# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

2014

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, D Employer identification number Check if C Name of organization THE MAY INSTITUTE, INC. 04-2197449 Name change Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite E Telephone number 781-440-0400 41 PACELLA PARK DRIVE Termin-103,159,113. G Gross receipts \$ Amended Ireturn City or town, state or province, country, and ZIP or foreign postal code Applica-RANDOLPH, MA 02368 H(a) Is this a group return pending F Name and address of principal officer: LAUREN SOLOTAR \_Yes LX No for subordinates? H(b) Are all subordinates included? Yes SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ( If "No," attach a list. (see instructions) ) ◀ (insert no.) 4947(a)(1) or Website: ▶ WWW.MAYINSTITUTE.ORG H(c) Group exemption number ▶ L Year of formation: 1955 M State of legal domicile: MA Other > K Form of organization: X Corporation Trust Association Part | Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL AND Governance REHABILITATIVE SERVICES. SEE SCHEDULE O. oxed if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box > L 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 2702 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 13 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 . 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 442,815. 428,546. Contributions and grants (Part VIII, line 1h) Revenue 99,223,940. 98,890,508. Program service revenue (Part VIII, line 2g) 444,798 7.233. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 99,763,852 99,673,988。 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 77,555,223. 76,648,307。 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 22,515,700. 22,391,368. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,164,007. 99,946,591. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 599,845。 -272,603。 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Assets or Balances 55,959,882. 59,436,791. Total assets (Part X, line 16) 41,153,444. 37,814,527. 21 Total liabilities (Part X, line 26) 18,283,347。 18,145,355. Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Sign CHIEF FINANCIAL OFFICER DEBRA BLAIR, Here Type or print name and title Date Print/Type preparer's name Preparer's signature P00744592 Paid ALAN GAROFALO 04-2684828 FEELEY & DRISCOLL, Firm's EIN Preparer Firm's name Firm's address 200 PORTLAND STREET Use Only Phone no.617-742-7788 BOSTON, MA 02114 X Yes No

Form 990 (2013)

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

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

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

4,953,572 including grants of \$

) (Revenue \$ 3,484,622.)

4e Total program service expenses ▶

88,473,767.

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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business. investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a ..... Schedule K. If "No", go to line 25a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease X 24c any tax-exempt bonds? X d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X 26 complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X Form 990 (2013)

Note, All Form 990 filers are required to complete Schedule O.

Part V   Statements Regarding Other IRS Fillings and Tax Compliance   Check If Schedule O contains a response or note to any line in this Part V	Form	990 (2013) THE MAY INSTITUTE, INC.		04-2197	449	P	age 5
Enter the number reported in Box 3 of Form 1086. Enter 0 if not applicable 18 238	Principles of the Paris of the	tV Statements Regarding Other IRS Filings and Tax Compliance					
Enter the number reported in Box 3 of Form 1086. Enter -0- if not applicable   10   0   0   0   0   0   0   0   0	1 10000000	Check if Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W26 included in line 1a. Enter Or if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return  1b If at least one is reported on line 2a, cite the organization file all required federal employment tax returns?  2b If the sum of lines 1a and 2a in gwater than 250, you may be required to en-lige on truthonton.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a From 990 T for this year? If Yn, "to line 30, provide an explanation in Schedule O  3c 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 loveign country (such as a bank account, securities account, or other financial accounts).  5c If Yes, "to line the reprise occurry,"  5c B Was the organization and the reprise occurry, but any tonity the organization have shelter transaction at any time during the tax year?  5c Lif Yes, "to line 5a or 55, did the organization that It was or is a party to a prohibitot star whether transaction at any time during the tax year?  5c Lif Yes, "to line 5a or 55, did the organization that It was or is a party to a prohibitot star with the organization and the						Yes	No
b Errer the number of Forms W-R3 inclused in line 1s. Enter 0-if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, field for the calendary year noting with or within the year covered by this return  It a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Abot. If the sum of lines 1 and 2 is greater than 250, you may be required to e-five (see instructions)  3a Did the organization have unreliated business gross income of \$1,000 or more during the year?  5a Did the organization have unreliated business gross income of \$1,000 or more during the year?  5a Extending the calendary year, dut the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (business a bank account, securities account, or other financial Accounts)  5b If Yes, Finish the name of the foreign country.  5c In Yes, Finish the name of the foreign country.  5c In Yes, Finish the name of the foreign country.  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax ceductible from 8988-7.  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen rot tax deductible or charable contributions?  6c If Yes, Fide the organization include with every solicitation an express statement that such contributions or griss were not tax deductible to charable contributions?  6c If Yes, Fide the organization enclude with every solicitation an express statement that such contributions or griss were not tax deductible or other was of the greater than \$100,000, and did the organization foreign than the property of the waster of the organization for	1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	1a	238			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  2	_		1b	0			
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b If at least one is reported on line 2a, did the organization field all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of 13,00 or more during the year?  4b If Yes, 1 has 1 filled a Form 950-ff for this year? If N/N <sub>0</sub> 1 or line 2b, provide an explanation in Schedule 0  5c If Yes, 1 has 1 filled a Form 950-ff for this year? If N/N <sub>0</sub> 1 or line 2b, provide an explanation in Schedule 0  5d Al 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, see the as a bank account, securities account, or other financial accountly?  5c If Yes, 1 enter the name of the foreign country, which as a bank account, securities account, or other financial accountly?  5c Was the organization and year to a prohibited tax sheller transaction at any time during the tax year?  5d Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5d 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 as charitable contributions?  5d Does the organization include with every solicitation an express statement that such contributions or gritts were not tax deductible as charitable contributions and express statement that such contributions or gritts were not tax deductible?  6d Does the organization include with every solicitation an express statement that such contributions or gritts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 1 indicate the number of forms 8282 filed during the year  9d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d Did the	22				-0.9915-7. 0.7013-7.		
b 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-76 (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. X X bill "Yes," has if filed a Form 990-T for this year? If Yes, "to line 5a, provide an explanation in Schodule 0 and A tarry time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; Implication in the financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a. X X bill "Yes," enter the name of the foreign country; Implication in the financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c. Sc. Sc. Constitutions any contributions have were not tax deductible as charitable contributions? 5c. Was 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 as charitable contributions under section 170(c). 2b did the organization receive apymant in secses of \$75 made party as a contribution and party for goods and services provided to the payor? 7b. If Yes, "did the organization receive apymant in secses of \$75 made party as a contribution and party for goods and services provided to the payor? 7b. If Yes, "did the organization excelve a paymant in secses of \$75 made party as contribution and party for podica and services provided to the payor? 7b. If Yes, "indicate the number of Forms 8282 filed during the year of the organization services provided to the payor?	2-6-4		2a	2702			
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3a X  b if "Yes," that if filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule 0  3 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)?  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/2-1, Report for regular filing for supportion organizations and part of the organization network and part of the part of the filing filin	_				1524	1547 A	
b If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account?  b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable parry notify the organization that it was or is a parry to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8686-1?  5c 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 as charitable contributions under section 170(c).  a bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  C prayalizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization of the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," indicate the number of Forms 8292 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If the organization and party the donor of qualifical indirectly, and party the organization file Form 8298 as required?  8 If the organization make a distribution in ordanic formation of qualifical indirectly, did the or	32				За		X
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the			cuity in		NO.		13686
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Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	_						
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 members or shareholders 11a 11a 11b 11a 11a						3.35	ACCOMPANY ACCOMP
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 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the		, , , , =	1100				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the						24.57	
a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the			_100				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	11		1440	1			
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	a		110	<u> </u>			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	b		446				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			-		100	125,268.	
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the					124	156-778	1,686,217
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	b		120				Ιž.
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the	13				12-	4 CH SEE	04 (7443) / 50 (C
b Enter the amount of reserves the organization is required to maintain by the states in which the	а				138		148263
organization is licensed to issue qualified health plans	b			1			
Organization is incorporate leads qualified the season qualified in the season		organization is licensed to issue qualified health plans	_		1,50		
c Enter the amount of reserves on hand 13c 14a 1X	C				4-	<b>135</b> 7,30	Y
14a Did the organization receive any payments for indoor tanking services during the tax year.	14a	Did the organization receive any payments for indoor tanning services during the tax year?			<b> </b>	<del>                                     </del>	1 42
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (2013)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	IIC U			1000	(0010)

INC. THE MAY INSTITUTE, Form 990 (2013) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website W Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

41 PACELLA PARK DRIVE, RANDOLPH, MA 02368

Form **990** (2013)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### 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 organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- © 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Grident trill box if tribution trib organization	mer arry retailed	0.9						, , , , , , , , , , , , , , , , , , , ,	- router, er mantour	
(A)	(B)	İ		(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	)	000	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	dad	recto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a .			pate		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bens		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		aloye	E S			·	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JORY BERKWITS	1.00	Ē	Ē	5	뿔	± 5	요			
TRUSTEE	1.00	X			ŀ			0.	0.	0.
(2) HERBERT HAESSLER	1.00	1	$\vdash$	<u> </u>	-	-	-			
TRUSTEE	1.00	X						0.	0.	0.
(3) RICHARD WICHMANN	1.00		$\vdash$		$\vdash$	+-				
TRUSTEE	1.00	X						0.	0.	0
(4) JONATHAN KATZ	1.00	T								
TRUSTEE	2.00	X						0. •	0.	0 .
(5) MARY LOU MALONEY	1.00									
SECRETARY BD. OF TRUSTEES	3.00	X		X				0 .	0.	0 .
(6) JOHN MURPHY	1.00									
TRUSTEE	1.00	X						0.	0.	0 .
(7) NANCY NAGER	1.00									
TRUSTEE	1.00	X	ļ		<u> </u>	_		0.	0.	0.
(8) DON RICCIATO	1.00									_
CHAIR BD. OF TRUSTEES	5.00	X		X	_	_		. 0.	0.	0.
(9) NEAL TODRYS	1.00									_
TRUSTEE	1.00	X						0.	0.	0.
(10) ROBERT WHITTLESEY	1.00									
TRUSTEE	3.00	X					L	0.	0.	0.
(11) ROBERT YELTON	1.00							_	_	_
TRUSTEE	1.00	X				_	_	0.	0.	0.
(12) STEPHEN YOUNG	1.00							_		
VICE CHAIR BD. OF TRUSTEES	3.00	X		X				0.	0.	0.
(13) MARTHA SLOAN FELCH	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(14) LAUREN C. SOLOTAR	40.00									
PRESIDENT AND CEO	13.00			X				361,684.	0 .	70,314.
(15) DEBRA A. BLAIR	40.00									
TREASURER AND CFO	11.00	L		X				276,273.	0	4,325.
(16) KELLI LEAHY	40.00									
SECRETARY AND EXECUTIVE ASSISTANT	5.00		$oxed{oxed}$	X				68,913.	0.	5,098.
(17) MICHAEL MILCZAREK	40.00									
SENIOR VP OF FINANCIAL PLANNING				X				219,971.	0.	8,462.
332007 10-29-13										Form <b>990</b> (2013)

	TN2.T.T.O.			TMC			***		04-2197	449 Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)		<b>(</b> E)	(F)						
Name and title	Average Position (do not check more than one			one	Reportable	Reportable	Estimated			
	hours per	Ьох	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	T an		n ecte	T	100,	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		99/	шреп		(** 27 1000 141100)		and related
	below	dual	utions	_	Кеу етріоуее	st co	Ja			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	<b>F</b> 0rmer			
(18) RALPH SPERRY	40.00									
CHIEF OPERATING OFFICER	0.00				X			267,583.	0 .	10,023.
(19) PAMELA J. RAYMOND	40.00									
EVP, EDUCATIONAL SERVICES	0.00				X			197,288.	0.	10,795.
(20) JAMES M. MILLINS	40.00									
CHIEF FACILITIES OFFICER	0.00					X		326,790.	0.	7,775.
(21) KEVIN MORE	40.00							156 050		
CHIEF INFORMATION OFFICER	0.00					X		176,853.	0.	3,272.
(22) ROBERT F. PUTNAM	40.00					v		200 020		0 004
EVP, POSITIVE BEHAVIOR INTERVENTIONS (23) JAMES K. LUISELLI	40.00					X		200,020.	0.	9,894.
SVP, APPLIED RESEARCH	0.00					X		176,656.	0.	7 205
(24) LEON NATHAN	40.00		-			1		170,030.	U .	7,395.
MEDICAL DIRECTOR	1.00					X		169,005.	0.	5,127.
(25) AUBREY MACFARLANE	40.00	<del> </del>						20370000		3,127
EVP, CONSULTATION SERVICES	0.00						X	189,074.	0.	13,858.
1b Sub-total								2,630,110.	0.	156,338.
c Total from continuation sheets to Part VI	I, Section A							0 .	0.	0.
d Total (add lines 1b and 1c)		<u></u>						2,630,110.	0.	156,338.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	o re	ceived more than \$100	,000 of reportable	
compensation from the organization							gagas anglé Cossis			25
									•	Yes No
3 Did the organization list any former officer,										y
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
5 Did any person listed on line 1a receive of a					-	uni	cialt	organization or indivi	dual for Services	777

## rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LRI CONSULTING SERVICES		, , , , , , , , , , , , , , , , , , , ,
PO BOX 1529, BROKEN ARROW, OK 74013	CONSULTING	257,295.
JACKSON LEWIS LLP		
PO BOX 416019, BOSTON, MA 02241-6019	ATTORNEYS AT LAW	181,736.
TRIBAL VISION, 170 WESTMISTER ST. STE 300,		
PROVIDENCE, MA 02093	MARKETING	158,298.
TPP GLOBAL SERVICES	MANAGEMENT	
30 LANTERN LANE, NEWTON, MA 02458	CONSULTING	130,961.
KROKIDAS & BLUESTEIN, ATTYS		
600 ATLANTIC AVE, BOSTON, MA 02210	LEGAL SERVICES	107,843.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 15		

Form 990 (2013)

Par	t VII							
		Check if Schedule O conta	ains a response	or note to any lin		/B\	(C)	<u>U</u>
					(A) Total revenue	(B)  Related or  exempt function  revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
(0.40					apara na maka a kemaran da abita	ievenue	revenue	312-314
ints	1 a	Federated campaigns				0.000		
G 5	þ	Membership dues						E Same and
An An		Fundraising events						
들		Related organizations						
ns,		Government grants (contributi						
er	f	All other contributions, gifts, grant	·	440 015	con to the second of the secon			
들위		similar amounts not included abov		442,815.				**************************************
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		4,020.	442 015			
0 8	<u>h</u>	Total. Add lines 1a-1f			442,815.			
				Business Code 900099	45,691,758.	45,691,758.		
ice	2 a			611600	32,187,526.			
ue ue	b	TUITION REVENUE		621400	13,992,958.			
m S	C	THIRD PARTY REVENUE CONSULTING AND MANAGEMI	END FEEC	900099	2,994,047.			
Program Service Revenue	d	CONSULTING AND MANAGEME	DAI LEEG	900099	2,943,200.			
ē.	e			900099	1,414,451.	1,414,451.		
	ī	All other program service reve		<u> </u>	99,223,940.	THE REPORT OF THE PROPERTY OF THE PARTY OF T		
	· Onnormal A	Total. Add lines 2a-2f Investment income (including			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	production of the engine and the engineers of the		
	3				116,657.		!	116,657.
	4	other similar amounts)				-		
	4		•	_				
	5	Royalties	(i) Real	(ii) Personal				
	6.0	Gross rents	(i) rical	(ii) i eradriai				
	6 a	Gross rents  Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)				Programme and the second control of the control of	Becomplement services and the	Agraed again and American American
		Gross amount from sales of	(i) Securities	(ii) Other			113	
	I a	assets other than inventory	2,500,000.	<del>                                     </del>				
	h	Less: cost or other basis		-				14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
	b	and sales expenses	2,123,021.	1,362,104.				
	^	Gain or (loss)		-486,403.				
		Net gain or (loss)			-109,424.		A ANGELE COLOR COL	-109,424.
		Gross income from fundraisin					10-120-1-1	
nue	υa	including \$	of					10 (45)
λ		contributions reported on line			100		Call Control	
Ω.		Part IV, line 18						
Other Reven	h	Less: direct expenses						
Ö		Net income or (loss) from fund			- material security of 1970 to high-free contration and attended security			
		Gross income from gaming a	-				1000	Market Market (1984)
	- "	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan						·
	l	Gross sales of inventory, less				players and the second	han a	
		and allowances		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	l k	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	3						
	k							
		d All other revenue						
	6	e Total. Add lines 11a-11d					100 m	
	12	Total revenue. See instructions.			99,673,988	. 99,223,940	. 0.	7,233.

Part IX Statement of Functional Expenses

Check if Schedule O contains a respon nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) I	(C)	(D)
	TOTAL CAPCINGS	Program service expenses	Management and general expenses	Fundraising expenses
nts and other assistance to governments and				
anizations in the United States. See Part IV, line 21				
ants and other assistance to individuals in				
United States. See Part IV, line 22				
ants and other assistance to governments,				
anizations, and individuals outside the				
ited States. See Part IV, lines 15 and 16				
nefits paid to or for members				
·	1 70/ 057	531 070	1 173 887	
	1,704,337	331,070.	1,175,007	
•				
,				
F	62 444 158	57.558.810.	4.735.955.	149,393.
·	02/111/2000	0,,000,020		
•	477.294.	394,566.	79,879。	2,849.
` '	8,325,404.			2,849. 12,779.
· · ·				10,354.
·	1,230,946.	979,788.	213,958.	37,200
	315,614.	112,860.	202,754.	
	171,700.		171,700.	
l de la companya de				
her. (If line 11g amount exceeds 10% of line 25,				
lumn (A) amount, list line 11g expenses on Sch O.)				
lvertising and promotion			4,387.	6,382, 21,048,
			1,032,904	
	385,456.	158,975.	218,816.	7,665
oyalties				
ccupancy				235
avel	3,467,434.	2,986,953.	480,410.	71
lyments of travel or entertainment expenses				
r any federal, state, or local public officials			0.7.404	F 4.3
onferences, conventions, and meetings				543
terest	1,240,191.	799,638.	440,553.	
	4 006 000	1 450 670	426 050	1 200
epreciation, depletion, and amortization				1,200
surance	419,515.	297,148.	122,307.	EV.
her expenses, Itemize expenses not covered	g1=-0,0255			
e amount exceeds 10% of line 25, column (A)	1 Teles 19 (9 19)		Established	The second second second
nount, list line 24e expenses on Schedule 0.)	1 720 F2E	1 600 700	10 165	660
				3,601
				449
,				227
				1,970
				256,399
	77,750,3710	30,213,1078		
· · · · · · · · · · · · · · · · · · ·				
•			. [	
nucational campaigh and rundralshing solicitation.	,			
With the series of the first of the series o	anizations, and individuals outside the ted States. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages more salaries and wages may be son plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits may be for services (non-employees): magement magement management fees mer. (If line 11g amount exceeds 10% of line 25, umn (A) amount, list line 11g expenses on Sch 0.) vertising and promotion more expenses may federal, state, or local public officials inferences, conventions, and meetings merest unrance meres. Itemize expenses in line 24e. If line target expenses in line 24e. If line empount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column (B) meres merest may be preciation, depletion, and amortization meres meres to affiliates preciation, depletion, and amortization meres meres and the services are serviced and amortization meres meres. Itemize expenses in line 24e. If line employees amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column (A)	anizations, and individuals outside the ted States. See Part IV, lines 15 and 16 merits paid to or for members mpensation of current officers, directors, stees, and key employees stees and wages ston plan accruals and contributions (include stons described in section 4958(c)(3)(B) eer salaries and wages ston plan accruals and contributions (include ston 401(k) and 403(b) employer contributions) eer employee benefits viroll taxes 4,603,410 exproit taxes	anizations, and individuals outside the ted States. See Part IV, lines 15 and 16 hefits paid to or for members mpensation of current officers, directors, stees, and key employees pensation not included above, to disqualified sons (as defined under section 4958(0)(13)(8) her salaries and wages sion plan accruals and contributions (include sion 401(8) and 403(16) employer contributions) her employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) her employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) her employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) her employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) her employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) here employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) here employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) here employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) here employee benefits with 405(16) employer contributions (include sion 401(8) and 403(16) employer contributions) here expenses and provided in column (a) with 405(16) employer contributions (include sion 401(8) and 403(16) emplo	anizations, and individuals outside the eted States. See Part IV, lines 15 and 16 effits paid to or for members in pensation of current officers, directors, tees, and key employees in pensation of outrent officers, directors, tees, and key employees mensation of nutured above, to disqualified tools (as defined under section 4958(f)(1)) and tools described in section 4958(f)(1) and tools described in accordance of the following services (non-employees):  1, 230, 946. 979, 788. 213, 958. 315, 614. 112, 860. 202, 754. and 177, 700.

332010 10-29-13

		Balance Sheet					, , , , , , , , , , , , , , , , , , ,
		Check if Schedule O contains a response or note	e to an	y line in this Part X	1	······	
					(A)		(B)
					Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing			2,649,690.	1	3,526,271.
,	2	Savings and temporary cash investments			742,579.	2	594,870.
	3	Pledges and grants receivable, net			129,340.	3	165,423.
	4	Accounts receivable, net			9,186,527.	4	9,158,299
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined under		100	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net	MARKET PROTECTION	7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			166,178.	9	281,863
	10a	Land, buildings, and equipment: cost or other			The second of th		
		basis. Complete Part VI of Schedule D	10a	50,410,388.			
	b	Less: accumulated depreciation	10b	17,020,790.	35,822,161.	10c	
	11	Investments - publicly traded securities			6,164,890.	11	4,284,876
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,575,426.	15	4,558,682
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	59,436,791.	16	55,959,882
	17	Accounts payable and accrued expenses			7,203,914.	17	5,981,618
	18	Grants payable		18			
	19	Deferred revenue	205,897.	-	38,074		
	20	Tax-exempt bond liabilities			30,233,279.		29,868,211
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D	742,579.	21	594,870
S S	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
ab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ited thi	rd parties	1,487,356.	23	291,051
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			4 2 4 2
		Schedule D			1,280,419.		1,040,703
	26	Total liabilities. Add lines 17 through 25			41,153,444.	26	37,814,527
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ X and			
Ø Ø		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			18,118,215.		17,920,120
39	28	Temporarily restricted net assets			164,132		224,235
pu	29	Permanently restricted net assets	1,000	29	1,000		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
ŗ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
A55	31	Paid-in or capital surplus, or land, building, or ec			31		
et,	32	Retained earnings, endowment, accumulated in			10 000 015	32	10 11 5 5 5
	33	Total net assets or fund balances			18,283,347. 59,436,791.		18,145,355 55,959,882
		Total liabilities and net assets/fund balances			1 60 726 701	34	1 55 454 887

Form	990	(2013)	

THE	MAY	INSTITUTE,	INC.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	r			
		.	99,67	13 0'	QQ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	99,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	18,28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,6	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		18,14	1 5 2	55
	column (B))	10	10,1	10,0	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
			G-200	103	740
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0-		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	5. 3500350500	41
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1920 150 100 150 150 100 150 150
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	X	
þ	Were the organization's financial statements audited by an independent accountant?			E 1923	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				130
	Separate basis    X   Consolidated basis   Both consolidated and separate basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Both consolidated and separate basis   Consolidated basis   Both consolidated basis   Consolidated ba	a a sudit			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	20	X	
	review, or compilation of its financial statements and selection of an independent accountant?			E CASSE	dak (Pas
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	iedule O.	150,000		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Auu	it 3a	37	
•	Act and OMB Circular A-133?	irod audi		-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ancu auul	36	X	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Su	m 990	(2013)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

rm990. Inspection
Employer identification number 04-2197449

			INSTITUTE,			daga a Salah da ana anangga jida an			0	4 – 2	2197	449	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.					
The orga	anization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						_
1	_	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).					
2 X	A school des	cribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
з	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).						
4	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter l	the h	ospita!	l's nam	ie,
	city, and stat												
5	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governi	mental uni	t describ	ed ir	1		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local government	ent or govemmental uni	t describe	d in sectio	n 170(b)(	I)(A)(v).						
7		ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general	publ	ic desc	ribed i	n
		<b>b)(1)(A)(vi).</b> (Comple											
8 📙	7		ection 170(b)(1)(A)(vi).										
9 L_	•	•	eives: (1) more than 33							_		•	
		•	nctions - subject to certa	•							_		
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after	June 3	30, 197	'5.
	7	509(a)(2). (Complete	•				===( )/.						
10  -	٦ .		perated exclusively to te	•	•			•					
11	•		perated exclusively for the						•				or
			ations described in secti				2). See <b>se</b> t	วนอก 509(ส	a)(3). Uni	ескт	ne box	tnat	
	a Type	· · · · · · · · · · · · · · · · · · ·	organization and complype II c T		nctionally i		_	i 🔲 Type	e III - Nor	- f			
e 🗀	_		at the organization is not		•	•						,	-
e	-		han one or more publich										.11
f		•	ten determination from		-				(a)(1) UI	3601	1011 508	o(a)(∠).	
'		rganization, check th											
C		•	nis box organization accepted ai										. —
9	_		lirectly controls, either a									Yes	No
					CUICI WILII					г	11g(i)	103	140
	•	•	n described in (i) above?							··· -	11g(ii)	1	<del> </del>
			person described in (i)								11g(iii)		<del> </del>
h			about the supported or							L	1 19(111)	1	L
	· · · · · · · · · · · · · · · · · · ·	one wing intermedicin	about the cappenda of	944	(0).								
(i) Nar	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls	the	(vii)	Amount	t of mo	notary
	ganization	(") = "	(described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizatio (i) organiz	)	(411)		port	iletai y
	<b>J</b>		above or IRC section	governing	document?	(i) of you	support?	Ü.S.	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
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	······································			ļ	<b></b>			ļ					
		seinelija jost ja ja ja ja kirja kirja (kirja) ir kirja kirja		Control Section	des despresses als also	Pot-Cod-Gentide 4	egalgatika	   1207 1207 640 fair   4			·		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge	(i) Total
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities fumished by a governmental unit to the organization without charge	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge	
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge	
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge	
3 The value of services or facilities furnished by a governmental unit to the organization without charge	
furnished by a governmental unit to the organization without charge	
the organization 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)	<b>1</b>
6 Public support. Subtract line 5 from line 4.	
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(f) Total
7 Amounts from line 4	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources  9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain or loss from the sale of capital	
assets (Explain in Part IV.)	
11 Total support. Add lines 7 through 10	
	55 C
12 Gross receipts from related activities, etc. (see instructions)  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)	<del></del>
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support presentant for 2010 (fig. c. a. l. (0.1)	
4E Dublic augustant and Code Color to a principal and Code Color to a principal and Code Color to a principal and Code Code Code Code Code Code Code Cod	%
16 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this I	%
stop here. The organization qualifies as a publicly supported organization	ox and
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	
and stop here. The organization qualifies as a publicly supported organization	this box
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 109	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	or more,
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	un∠ation ⊾ —
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	iu% or
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	.e □
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	
Schedule A (Form 99	

332022 09-25-13

# Schedule A (Form 990 or 990-EZ) 2013 THE MAY INSTITUTE, INC. 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 or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	below, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(a) 2012	(5) Total
	Gifts, grants, contributions, and	(2, 2000	(6) 2010	(0) 2011	(4) 2012	(e) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")					}	
2	Gross receipts from admissions,						***************************************
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
A	***************************************						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						v
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						-
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
42	assets (Explain in Part IV.)						
	4	+b = ====:==+!==!		1 5 11 251			
14	First five years. If the Form 990 is for						
500	check this box and stop here	a Cunnant Da	roomtoes			***************************************	<u> </u>
	tion C. Computation of Publi			. (0)			
	Public support percentage for 2013 (li					15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						W
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>:012</b> Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box c	n line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	ation	
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	ck this box and <b>st</b>	op here. The organ	nization qualifies a	is a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see ins	tructions	
	3 09-25-13					edule A /Form 000	

Schedule A (Form 990 or 990-EZ) 2013

Also complet	ental Information. Provide this part for any additional	ide the explanations	o required by r ar	ın, iine 10, Part II	, inte 1/a or 1/b; and	raπ III, line 12.
	-					1956-111-112-112-112-112-112-112-112-112-11
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# 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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 04-2197449 THE MAY INSTITUTE, INC.

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	is or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	İ	
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 w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
	ady of the tax years		Held at the End of the Tax Year
a	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		***************************************
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rele		
3	year	sasca, extinguished, or terminated by the	no organization daring the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		- f
ب	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
3	include, if applicable, the text of the footnote to the organization		
	conservation easements.	in a manual statements that describe	in organization o deboarting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
1.00	Complete if the organization answered "Yes" to Form		
42	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
163	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		rance of public corride, provide, in rancount,
Ь	If the organization elected, as permitted under SFAS 116 (AS		ent and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
		acation, or research in future ance of p	Sabile Service, provide the following amounts
	relating to these items:		<b>\$</b>
	(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 trea		dai gain, provide
	the following amounts required to be reported under SFAS 1		Φ
a	Revenues included in Form 990, Part VIII, line 1		Þ
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

Sche		INSTITUTE						Page 2
Pai	t III   Organizations Maintaining 0	Collections of A	rt, Historical Tr	easures, or Oth	ner Sim	ilar Asse	ets(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significan	t use of its	collection	items
	(check all that apply):							
а	Public exhibition	. d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations					2 131		
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt pur	pose in Pa	rt XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar assets			~
Final	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" t	o Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		N. 400 (100 (100 (100 (100 (100 (100 (100				
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?					L	∟ Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year							***************************************
f	Ending balance				1f	<u> </u>		,
	Did the organization include an amount on F						Yes	L No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided in Part XII	<u> </u>			X
Par	t V Endowment Funds. Complete i						<del></del>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three		(e) Four	years back
	Beginning of year balance	1,000.	1,000.	1,000.	ļ	1,000.		1,000.
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships			·				
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance		1,000.	1,000.		1,000.		1,000.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment ▶ 100.00	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should be a sh							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held ar	nd administered for	the organ	ization	_	
	by:							Yes No
	(i) unrelated organizations						.  3a(i)	X
	(ii) related organizations						.  3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations						. 3b	
I Date	Describe in Part XIII the intended uses of the	organization's endo	wment funds.				·	
rai			D-10/15 - 44 - 0	E				
	Complete if the organization answere					1		
	Description of property	(a) Cost or of basis (investment)	1 , ,	, ,	Accumula	1	(d) Book	value
	North	<del></del>	<u>'</u>	3,171.	epreciatio		0 017	177
	Land				180,8	204 1	0,010	,171.
b	Buildings			·	263,2			,132.
	Leasehold improvements				576,6			,207.
	Equipment		3,31	호, / 그 노이 살,	2/0,0	,03.	<u> </u>	,000.
	Other Column (d) must a		V 201/20 /D) != =	0(-)		2	3 200	,598.
rotal	. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part .	∧, column (B), line T	U(U).)		🔊   3	۷,۵0۶	,070.

Schedule D (Form 990) 2013

# Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment
(b) Book value
(c) Method of valuation: Cost or end-of-year market value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ESCROW ACCOUNTS	3,097,017.
(2) DUE FROM AFFILIATES	694,002.
(3) DEPOSITS	378,301.
(4) DEFERRED FINANCING COSTS, NET	389,362.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,558,682.
Dord Vol Other Liebildies	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATES	1,040,703	• 12.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,040,703	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 THE MAY INSTITUTE, INC.		04-	2197449	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		ue per Retur	n.	
Complete if the organization answered "Yes" to Form 990, Part IV, line				
1 Total revenue, gains, and other support per audited financial statements		1	99,808	,599.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains on investments		<u>4,611.</u>		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		1,000		
e Add lines 2a through 2d			134,	611.
3 Subtract line 2e from line 1		3	99,673,	,988.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b		4c	00 (80	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ndo no o malo. Millo Franco	5	99,673,	,988.
Part XII Reconciliation of Expenses per Audited Financial Sta		ises per Rett	ırn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line		<del></del>	1 00 046	F01
1 Total expenses and losses per audited financial statements	•••••		99,946,	, <u>591 °</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				0
e Add lines 2a through 2d		2e	00 046	0.
3 Subtract line 2e from line 1		3	99,946,	591.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)  c Add lines 4a and 4b				0
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		4c	99,946,	U .
Part XIII Supplemental Information.	.)	5	22,340,	. 391.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h and 2h: F	Part V line 4: Dart	V line 0: Doub	<u></u>
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		ait v, iiile 4, Fait	A, line 2, Part /	CI,
, a salada, mass salada salada salada salada salada salada salada salada salada salada salada salada salada sa	y additional information.			
PART IV, LINE 2B:				
EXPLANATION: THE MAY INSTITUTE ACTS AS A I	REP PAYEE FOR	SOME OF	ITS	
CITEMBO/COURSEME DUMBO MILE MAN INCOMPRING				
CLIENTS/STUDENT FUNDS. THE MAY INSTITUTE	RECEIVES FUND	S AND MA	KES	
DISBURSEMENTS ON BEHALF OF SOME CLIENTS AN	מחוות בתווחכ			
DIDDORDERENIS ON DEHALF OF SOME CHIENIS AL	ND PIODEMIS.			
				-75
PART V, LINE 4:				
EXPLANATION: TO BE HELD FOR INVESTMENT				
				0.000
PART X, LINE 2:				
EVDIANAMION. MUE ODCANITAMION IC EVENDE DI		· • • • • • • • • • • • • • • • • • • •		
EXPLANATION: THE ORGANIZATION IS EXEMPT FI	ROM INCOME TAX	. PURSUAN	r ro	
SECTION 501(C)(3) OF THE INTERNAL REVENUE	CODE AND ACC	ירשטדאנבני.ע	NTO	
THE THIBITIAL REVENUE	CODE, AND ACC	T T SMT T M	, 140	
PROVISION FOR INCOME TAXES HAS BEEN MADE	N THE ACCOMPA	NYING FT	NANCIAL.	
33 <u>2</u> 054 09-25-13			lule D (Form 9	90) 2013
45			= (,, 0,,,,, 0,	, -0 .0

Schedule D (Form 990) 2013 THE MAY INSTITUTE, INC.

#### SCHEDULE E

(Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Information about Schedule E (Form 990 or 990-EZ ) and its instructions is at www.irs.gov/form990

THE MAY INSTITUTE, INC. Employer identification number 04-2197449

			YES	NC
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	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	2.73	Willia.	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	LS3547.
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	Signo		124.0
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	4.0750		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	2000 2000 2000 2000 2000		
	If you need more space, use Part II	3	X	193
	If you need more space, use Part II  THROUGH BROCHURES, PAMPHLETS, AND AN ANNUAL PUBLICATION IN  AREA NEWSDADED AS A MEMBER OF MASSAGUIGETTE AGGOCIATION OF	S A Shirt of	44 98 98 98	40.4
	AREA NEWSPAPER AS A MEMBER OF MASSACHUSETTS ASSOCIATION OF			
	766 APPROVED PRIVATE SCHOOL.			
				1 TE
ļ	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	L
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
		<b>5</b> a		X
	Students' rights or privileges?	5a		
a b	Students' rights or privileges?  Admissions policies?	5b		X
a b c	Students' rights or privileges?	5b 5c		X
a b c d	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c 5d		X
a b c d	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d 5e		X X X
a b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f		X X X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f		X X X X X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f 5g		X: X: X: X: X: X: X: X: X: X: X: X: X: X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X: X: X: X: X: X: X: X: X: X: X: X: X: X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X
a b c d e f g	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g		X X X X
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g	in the second se	X X X X X X
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		X X X X X X
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h		X X X X X X
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		X X X X X X X

Schedule E	(Form 990 or 990-E	Z) (2013) THE MAY	INSTITUTE,	INC.		1-219/449	Page 2
Part II	Supplemental	Z) (2013) THE MAY Information. Provide	de the explanations re	equired by Part I, lines 3	, 4d, 5h, 6b, and 7, as a	oplicable.	,
	Also complete this	part to provide any oth	er additional informat	ion.			
	<u> </u>				SECULIAR DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA		
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# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

THE MAY INSTITUTE, INC. Employer identification number 04-2197449

Pa	art   Questions Regarding Compensation			
tourisisses			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.			
	First-class or charter travel Housing allowance or residence for personal use		1 64	
	Travel for companions Payments for business use of personal residence			266, 5 T
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1.00		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		1.5		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X 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	eter v		
	organization or a related organization:			
а	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	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	A STOCK AND MARKET STOCK	711	
	To persons listed in Form 556, Fart vii, Section 7, line 14, did the organization provide any northwest payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8		7	X	
8	not described in lines 5 and 6? If "Yes," describe in Part III		X	X
8	not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		X	X
	not described in lines 5 and 6? If "Yes," describe in Part III		X	X

332111 09-13-13

04-2197449

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(ii) Base (iii) Bonus & (iii) Other compensation compensa			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
LAUREN C. SCLOTAR   (1)   292,804.   (1)   68,880.   64,462.   5,852.	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sile	(0)-(1)(0)	in prior Form 990
Debter A. Balther Revision   Consideration	LAUREN C.	(8)	292,804	0		4,462	,852		°0
Debra A. Blank  Debra A. Blank  Debra A. Blank  Debra A. Blank  Debra A. Blank  Debra A. Blank  Debra A. Blank  Debra B. Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra B. Debra  Debra  Debra B. Debra  Deb		) <u>(</u>	0	0	0	0	0	0	0
SUMER AND CFO MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MILCREMEN MICHAEL MI			218,	8	9	,3		280,598.	
NECHARL MICCAREK (II) 188,994. 0. 30,977. 4,264. 4,198.  OR VP OF FIRMACIAL PLANNING (II) 0. 214,977. 13,500. 39,106. 0. 10,023.  MALHINER PERRATTAG OFFICER (II) 123,516. 0. 20,320. 3,514. 7,281.  E PRICILITYES OFFICER (III) 123,516. 0. 20,327. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.									0
Correction of the presentation of the presen	(3) MICHAEL MILCZAREK		188,99	0	30,9	4,264	,198	228,433.	
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LEON NATHAN		≘		,	0	0	°		
CAL DIRECTOR  (i) 144,443	(10) LEON NATHAN	Ξ	156,654	0	,351	3,177	1,950,	, 13	
AUBREY MACFARLANE  (i) 144,443	MEDICAL DIRECTOR	<b>E</b>		0	0	0	0		
CONSULTATION SERVICES         (ii)         0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(11) AUBREY MACFARLANE	E	144,443	,750	5,881	3,18	, 67	, 202,932.	0
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Part III Supplemental Information

Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE	NE 4B:	
EXPLANATION:	N: THE AMOUNT OF \$60,000 WAS CONTRIBUTED	D TO A 457(F) PLAN FOR
THE CEO.		

THE AMOUNT OF EACH PERSON WHO RECEIVED A BONUS BASED ON MUTUALLY AGREED EXPLANATION: SCHEDULE J, PART II, COLUMN (B) (II) INCLUDES THE NAME AND PART I, LINE 7:

UPON PERFORMANCE OUTCOMES.

51

Schedule J (Form 990) 2013

SCHEDULE K (Form 990)

Open to Public

OMB No. 1545-0047

×

×

×

(i) Pooled Yes No financing Employer identification number 2 2 Inspection (g) Defeased (h) On behalf 04-2197449 ž × × × of issuer 0 Yes Yes Yes Attach to Form 990. See separate instructions. Information about Schedule K (Form 990) and its instructions is at www irs gov/form990. ŝ × × × 12,778,117。 12,965,043. 186,926。 Yes ×  $\bowtie$ ĝ Š EXPANSION EXPANSION O 0 (f) Description of purpose 2006 Yes Yes × Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. REFINANCE 516. 500,000 70,000. 344,484. CAPITAL 3,500,000.CAPITAL N N S × × × 16000000.BONDS 3,085,  $\mathbf{m}$ 11482000. m Yes Yes × (e) Issue price 16,000,000. 9,590,500. 500 1,075,000 5,085,000 × × × ĝ ŝ 2010 249 10/01/10 11/28/12 11/28/12 (d) Date issued ⋖ Yes Yes ≺ 52 04-343181457583RGX7 332121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP # NONE NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, INC. 04-3431814 04-3431814 (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? INSTITUTE, which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds MA DEVELOPMENT FINANCE MA DEVELOPMENT FINANCE MA DEVELOPMENT FINANCE MAYCredit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows THE Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds B AGENCY SERIES C AGENCY SERIES Amount of bonds retired bond-financed property? Total proceeds of issue Other spent proceeds Name of the organization Part I Bond Issues D Part II Proceeds Department of the Treasury Internal Revenue Service A AGENCY N ო Ŋ ဖ 00 ത ç 9 4 4 ដ <u>რ</u> 4 ις Ω

Schedule K (Form 990) 2013

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ve there any management or service contracts that may result in private  verse in the 62, does the organization contract shall may result in private  where any management or service contracts that may result in the manced property?  The result is present that may result in the manced property?  The result is present that may result in the manced property?  The result in the 62, does the organization contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contrac	Harring Private Business Use (Continued)								
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reter be precising of financed property used in a private business use as a result of reference trained property used in a private business activity carried on by your organization, another extern 301(38) organization, or a state or local government.  **Commental present meet the precision of any of the bond shared security or payment test?**  **The property security or payment test?**  **The property security or payment test?**  **The property security or payment test?**  **The property security or payment test?**  **The property security or payment test.**  **The property security or property sold or disposed.**  **The property security or property security or payment test.**  **The property security or property security or security security in the property security security in the property security in the requirements under the precision of any of the bond security in the requirements under the precision of any of the bond security in the requirements under the precision of any of the bond security in the requirements under the precision of any of the bond security in the requirements under the precision of the size are remediated in accordance with the detail the property sections are security in the requirements under the precision of the size are remediated in accordance with the date the reteate or a section of a se					0				%
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ection SOI (c)(3) organization, or a state or local government to organization, or a state or local government test?  Odal of line 4 and 5 were the private security or payment test?  As set been a safe or disposation or any of the bond financed property to a non- southerner been a safe or disposation or any of the bond swere issued?  Yes' to line 8a, was any perivated action taken pursuant to Regulation's sections  Yes' to line 8a, was any remediat action taken pursuant to Regulation's sections  Yes' to line 8a, was any remediated the procedures to ensure that all nonqualified  onds of the issue are remediated in accordance with the requirements under  Arbitration and 1.146-27  Arbitrage  Arbitr	unrelated trade or business activity carried on by your organization, another								
obes the ben at safe or disposition of any of the bond-financed property to a non- overnmental person orther than a 501(e)(g) organization since the bonds were issued?  **Nes* To line 8a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to Regulations sections 141-12 and 1145-2?  **A strip to line 9a, was any remedial action taken pursuant to resure that all nonqualified as the issued fine of rome 8038-1, Arbitrage Rebate; Vield Reduction and as the issue fine of rome 8038-1, Arbitrage Rebate;  **A strip to line 1, and the following apply?  **A sception to rebate due?  **Or charles due?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A strip to line 1 and the following apply?  **A								····	%
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A content and severed broads were issued?   A content and some of day of the bond financed property sold of disposed   A content and sold of glogoed   A con			×		×		×		
Year' to line 8a, was any remedial action failured properly sold or disposed   %   %   %   %   %   %   %   %   %									
14-12 and 1-14-27	governmental person other than a 501(c)(3) organization since the bonds were issued?		×		X		X		
Fig.   Fig.									
"Yes" to line 8a, was any remedial action taken pursuant to Regulations sections  1.41-12 and 1.145-27  Arbitrage  Arbitrage Rebate, Yield Reduction and a serially in Liber of Arbitrage Rebate, Yield Reduction and a serially in Liber of Arbitrage Rebate?  1.85	of		%		%		%		%
is the organization established written procedures to ensure that all nonqualified onds of the issue are remediated in accordance with the requirements under captures exertions 1.145-2?  A Arbitrage  A Arbitrage  A Arbitrage  A A B C  No Yes No Ye									
onds of the issue are remediated in accordance with the requirements under the issue are remediated in accordance with the requirements under the issue are remediated in accordance with the requirements under the sections 1.141-12 and 1.145-2?  As Arbitrage  As the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and the following apply?  *Not' to line 1, did the following apply?  *Not' to line 1, did the following apply?  *X X X X X X X X X X X X X X X X X X X				-					
Arbitrage	bonds of the issue are remediated in accordance with the requirements under								
Arbitrage	Regulations sections 1.141-12 and 1.145-2?	×		X		X			
real the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and enalty in Lieu of Arbitrage Rebate?         Yes         No         Yes         No         Yes         No           "No" to line 1, clid the following apply?         X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
state the issuer filed Form 8038-1, Arbitrage Rebate?         Ves         No         Yes         No         Yes         No           "Ino" to line of Arbitrage Rebate?         X		٩			8		O	۵	
renalty in Lieu of Arbitrage Rebate?         X		Yes	No	Yes	No	Yes	No	Yes	No
No" to line 1, did the following apply?	Penalty in Lieu of Arbitrage Rebate?		X		X		×		
x coeption to rebate?         X	. 1								
xception to rebate?         X			X		X		X		
you checked "No rebate due" in line 2c, provide in Part VI the date the rebate         X	Exception to rebate?		X		×		×		
you checked "No rebate due" in line 2c, provide in Part VI the date the rebate  omputation was performed  the bond issue a variable rate issue?  as the organization or the governmental issuer entered into a qualified  as the organization or the bond issue?  ame of provider  edge with respect to the bond issue?  ame of provider  em of hedge  las the hedge superintegrated?  fas the hedge terminated?  53	No rebate due?		Х		X		×		
omputation was performed         X <td>If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
sthe bond issue a variable rate issue?         X	сотриtation was performed								
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edge with respect to the bond issue?         X									
ame of provider.  erm of hedge las the hedge terminated?  53	hedge with respect to the bond issue?		X		×		X		
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	2122 - 09-13	53					Sch	nedule K (For	m 990) 2013

Schedule K (Form 990) 2013 THE MAY INSTITUTE, INC.	THE PARTY OF THE P		04-7	04-2197449		deserted y and the principle of the second second		Page 3
rantiv Arbitrage (Continued)								
	¥  -			8		0		٥
5a Were gross proceeds invested in a quaranteed investment contract (GIC)?	Yes	% ×	Yes	2 ×	Yes	2 ×	Yes	S
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		×		
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		×		×		
Part V Procedures To Undertake Corrective Action								
	A		w	В		O		٥
	Yes	°Z	Yes	No	Yes	Š	Yes	8
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	×		×		×			
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).	on Schedule	K (see instru	ıctions).					
			-					
332123	L 4							
10-09-13	24					Sch	Schedule K (Form 990) 2013	m 990) 2013

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE MAY INSTITUTE, INC.

Employer identification number 04 - 2197449

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISSEMINATE THE RESULTS OF RESEARCH CONCERNING THE EDUCATION AND REHABILITATION OF THESE INDIVIDUALS. WE ALSO TRAIN AND CONSULT WITH PROFESSIONALS AND ORGANIZATIONS SERVING THESE INDIVIDUALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 RESIDENTATIAL AND DAY PROGRAMMING FOR ADOLESCENTS AND ADULTS WITH SIGNIFICANT BEHAVIORAL NEEDS.

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. 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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.

ABOUT HALF OF THE STUDENTS WHO ATTENDED OUR SCHOOLS 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:

PROGRAM SERVICE ACCOMPLISHMENTS: GROUPS (PSYCHO-EDUCATIONAL, THERAPEUTIC, AND SKILLS TRAINING); EDUCATION EVALUATIONS AND MANAGEMENT; PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING; SEPARATION AND DIVORCE COUNSELING; AND DIALECTICAL BEHAVIOR THERAPY.

MAY CONSULTATION CENTERS IN NEW ENGLAND, THE MID-ATLANTIC, AND THE SOUTHEAST OFFER HOME, SCHOOL, AND AGENCY CONSULTATION FOR CHILDREN AND Schedule O (Form 990 or 990-EZ) (2013) Name of the organization THE MAY INSTITUTE, INC.

Employer identification number 04-2197449

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.

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

EACH INDIVIDUAL, CLASSROOM, SCHOOL, OR DISTRICT, DEVELOPING HIGHLY

INDIVIDUALIZED RECOMMENDATIONS AND PLANS FOR STUDENTS. WE ALSO PROVIDE

EDUCATORS WITH PROFESSIONAL DEVELOPMENT TRAINING AND CONSULTATION

SERVICES. 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 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

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CLIMATE.

THE MAY INSTITUTE, INC.

Employer identification number 04 - 2197449

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION WORKS WITH ITS INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT TO COMPILE THE FORM 990 AND ITS RELATED DISCLOSURES. REVIEWED IN DETAIL WITH THE CERTIFIED PUBLIC ACCOUNTANT AND MANAGEMENT. IT IS THEN MADE AVAILABLE ELECTRONICALLY OR IN PAPER FORM TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: DIRECTORS, OFFICERS AND KEY EMPLOYEES CERTIFY COMPLIANCE WITH MAY'S CONFLICT OF INTEREST POLICY ANNUALLY. THE CERTIFICATION PROCESS IS SUPERVISED BY THE TREASURER. INSTANCES OF DISCLOSURE OF POSSIBLE CONFLICT ARE REPORTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR ADJUDICATION AND ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: MAY'S OUTSIDE TAX ADVISOR IS PRESENTED WITH A DRAFT REBUTTAL PRESUMPTION CHECKLIST WHICH DETAILS TOTAL PROPOSED COMPENSATION FOR THE THE TAX ADVISOR REVIEWS APPROPRIATE COMPARABILITY PRESIDENT/CEO AND CFO. THE THE SOURCES OF REVIEW DATA ARE INCORPORATED INTO THE CHECKLIST. DATA. CHECKLIST IS PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR REVIEW AND THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES THE RECOMMENDATION. COMPENSATION AT A REGULARLY SCHEDULED MEETING. THE PERSONS SETTING THE

COMPENSATION ARE INDEPENDENT OF THE INDIVIDUALS WHOSE COMPENSATION IS BEING 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE MAY INSTITUTE, INC.	Employer identification number 04-2197449
DETERMINED.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S CONFLICT OF INTEREST POLI	CY AND GOVERNING
DOCUMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSIT	E. FINANCIAL
STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSI	TE, MASSACHUSETTS
ATTORNEY GENERAL'S DIVISION OF PUBLIC CHARITIES WEBSITE,	NATIONAL DATA
SOURCES SUCH AS GUIDESTAR, AND UPON REQUEST. MAY INSTITU	TE'S ANNUAL REPORT
IS ALSO AVAILABLE FOR DOWNLOAD AT OUR WEBSITE AT MAYINSTI	TUTE.ORG. THE
ANNUAL REPORT IS AVAILABLE UPON REQUEST.	
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	A second

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www irs govlform990

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

INC.

INSTITUTE

MAY

THE

See separate instructions.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 04-2197449

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>@</u> Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) Ŷ × × × × controlled entity? Yes Direct controlling entity  $\in$ N/A N/A N/A N/A status (if section Public charity н 501(c)(3)) LINE 11A, (e) 9 7 LINE LINE LINE Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS SUPPORT ORGANIZATION Primary activity RESEARCH, EDUCATION RESIDENTIAL RESIDENTIAL 04-3331170, 41 PACELLA PARK DRIVE, RANDOLPH, 04-3330930, 41 PACELLA PARK DRIVE, RANDOLPH, 57-1136642 THE MAY-WEST ROXBURY RESIDENCES, INC. INC. 56-2529097 Name, address, and EIN GREATER SPRINGFIELD RESIDENCES, of related organization i THE MAY FOUNDATION, INC. NATIONAL AUTISM CENTER 41 PACELLA PARK DRIVE 41 PACELLA PARK DRIVE RANDOLPH, MA 02368 RANDOLPH, MA 02368 02368 02368 Part MA

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

Schedule R (Form 990) 2013

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04-2197449

THE MAY INSTITUTE, INC.

Schedule R (Form 990)

| Part | | Continuation of Identification of Related Tax-Exempt Organizations

Newton and the second							
(a)	(q) -	(c)		(e)		Section 5	)  2(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	fled ation?
,				501(c)(3))		Yes	No
THE BAY SCHOOL - 94-3313535							
							è
SANTA CRUZ, CA 95062	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		×
			*********				
					-		
					,		
	-						
			-				
332222 05-01-13		61					

04-2197449

Page 2

THE MAY INSTITUTE, INC.

Schedule R (Form 990) 2013 THE MAY INSTITUTE, INC.

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

	General or Percentage managing ownership partner?			e re	Section 512(b)(13) controlled entity?	2				(066 ر
_				ne or mor	(h) Percentage ownership					B (Form
(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related sar.	(g) Share of Perend-of-year ow		·		,	Schedule R (Form 990) 2013
(£)	Disproportionate allocations?  Yes No			art IV, line 34						
(a)	Share of end-of-year assets			ım 990, Pa	(f) Share of total income					
				ed "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)					
j	Share of total income			on answer				11/7-10-11-1		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organizati	(a) Direct controlling entity					62
				omplete if	(C) Legal domicile (state or foreign country)					9
(p)	Direct controlling entity			oration or Trust C year.	(b) Primary activity					de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
(0)	Legal domicile (state or foreign country)			as a Corp ng the tax	Prin					
(a)	Primary activity			ganizations Taxable rporation or trust duri	<u> </u>					
(a)	Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization					332162 09-12-13

Page 3

Part V Transactions With Related Organizations Complete if the organization answered. "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	ĝ
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?	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				20		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				ā		×
f Dividends from related organization(s)				tj.		×
_				= 2	$\dagger$	1 ×
				D 4		;  ×
				≣ ;		4 >
				= :	$\parallel$	4 >
J Lease of lacilities, equipment, or other assets to related organization(s)						∢
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=	Х	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×	
o Sharing of paid employees with related organization(s)				٦ و	×	
b Reimbursement paid to related organization(s) for expenses				-		×
				2 5		: ×
				7	*	Carlo Carlo
r Other transfer of cash or property to related organization(s)				<u>.</u>		×
				= 4	T	:  ×
1 1	who must complete tl	is line, including covered	relationships and transaction thresholds.	2		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved		
	type (a-s)					
(1) THE BAY SCHOOL	Ţ	435,540。	435,540.ALLOCATED COST			
(2)						
(6)						
(4)						
(5)						
(9)						
332163 09-12-13	63		Schedule R (Form 990) 2013	R (Form	990) 2	0.13

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 assets 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) Predominant income partners sec. (related, unrelated, 50(6)(3) excluded from tax	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Dispropor- Code V-UBI General or Percentage to the allocations? Oschedule K-1 pertner? Ownership (Form 10R5)	General or managing partner?	(k) Percentage ownership
								0	
							Schedule	R (Forn	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 THE MAY INSTITUTE, INC.  Part VII Supplemental Information	04-2197449 Page 5
<u>Factivit</u> Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
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