,586,127.
	26	**Total liabilities.** Add lines 17 through 25	36,347,568.	26	36,019,424.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	12,687,693.	27	15,311,517.
	28	Temporarily restricted net assets	163,432.	28	23,683.
	29	Permanently restricted net assets	1,000.	29	1,000.
		Organizations that do not follow SFAS 117, check here ► [ ] 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, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	12,852,125.	33	15,336,200.
	34	Total liabilities and net assets/fund balances	49,199,693.	34	51,355,624.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
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 line 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III – Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** 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 ► ☐

17a **10%-facts-and-circumstances test – 2009** 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 ► ☐

b **10%-facts-and-circumstances test – 2008.** 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 ► ☐

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 ► ☐

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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 lns 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 ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
The May Institute, Inc.	04-2197449

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ► $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► ☐ if the filing organization belongs to an affiliated group.

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures — (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV. See Part IV	X		167,250.
j Total. Add lines 1c through 1i			167,250.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1i - Other Activities Description

Lobbied for Federal funding for support of activities to expand autism services.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

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? ☐ Yes ☐ 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 for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 tax 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, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,000.	1,000.			
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,000.	1,000.			

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

a Board designated or quasi-endowment ► ______ %
b Permanent endowment ► 100.00 %
c Term endowment ► ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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) Accumulated Depreciation	(d) Book Value
1a Land		8,060,357.		8,060,357.
b Buildings		25,502,549.	5,560,126.	19,942,423.
c Leasehold improvements		3,828,969.	2,277,664.	1,551,305.
d Equipment		4,884,498.	4,225,581.	658,917.
e Other		1,081,660.	801,490.	280,170.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				30,493,172.

Part VII Investments–Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments–Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B), line 15.)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Est. Third Party Payor Liabilities	91,554.
Interest Rate Swap Agreement	925,138.
Third Party Payor Settlements	569,435.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	1,586,127.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. See Part XIV

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)	100,118,978.
2	Total expenses (Form 990, Part IX, column (A), line 25)	97,916,250.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	2,202,728.
4	Net unrealized gains (losses) on investments	553,770.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) See Part XIV	-272,423.
9	Total adjustments (net). Add lines 4 through 8	281,347.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,484,075.

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	100,844,684.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	553,770.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	171,936.		
e	Add lines 2a through 2d			2e	725,706.
3	Subtract line 2e from line 1			3	100,118,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	100,118,978.

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

1	Total expenses and losses per audited financial statements			1	98,360,609.
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	Other losses	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	444,359.		
e	Add lines 2a through 2d			2e	444,359.
3	Subtract line 2e from line 1			3	97,916,250.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)			5	97,916,250.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

To be held for investment.

Part X - FIN 48 Footnote

The organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on

Part XIV Supplemental Information *(continued)*

Part X - FIN 48 Footnote (continued)

a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The organization has identified its tax status as a tax-exempt entity as a tax position; however, the organization has determined that such tax position does not result in an uncertainty requiring recognition. The organization is not currently under examination by any taxing jurisdictions. The organization's Federal and state tax returns are generally open for examination for three years following the date filed.

The May Institute, Inc. 04-2197449

Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances

Unrealized loss on interest swap agreement	$	-272,423.
Total	$	-272,423.

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Interco transactions in consol. FS	$	444,359.
Unreal. loss on interest swap agreement		-272,423.
Total	$	171,936.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Interco transactions in consol. FS	$	444,359.
Total	$	444,359.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► **Complete if the organization answered '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

2009

Open to Public Inspection

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

			YES	NO
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?	1	X	
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?	2	X	
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 had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Schedule O (Form 990).	3	X	
	Through brochures, pamphlets, and an annual publication in area newspaper as a member of the Massachusetts Association of 766 Approved Private Schools.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
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 on Schedule O (Form 990).			
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,' explain on Schedule O (Form 990).	7	X	

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
The May Institute, Inc.

Employer identification number
04-2197449

Part I Questions Regarding Compensation

		Yes	No
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. Part III ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☒ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a are 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	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. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
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. Part III			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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 person 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. 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
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		X

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) Retirement and other 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 and incentive compensation	(iii) Other reportable compensation				
Walter P. Christian,	(i)	274,377.	0.	92,502.	48,654.	5,591.	421,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Michael Milczarek	(i)	228,299.	0.	10,995.	11,630.	2,115.	253,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Dennis C. Russo	(i)	201,867.	0.	141,365.	11,630.	2,239.	357,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Heidi A. Howard	(i)	191,929.	5,000.	7,731.	9,702.	2,115.	216,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Alan E. Harchik	(i)	158,923.	0.	41,303.	9,375.	3,329.	212,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
James M. Millins	(i)	177,726.	0.	1,355.	9,016.	2,595.	190,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
James M. Sperry	(i)	153,725.	0.	5,865.	0.	6,268.	165,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Lauren C. Solotar	(i)	160,150.	0.	3,861.	7,193.	4,051.	175,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Ralph Sperry	(i)	156,581.	0.	10,645.	0.	3,211.	170,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
James K. Luiselli	(i)	154,834.	0.	3,342.	0.	2,595.	160,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Gary Pace	(i)	118,562.	0.	33,484.	0.	3,949.	155,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Susan Wilczynski	(i)	128,456.	0.	23,216.	0.	4,156.	155,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 1, Line 1a - Relevant Information Regarding Compensation Benefits

One of the persons listed is provided health care support in lieu of salary.

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 4 - Recieved Severance, Supplemental NQ Retirement, Equity-Based Compensation

Schedule J, Part II column (C) includes the names and the amounts of the those persons participating in a 457(b) and/or 457(f) plan.

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 7 - Non-Fixed Payments Not Listed

Schedule J, Part II column (B)(ii) includes the name and the amount of the person who received a bonus based on mutually agreed upon performance outcomes.

Schedule J includes two individuals (D. Russo and A. Harchik) employed in calendar 2009, but not employees on December 31, 2009. Other reportable compensation in Part II column (B) (iii) includes a payout of earned accrual benefits for these individuals.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	MA. Development Finance	04-3431814	57583RGX7	10/27/2006	6,500,000.	Pur. RE, refi, renovations		X		X
B										
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	6,464,975				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	130,000				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	6,334,975				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	%		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	%		%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	Morgan Stanley									
c Term of hedge	20.0									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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2009

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	174,683.	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 ► ( )				
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 Acknowledgement . . . 29

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

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2009

Open to Public Inspection

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Part I **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

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

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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. 41 Pacella Park Drive Randolph, MA 02368 56-2529097	Research, education	MA	501(c)(3)	7	N/A
The May-West Roxbury Residence, Inc. 41 Pacella Park Drive Randolph, MA 02368 04-3331170	Residential	MA	501(c)(3)	PF	N/A
Greater Springfield Residences, Inc. 41 Pacella Park Drive Randolph, MA 02368 04-3330930	Residential	MA	501(c)(3)	9	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor-tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

			Yes	No
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:			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		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	(B) Transaction type (a-r)	(C) Amount involved
(1)	National Autism Center, Inc.	n	124,169.
(2)	National Autism Center, Inc.	p	52,590.
(3)	The Bay School	k	416,270.
(4)	The Bay School	n	179,249.
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropor-tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of 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
The May Foundation, Inc. 41 Pacella Park Drive Randolph, MA 02368 57-1136642	Support organization	MA	501(c)(3)	11-I	N/A
May Professional Associates, Inc. 41 Pacella Park Drive Randolph, MA 02368 04-3461382	Behavioral Health Services	MA	501(c)(3)	9	N/A
The Bay School 5400 Soquel Avenue, Suite F Santa Cruz, CA 95062 94-3313535	School	CA	501(c)(3)	2	N/A

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
The May Institute, Inc.	04-2197449

Form 990, Part III, Line 1 - Organization Mission

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 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 4a - Program Service Accomplishments

May Centers for Adult Services offer a wide range of community-based services for adults with autism and other developmental disabilities in Massachusetts, Connecticut, and Florida. These services include 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.

The Centers include the following services:

May Institute provides community-based residential services in more than 130 residential group homes and supported living apartments to adults with disabilities. Staff provide assistance with daily routines, community integration, and behavioral therapies. Services are customized to meet each individual's unique needs. Support ranges from intensive 24-hour supervision to drop-in case management. In Florida, we provide specialized residential programming for older adolescents with significant behavioral needs. In FY10, we served 383 adults and 44 older adolescents through these residential programs.

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

Many individuals with developmental disabilities require specialized support to achieve community inclusion. Our day habilitation programs provide individualized support to adults with developmental disabilities. These programs combine medical monitoring, including nursing, physical, occupational, and speech therapies, with daily living skills training and active community involvement. These day hab programs served 215 adults in FY10.

Valued community work is critical to overall quality of life for an adult with developmental disabilities. Our employment training and supported employment programs provide comprehensive services, ranging from center-based work skills training to community-based job coaching and support. In FY10, 53 adults received support based on their unique abilities, with the ultimate goal of gaining the skills required for competitive employment.

Form 990, Part III, Line 4b - Program Service Accomplishments

May Institute is one of the largest providers in the Commonwealth of Massachusetts of private special education schools specifically serving children, adolescents, and young adults with autism and other developmental disabilities, as well as with brain injury.

Our three May Centers for Child Development schools in Massachusetts serve students with autism spectrum disorders (ASD) and other developmental disabilities. These Chapter 766-approved private schools are nationally recognized as leaders in "best practice" education for children with developmental disabilities. Our students are surrounded by caring, highly trained professionals seeking to improve the quality of life of the students in their care.

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4b - Program Service Accomplishments (continued)

Our May Center for Education and Neurorehabilitation school in Massachusetts serves students with acquired brain injury or neurological disease. This Center is one of only a handful of pediatric programs in the U.S. that focus on both education and rehabilitation.

All our May Centers offer full-day, year-round education. Students receive highly individualized behavioral, academic, and vocational programming. Teachers, therapists, and consultants work with students, combining best practices from the fields of applied behavior analysis (ABA) and special education.

In FY10, 196 students attended our May Centers for Child Development, and 57 students attended our May Center for Education and Neurorehabilitation.

Ninety-nine of the 253 students who attended our May Centers also received residential services through community-based group homes. These services focus on helping children and adolescents strengthen and generalize independent living skills, and are designed in accordance with each child's Individualized Educational Plan. Our highly skilled staff provide 24-hour support and supervision to ensure that each child's unique needs are met.

Form 990, Part III, Line 4c - Program Service Accomplishments

May Centers for Behavioral Health provide a broad range of mental health services to adults with severe psychiatric disorders. Centers also support at-risk children and adolescents including those with emotional disturbances, behavioral issues, and school and learning problems.

The Centers include the following services:

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4c - Program Service Accomplishments (continued)

Our clubhouse programs served 1,251 adults with mental illness in FY10. Clubhouses offer members the opportunity to participate in meaningful work, pursue education and employment, and have a safe place to develop friendships. Services include: job skills and employment support; social and recreational opportunities; housing and education support; and transportation services.

The Crisis Stabilization Unit, our 10-bed hospital diversion program for adults with major mental illness, helps to stabilize individuals in crisis and serves as an alternative to hospitalization. We served 300 individuals through this program in FY10.

Day treatment programs offer unique, comprehensive, therapeutic and rehabilitative services to adults with psychiatric and developmental disabilities. Several programs provide a continuum of care between outpatient treatment and partial or full hospitalization. Through specialized clinical programming, therapeutic groups, and individualized treatment, adults reach their highest level of functioning and become productive members of their communities. In FY10, we served 109 adults through our three-day treatment programs.

Our Respite Care Program is a short-term supervised residential living program for individuals with severe and persistent mental illness. In FY10, May Institute provided 24-hour staffing for 38 adults in a safe, supportive, and semi-structured environment. The program also offers short-term individual, group, and supportive counseling.

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4c - Program Service Accomplishments (continued)

Our Therapeutic After-School program is designed to meet the needs of high-risk children between the ages of 8 and 13, and to promote stabilization and re-integration into the community. In FY10, we served 38 children through this program.

May Counseling Centers offer outpatient evaluation, counseling, and therapy to children and adults through three mental health clinics in Massachusetts. Our highly trained, multi-disciplinary team of psychiatrists, psychologists, clinical social workers, nurses, and interns provides specialized clinical care. They treat key emotional and behavioral concerns including anxiety disorders, depression, eating disorders, women's issues, and learning difficulties.

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 (psycho-educational, therapeutic, and skills training); 24-hour crisis services; education evaluations and management; psychological and neuropsychological testing; separation and divorce counseling; and dialectical behavior therapy.

During FY10, 1,386 children and adults were served by our mental health clinics.

Form 990, Part III, Line 4d - Other Program Services Description

May Assessment Centers offer diagnostic evaluations and therapeutic treatment services to individuals 18 months through adulthood who are suspected of having an autism spectrum disorder or other developmental disability. The Autism Spectrum Disorders Clinic and its outreach sites in Massachusetts provide standardized

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

assessments, behavioral treatment, social skills development, and parent support.

Assessments are conducted and/or supervised by a licensed psychologist, using standardized test measures designed to assist in accurate diagnosis and evaluate developmental, cognitive, and behavioral functioning. In FY10, 280 families received services.

May Consultation Centers in New England, the Mid-Atlantic, and the Southeast offer home, school, and agency consultation for children and adolescents with a broad range of special needs.

The Centers include the following services:

Through our home-based consultation and early intervention programs, we help families develop effective strategies to support their children's development in the home and community. These services are designed to help children and adolescents with autism spectrum disorders and a broad range of special needs to improve their skills in a variety of areas. Our early intervention programs specifically serve children from birth through age 3. In FY10, we served 347 children and adolescents through intensive early intervention and home-based therapy.

For public schools seeking to enhance services for students with learning, cognitive, and behavioral challenges, we offer on-site school consultation and professional development training. Our school consultation services are based on the most contemporary "best practice" approaches to assessment, education, and treatment. We carefully tailor our services to the specific needs and concerns of

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

each individual, classroom, school, or district, developing highly individualized recommendations and plans for students. In FY10, we served 104 students through our consultation services.

Also in FY10, 250 educators received professional development training and consultation services from May Institute. As the Northeast regional partner to the National Technical Assistance Center on PBIS (Positive Behavioral Interventions and Supports), established by the U.S. Department of Education, we also offer technical assistance and consultation to implement school-wide PBIS strategies across school systems. These services promote student achievement by improving the school's behavioral climate. May Institute provided PBIS training and consultation to 120 school systems in FY10. As a result of the training, more than 43,000 students benefited from our PBIS services.

May Centers for Autism Spectrum Disorders are dedicated to meeting the immediate and pressing need for services for children with autism spectrum disorders (ASD) in military families. We serve all branches of the military-Army, Marines, Navy, Air Force, and Coast Guard.

The May Centers provide services to military families at installations in New England, Georgia, North Carolina, Alabama, and Florida. We have also trained staff for new Centers in Texas and Kentucky, and a second Center in North Carolina.

Services are based on applied behavior analysis (ABA), the only treatment reimbursed by TRICARE's ECHO program and the Autism Demonstration Project for military families with children with ASD.

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

In FY10, 72 military dependents and their families received services.

Our Pediatric Specialty Centers exemplify an effective model of integrated care. We work closely with families, primary and specialty care physicians, pediatricians, schools, and community agencies to provide and coordinate a continuum of high quality services. These services range from diagnosis, evaluation, and treatment to informed referrals to critical pediatric specialists.

At the Fernandes Center for Children and Families in Fall River, Mass., and the Pediatric Specialty Center in San Jose, Calif., our staff served 2,217 families in FY10.

The National Autism Center is dedicated to supporting effective, evidence-based treatment approaches for autism spectrum disorders (ASD), and to providing direction to families, practitioners, organizations, policy-makers, and funders. The Center identifies effective programming, shares practical information with families about how to respond to the challenges they face, conducts applied research, and develops training and service models for practitioners. Finally, the Center works to shape public policy concerning ASD and its treatment through the development and dissemination of national standards of practice.

In FY10, the National Autism Center completed an unprecedented multi-year project - the National Standards Project - to establish a set of standards for effective, research-validated educational and behavioral interventions for children with ASD. The project culminated in the publication of a report that included, among other

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

findings, 11 "established" treatments that produce beneficial outcomes and are known to be effective for individuals under 22 with ASD.

Since the release of the report, individuals from 50 states and the District of Columbia, as well as from more than 70 other countries and territories, have visited the NAC website for information. There have been more than 50,000 free downloads of the report and related publications. Many individuals, organizations, and schools have also purchased copies of the report.

Also in FY10, the National Autism Center published a comprehensive manual for educators titled, Evidence-Based Practice and Autism in Schools. The manual assists educators in the selection and implementation of the most effective research-supported treatments for ASD. In a national survey following the release of the guide, responses demonstrated that the manual is making a significant impact on improving educator's knowledge about ASD and providing effective interventions for students on the autism spectrum in the school setting.

OVERALL ORGANIZATION ACHIEVEMENTS

There are a number of indicators of excellence that truly set May Institute apart as a national leader in the field and a renowned provider of exceptional programs and services for individuals with a wide range of special needs.

Experience. May Institute founded one of the first autism schools in the country. We have more than 55 years of experience in providing the highest quality services

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

for children, adolescents, and adults with autism spectrum disorders and other developmental disabilities, brain injury, mental illness, and other behavioral health needs.

Leadership and vision. President and CEO Walter P. Christian, Ph.D., ABBP, ABPP, has led May Institute for more than 32 years. During that time, the Institute has earned an international reputation for providing outstanding services to individuals with special needs. Dr. Christian is a licensed psychologist and is board certified in behavior therapy and behavioral psychology. He received the 2008 lifetime achievement awards as a Champion in Healthcare from the Boston Business Journal. Dr. Christian's vision is shared by a senior management team with extremely strong clinical and professional credentials and backgrounds. Dr. Christian is one of only 56 distinguished behavior analysis Fellows worldwide.

Clinical expertise. Our staff includes more than 40 licensed and credentialed doctoral-level professionals, and more than 70 Board Certified Behavior Analysts (BCBAs) and Assistant Behavior Analysts (BCaBAs). With our master's-level staff, this represents one of the country's largest concentrations of on-site clinicians with expertise in autism, other developmental disabilities, and applied behavior analysis (ABA).

Commitment to evidence-based practice. Part of what sets us apart from other organizations is our uncompromising commitment to professionalism and excellence. Our work is grounded in evidence-based practice, and we continually review and measure our results. Our programs are based on ABA, which has been identified by hundreds of scientific studies as the most effective method to teach children and

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

adolescents with autism.

National honors. May Institute is the only nonprofit human services organization in the country to be honored by the two most prestigious national awards in the field. We received the 2007 Award for Enduring Programmatic Contributions in Behavior Analysis from the Society for the Advancement of Behavior Analysis. In 2005, we received the Outstanding Training Program Award from the Association for Behavioral and Cognitive Therapies.

External accreditation. We continuously seek and receive the highest level of program accreditation. All of May Institute's programs that have been through the Commission on Accreditation of Rehabilitation (CARF) accreditation process have earned three-year CARF accreditation. This constitutes one of the largest and most comprehensive accreditations CARF has ever awarded to a network of behavioral programs.

Emphasis on training. Our highly skilled staff participate in an ongoing system of comprehensive training and professional development. As an organization accredited by the American Psychological Association, we provide placements for the best pre- and post-doctoral interns in the country. Our intensive training programs also expand the impact of our services by training the caregivers of the individuals we serve, ensuring consistent, highly effective care.

Family satisfaction / quality assurance. 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

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part III, Line 4d - Other Program Services Description (continued)

satisfaction (95% or higher) on the part of individuals served, families and guardians, and affiliated agencies.

Affiliations. As an active center of research and training, we maintain affiliations with more than 55 universities, hospitals, and human service agencies worldwide.

Commitment to research and dissemination. We conduct more applied research than any other human services organization of our kind, and are active in the dissemination of best practices. Our publications since 1978 include more than 340 peer-reviewed journal articles, book chapters, and books. In that time, our professional staff have conducted over 1,700 presentations to international, national, and regional audiences.

Professional Advisory Board. Our Professional Advisory Board includes leading authorities in the fields of applied behavior analysis, special education, developmental disabilities, and behavioral health. These experts review programs and provide guidance on new developments and best practices.

System of peer review. Our clinical experts are constantly evaluating the quality of services we offer; they also mentor and provide guidance and supervision to staff, thereby creating the next generation of highly qualified and dedicated professionals.

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

There is no committee with authority to act on behalf of the governing body.

Form 990, Part VI, Line 11 - Form 990 Review Process

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. This committee then reported to the Board of Trustees. The full board membership was provided with a copy of the Form 990 prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors, officers, and 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, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

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 Checklist. The Checklist is 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, Line 19 - Other Organization Documents Publicly Available

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, and Massachusetts Executive Office of Administration and Finance's Operational Services Division website, and upon request. May Institute's

Name of the organization: The May Institute, Inc.

Employer identification number: 04-2197449

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available (continued)

2010 Annual Report is also available for download at our website at www.mayinstitute.org. This Annual Report is also available upon request.

The May Institute, Inc. 04-2197449

Info on Tax Exempt Bonds (Sch K)
Term of hedge
MA. Development Finance Agency

	20
Total	20

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201111 006831 368 IRS USE ONLY 042197449 TE 3

Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: March 28, 2011

Taxpayer Identification Number:
04-2197449
Tax Form: 990
Tax Period: June 30, 2010

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MAY INSTITUTE INC
41 PACELLA PARK DR
RANDOLPH MA 02368-1755418

004150

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2011.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.