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GÜST 15, 2017 **Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

Form **990-PF** Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

For c	calendar year 2015 or tax year beginning OCT	1, 2015	, and ending	SEP 30, 2016	
Nam	ne of foundation			A Employer identification	n number
_M:	IMSYE AND LEON MAY FOUNDA'	TION		62-6037728	3
Num	nber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	<b>B</b> Telephone number	
_5(	00 ELMINGTON AVE APT 229			615-242-94	184
	or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is	pending, check here
_N	ASHVILLE, TN 37205			1	,
G C	theck all that apply: Initial return	initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		2 Foreign organizations m	eeting the 85% test
	Address change	Name change		2 Foreign organizations m check here and attach c	omputation
<u> </u>	theck type of organization: X Section 501(c)(3) exi			E If private foundation sta	
<u> </u>		Other taxable private founda		under section 507(b)(1	)(A), check here $ ightharpoonup$ L
	ur market value of all assets at end of year J Accounting	=	Accrual	F If the foundation is in a	
		ner (specify)	2000 1	under section 507(b)(1	)(B), check here
Po	art   Analysis of Revenue and Expenses				(d) Dub
Pa	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements
		67,500 <b>.</b>		N/A	(cash basis only)
- (	1 Contributions, gifts, grants, etc., received 2 Check \( \bigcup_{\text{cm}} \) if the foundation is not required to attach Sch. B	07,500.		N/A	<del> </del>
1	Interest on savings and temporary	92.	92.		STATEMENT
1	cash investments     Dividends and interest from securities	73,399.	73,399		STATEMENT
	5a Gross rents	<1,653.			STATEMENT
1	b Net rental income or (loss) <1,653.>			T	
	6a Net gain or (loss) from sale of assets not on line 10	420,980.	<del></del>		STATEMENT
퓔	b Gross sales price for all 5,374,189.				
Revenue	7 Capital gain net income (from Part IV, line 2)		424,671	,	
Œ	8 Net short-term capital gain				
ľ	9 Income modifications			ļ	<del></del>
İ	Gross sales less returns and allowances			<del> </del>	<del></del>
)	b Less Cost of goods sold			<del> </del>	<del></del>
}	c Gross profit or (loss)		<u> </u>	<del> </del>	+
	11 Other income	FC0 210	406 E00	<del> </del>	+
	12 Total. Add lines 1 through 11	560,318.	496,509	•	<del> </del>
- {	13 Compensation of officers, directors, trustees, etc	0.	0	•	<del></del>
ļ	14 Other employee salaries and wages 15 Pension plans, employee benefits	<u></u>	<del></del>	French	RIVED
es	16a Legal face			10	18
SUS.	b Accounting fees		<del> </del>	1 1 1	74 7317 191
Expense	c Other professional fees STMT 5	4,589.	4,589		2 4 2317   9
e E	17 Interest	7.000		OGD	EN. UT
Administrative	18 Taxes STMT 6	45,198.	198	<del></del>	
ist	19 Depreciation and depletion				
틸	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
and	22 Printing and publications				
g	23 Other expenses STMT 7	7.	0	•	<u> </u>
perating	24 Total operating and administrative				
be		49,794.	4,787	· <del> </del>	
ا	25 Contributions, gifts, grants paid	249,332.	<u> </u>	<del></del>	249,33
	26 Total expenses and disbursements.	200 100	4 707	}	240 3
	Add lines 24 and 25	299,126.	4,787	<del></del>	249,3
	27 Subtract line 26 from line 12:	261 102			
	8 Excess of revenue over expenses and disbursements	261,192.	491,722	<del> </del>	<del> </del>
	b Net investment income (if negative, enter -0-)	<del> </del>	371,166	N/A_	<del> </del>
	c Adjusted net income (if negative, enter -0-)	!	L	11/17	Form <b>990-PF</b> (2

LHA For Paperwork Reduction Act Notice, see instructions.

Pa	nt	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
}	1	Cash - non-interest-bearing	1,481,739.	895,262.	<u>895,262.</u>
Ì	2	Savings and temporary cash investments			
- {	3	Accounts receivable			
1		Less; allowance for doubtful accounts			
}	4	Pledges receivable ►			
- [		Less; allowance for doubtful accounts ▶			
- {	5	Grants receivable			
j	6	Receivables due from officers, directors, trustees, and other			
-	•	disqualified persons		}	
	7	Other notes and loans receivable		<del></del>	
į	•	Less; allowance for doubtful accounts		5	
(0	8	Inventories for sale or use			<del></del>
Assets	_	Prepaid expenses and deferred charges			<del></del>
Asi		Investments - U.S. and state government obligations			
ł		Investments - corporate stock STMT 8	2,265,231.	3,033,297.	2 154 064
İ			155,000.	155,000.	2,154,064. 155,000.
}		·	155,000.	133,000.	155,000.
1	17	Investments - land, buildings, and equipment, basis			
- {		Less accumulated depreciation		+	
- 1		Investments - mortgage loans	061 010	1 531 000	1 521 000
- 1	13	Investments - other STMT 10	961,219.	1,531,082.	1,531,082.
}	14	Land, buildings, and equipment: basis		1	
		Less accumulated depreciation			
{		Other assets (describe			
}	16	Total assets (to be completed by all filers - see the	4 050 100		4 505 400
		instructions. Also, see page 1, item i)	4,863,189.	5,614,641.	4,735,408.
i i		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
-	22	Other liabilities (describe DUE ON INVESTMENT)	0.	490,260.	
			_ }		
_	23	Total liabilities (add lines 17 through 22)	0.	490,260.	
ł		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	}		
ces	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
릭		Foundations that do not follow SFAS 117, check here	1		
E.		and complete lines 27 through 31.	1	Í	
S	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balanc	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	4,863,189.	5,124,381.	
Net	30	Total net assets or fund balances	4,863,189.	5,124,381.	
_			}		
	31	Total liabilities and net assets/fund balances	4,863,189.	5,614,641.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	30	<del></del>	
		st agree with end-of-year figure reported on prior year's return)		1	4,863,189.
	•	r amount from Part I, line 27a		2	261,192.
				3	201,192.
		r increases not included in line 2 (itemize)		3 4	5,124,381.
		lines 1, 2, and 3		5	0.
		eases not included in line 2 (itemize)  I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (h) line 30	8	5,124,381.
<u>-</u>	ı Uld	ו ווכן מספנים טו ועווע שמומוועכם מו כווע עו צכמו נווווב א נווווועם ווווב שך - רמני וו, כטו	idition (O), initio OO		Form <b>990-PF</b> (2015)

62-6037728

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MIMSYE AND LEON MAY FOUNDATION

Form 990-PF (2015)

		SYE AND LEON MAY					62	<u>2-603</u>	7728	Page 3
r al	(a) List and descri	be the kind(s) of property sold (e.g	., real estate,	IIICOIIIC	( <b>b</b> ) How	acquired irchase	(c) Date a		(d) Date	
	2-story brick war	ehouse; or common stock, 200 sha	s. MLC Co.)		D - D	onation	(mo., da	y, yr.)	(mo., day	, yr.) —-—
a	CDD AMMACUED	CMAMENTA			<del> </del>					
b c	SEE ATTACHED	STATEMENTS			<del> </del>					
d		<del></del>							<del></del>	
<u>-</u>										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				in or (loss) (f) minus (		
<u>a</u>										
<u> </u>			<del> </del>						<del></del>	
cd			<del> </del>						<del></del> -	
u R	5,374,189.		<del> </del>	4,949,51	8.				424,	671.
C		g gain in column (h) and owned by					(I) Gains (Co	of (h) gain		<u> </u>
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col. (ı), ıf any		Co	òl. (k), but n	ot less that from col. (	1-0-) <b>or</b>	
a										
			<b> </b>							
<u> </u>										
1									424,	671
<u> </u>						<del></del>			444,	0/1.
	pital gain net income or (net cap		- in Part 1, line	<i>7</i> 7	} 2	<del>-                                    </del>			424,	671.
	t short-term capital gain or (loss gain, also enter in Part I, line 8, c	s) as defined in sections 1222(5) ar	nd (6):		٦					
	loss), enter -0- in Part I, line 8	Joiumin (C).			) 3			N/A		
	t V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inves	tment In	come			
or o	ptional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	ncome.)					
sect	tion 4940(d)(2) applies, leave th	is nart hlank								
										==7
		on 4942 tax on the distributable an			rıod?				L  Yes L	<b>X</b> No
"Yes	s," the foundation does not quali	fy under section 4940(e). Do not co ach column for each year; see the i	omplete this pa	rt. fore making any e	entries					
		(b)	nstructions be	iore making any c	(c)				(d)	
Cal	(a) Base period years endar year (or tax year beginnin	A 4 4 4 4.6 4	stributions	Net value of no	ncharital	le-use asse	s (	Distrit col. (b) div	pùtión ratio rided by col. (d	:))
Qui	2014	<u>'9 '''/</u>	9,761.		4,4	89,18		<u> </u>		8953
	2013		4,186.			63,40				9384
	2012	2	2,683.			49,74				0435
	2011		2,719.			53,73				0071
	2010	2	4,705.		4	45,82	5.		.05	<u>5414</u>
_							1 . 1		2.2	4055
	tal of line 1, column (d)		an lina O bi C	or buthe number	. 04		2		. 43	4257
	erage distribution ratio for the 5 e foundation has been in existen	i-year base period - divide the total	on line 2 by 5,	or by the number	oi years		3		0.4	6851
ų.	e tounuation has been in existen	ice ii iess iiiaii 5 years					3		• 0 4	0031
Fr	iter the net value of noncharitable	le-use assets for 2015 from Part X,	line 5				4		4,880,	965.
	to the fet value of fortenantal	10 000 000000 101 20 10 11 0111 1 011 1 01						<del></del>	=1-0-1	
M	ultiply line 4 by line 3						5		228,	678.
	.,									
Er	iter 1% of net investment incom	e (1% of Part I, line 27b)					6		<u>4,</u>	<u>917.</u>
Αc	ld lines 5 and 6						7	<del></del>	233,	<u> 595.</u>
_	Annual Market Control of the Control	Don't VIII June A							240	337
	iter qualifying distributions from		تنة - السيم طالة م	lata that as	an e 40/ -	ov roto	8	L	249,	<u> </u>
	line 8 is equal to or greater than se the Part VI instructions.	line 7, check the box in Part VI, line	e io, and comp	nete mat part usir	ıy d 1% l	ax ialt.				
٥,	o the rait vi mandellona.									

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	CTIO	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here \[ \bigcup \] and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ł			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigs\text{\bigs_X}\) and enter 1%	1	<del> </del>		4,9	<u> 17.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<del> </del>		4 0	<u>0.</u>
-	Add lines 1 and 2	3	<del> </del>		4,9	<u>17.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del> </del>		4 4	<u>0.</u> 17.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	<del> </del>		4,9	<u>17.</u>
	Credits/Payments:		ł			
	2015 estimated tax payments and 2014 overpayment credited to 2015	4				
	Exempt foreign organizations - tax withheld at source	4	1			
	Tax paid with application for extension of time to file (Form 8868)  6c 20,000	닉	}			
	Backup withholding erroneously withheld 6d	┥_		2		^^
	Total credits and payments. Add lines 6a through 6d	7	┼			00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	┼		<u>_</u>	<u>45.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>		4 0	20-
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>	<u>+</u> '	4,9	38.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				0.
	rt VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in		-	162	
	any political campaign?	- 10		1a		X
b	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition			16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or		} }		
	distributed by the foundation in connection with the activities				l	37
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0	•				l
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			} }		
	managers. ► \$ 0.					v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.	0.5		}		}
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, OI		,	i	v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,	N/A	4a 4b		
_	If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			1-4-1		
	If "Yes," attach the statement required by General Instruction T.					ļ
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			} }		}
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.</li> </ul>	to law		} }		}
		iic iaw		6		x
7	remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part >	٠.		7	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year. If thes, complete Fait is, cor (c), and Fait is			-	-41	
0-	Enter the states to which the foundation reports or with which it is registered (see instructions)			} }		ł
ъa				1		
	TN, DE If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			[ ]		
0	of each state as required by General Instruction G? If "No," attach explanation			8b	X	}
^	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ilendar		30	_ <del></del> _	<del>                                     </del>
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	v.ruul		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X	<del></del>
10	DID dity por sorte become substantial contributors during the tax year. It iss, attach a scriedge issuig their names and addresses	<u></u>	Fo	rm <b>990</b>		(2015)

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Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	}		
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► NONE			
14	The books are in care of ► <u>LEON MAY</u> Telephone no ► (615)	242	-94	84
	Located at ► 500 ELMINGTON AVE, APT 229, NASHVILLE, TN ZIP+4 ►3"	7205		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			L
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	1	{	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1	[	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ł	1
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	}	<u> </u>	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	}	}	ł
	for the benefit or use of a disqualified person)?	1	1	1
	(6) Agree to pay money or property to a government official? (Exception Check "No"	1		
	If the foundation agreed to make a grant to or to employ the official for a period after	1	Ì	ļ
	termination of government service, if terminating within 90 days.)	1	ł	}
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		l	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	}	
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		}	}
	before the first day of the tax year beginning in 2015?	1c	}	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):	ļ	}	}
8	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	}	}	1
	before 2015? Yes X No	}	}	
	If "Yes," list the years $\blacktriangleright$	}	}	
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	}	}	ļ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	}	}
	statement - see instructions.) N/A	2b	ļ	}
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
		,	ļ	}
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	ł	}
	during the year?	}		1
ì	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	}		1
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		]
	Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
•	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_	L	X_

orm 990-PF (2015) MIMSYE AND LEON MAY FOUN			<u>62-60377</u>	28 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:			}	} }
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		<b> </b>
any voter registration drive?		Ye	s X No	1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No	ļ <u>†</u>
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			] ]
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		}
the prevention of cruelty to children or animals?			s X No	]
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i			}
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		} }
expenditure responsibility for the grant?			s 🔲 No	} }
If "Yes," attach the statement required by Regulations section 53.494		1/22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	: :		}	} }
a personal benefit contract?	pay premiums on		s X No	} }
•	ana and hanafet against	L 16		CL   T
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<del>  '</del>	6b X
If "Yes" to 6b, file Form 8870	1. 10 1	<u></u>	च्चि ॥	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L] Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		I V seledo		76
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	/	
List all officers, directors, trustees, foundation managers and their				
List all officers, directors, it ustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evnense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
JACOB MAY	VICE PRESIDEN	ılτ.		
		}		_
NASHVILLE, TN 37205	0.00	0.	0.	0.
MELANIE HIRT	SECRETARY			
			}	
NASHVILLE, TN 37205	0.00	0.	0.	0.
LEON MAY	PRESIDENT		•	
			Į	
NASHVILLE, TN 37205	0.00	0.	0.	0.
		<b>\</b>	{	
	}	}	}	
	]	<b> </b>	{	
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
(-) Name and address of each arrelative and grows than OCO 000	(b) Title, and average	(a) Componentia	(d) Contributions to employee ben efit plans and deferred compensation	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	1	}	1	
	1	1		
	<del> </del>	<del> </del>		
	†		1	1
	<del> </del>	1	<del> </del>	<del></del>
	†	1	ł	}
	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
	1	1	ļ	
T 1 1	J	<del></del>		
Total number of other employees paid over \$50,000				990-PF (2015)
			⊦orm	33U-FF (2015)

Form 990-PF (2015) MIMSYE AND LEON MAY FOUNDATION		) <b>37728</b> Pa	<u>ge 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig Paid Employees, and Contractors (continued)	jhly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of	service	(c) Compens	ation
NONE			
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	}	Expenses	
1 N/A			
3			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1N/A			
2			
All other program-related investments. See instructions.		<del> </del>	
3			
Total. Add lines 1 through 3		Form <b>990-PF</b> (	0. 2015)
		, (	~~ '~')

	m 990-PF (2015) MIMSYE AND LEON MAY FOUNDATION	62-	6037728	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations,	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T		<del></del>
а	Average monthly fair market value of securities	1a	2,449	.394.
	Average of monthly cash balances	1b		,818.
C	Fair market value of all other assets	1c	1,531	
đ	Total (add lines 1a, b, and c)	1d	4,955	
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	4,955	.294.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		,329.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,880	
6	Minimum investment return. Enter 5% of line 5	6		,048.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations	and certain		
_		7	244	0.4.0
1	Minimum investment return from Part X, line 6	1-1-	244	,048.
	'   <del></del>	4		
b	Income tax for 2015. (This does not include the tax from Part VI)	-	4	017
-	Add lines 2a and 2b	2c		<u>,917.</u> ,131.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	239	
4	Recoveries of amounts treated as qualifying distributions	4	220	0.
5	Add lines 3 and 4	5	239	<u>,131.</u>
6	Deduction from distributable amount (see instructions)	6	220	121
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	239	,131.
P	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			222
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	249	,332.
þ		1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:			
	Suitability test (prior IRS approval required)	3a		
þ	Cash distribution test (attach the required schedule)	3b	<del></del>	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	249	<u>,332.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1		
	income. Enter 1% of Part I, line 27b	5	4	<u>,917.</u>

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1 Distributable amount for 2015 from Part XI,				
line 7				239,131.
2 Undistributed income, if any, as of the end of 2015				<u> </u>
a Enter amount for 2014 only			0.	<del> </del>
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.	<del> </del>	<del></del>
a From 2010				
b From 2011			<u> </u>	
c From 2012	{			
d From 2013				
e From 2014 93, 280.				
f Total of lines 3a through e	93,280.		<u> </u>	
4 Qualifying distributions for 2015 from	73,200.	<u> </u>	<u> </u>	<del></del>
Part XII, line 4: \$\249,332.				
a Applied to 2014, but not more than line 2a	1		0.	
b Applied to undistributed income of prior	<del></del>	<del> </del>	<del>-</del>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<del> </del>	<del> </del>
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				239,131.
e Remaining amount distributed out of corpus	10,201.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	103,481.			
b Prior years' undistributed income. Subtract	103/101.	<del> </del>		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must		1		
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		ļ		{
section 170(b)(1)(F) or 4942(g)(3) (Election	_	:		
may be required - see instructions)	<u> </u>			<del> </del>
8 Excess distributions carryover from 2010	•	}		1
not applied on line 5 or line 7	0.	<del> </del>	<del> </del>	<del> </del>
9 Excess distributions carryover to 2016.	100 404	}		}
Subtract lines 7 and 8 from line 6a	103,481.	<del> </del>	<del> </del>	<del> </del>
10 Analysis of line 9:		(		1
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				1
d Excess from 2014 93,280. e Excess from 2015 10,201.		}		1
e Excess from 2015 10,201.		<del></del>	<del></del>	Farm 000 PE (0045)

Part XIV Private Operating Fo		AY FOUNDATIO		62-60	37728 Page 10
\ <del></del>			i-A, question 9)	N/A	
1 a If the foundation has received a ruling or		· · · · -			
foundation, and the ruling is effective for			un continu	74042(-)(2) or 740	)40(.)(E)
b Check box to indicate whether the found	Tax year	T Touridation described	Prior 3 years	4942(j)(3) or49	)42(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2014	(0) 20 10	(4) 20 12	(c) Total
investment return from Part X for					
each year listed  b 85% of line 2a		<del> </del>	<del> </del>		<del> </del>
c Qualifying distributions from Part XII,		<del></del>	<del> </del>	<del> </del>	<del></del>
line 4 for each year listed					
d Amounts included in line 2c not		<del> </del>	<del> </del>		<del> </del>
used directly for active conduct of		}			
exempt activities			1		
e Qualifying distributions made directly		<del></del>	<del> </del>	<del></del>	<del></del>
for active conduct of exempt activities.		}			
Subtract line 2d from line 2c		1			
3 Complete 3a, b, or c for the		<del> </del>	<del>                                     </del>		<del> </del>
alternative test relied upon:		Ì			
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>	li:	}			
(2) Value of assets qualifying					
under section 4942(1)(3)(B)(1)  b "Endowment" alternative test - enter		<del></del>	<del> </del>		<del></del>
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		Í		<b>\</b>	
investment income (interest,		}		}	
dividends, rents, payments on securities loans (section		}			
512(a)(5)), or royalties)					
(2) Support from general public		1			
and 5 or more exempt organizations as provided in	}	}			}
section 4942(j)(3)(B)(iii)	L	L	<u> </u>		<u> </u>
(3) Largest amount of support from		İ	{	}	{
an exempt organization			ļ		ļ
(4) Gross investment income		<u></u>	(	1	<u> </u>
Part XV Supplementary Info	• •	•	if the foundation	on nad \$5,000 or m	ore in assets
at any time during t		iructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed in			tributions received by	the foundation before the cid	se of any tax
LEON MAY			<del></del>	<del></del>	
<ul> <li>List any managers of the foundation wh other entity) of which the foundation has</li> </ul>			(or an equally large po	ortion of the ownership of a p	artnership or
NONE					<del></del>
2 Information Regarding Contribute					
Check here ► X if the foundation of					
the foundation makes gifts, grants, etc.	<del></del>			<del></del>	<del></del>
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	ications should be add	iressed:	
<b>b</b> The form in which applications should be	e submitted and inform	ation and materials they s	hould include:		<del></del>
c Any submission deadlines:	<del></del>				
A Annual	a cuph as by seeses.	onl areas, shoritable fields	kinds of institutions	or Other factors:	<del></del>
d Any restrictions or limitations on award	o, outil as by geograpin	دما ماحمة, بالقائلميان الخالاة	, גוווטס טו וווסמנטמטווס,	or other factors.	

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A-navat
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
AKIVA SCHOOL		501(C)(3)	GENERAL SUPPORT	
309 PERCY WARNER BLVD				44 000
NASHVILLE, TN 37205				11,000.
BIRTHRIGHT ISRAEL FOUNDATION		501(C)(3)	GENERAL SUPPORT	
P.O. BOX 5892 HICKSVILLE, NY 11802				3,000,
1201011222, 11 22002				
		501(3)(2)		
COMBINED JEWISH PHILANTHROPIES 126 HIGH ST.		501(C)(3)	GENERAL SUPPORT	
BOSTON, MA 02110	ļ			16,000.
HILLEL INTERNATIONAL		501(C)(3)	GENERAL SUPPORT	
800 EIGHTH STREET, NW				
WASHINGTON, DC 20001		<del></del>		3,000,
JEWISH FEDERATION OF NASHVILLE		501(C)(3)	GENERAL SUPPORT	
801 PERCY WARNER BLVD #101				
NASHVILLE TN 37205 Total SEE CO	TINUATION SHE	፲ ET(S)	<b>▶</b> 3a	154 832 249 332
b Approved for future payment	TINOZITION DIII		July	243,332,
NONE				
NONE				
		<del>                                     </del>		
Total	<u> </u>	<u> </u>	<b>▶</b> 3b	0.

Part XVI-A **Analysis of Income-Producing Activities** 

Form 990-PF (2015)

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code	<del></del>	+		
b			1-1	<del>-</del>	
c			1		
d	1				
e	1 (				
t					
g Fees and contracts from government agencies			$\perp$		
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash	}		} _ }		
investments	ļ		14	73,399.	
4 Dividends and interest from securities	<del> </del>		14	73,399.	
5 Net rental income or (loss) from real estate:	<b> </b>		┥		
a Debt-financed property			01	-1 652	
b Not debt-financed property	<del> </del>		101	<1,653.	<u> </u>
6 Net rental income or (loss) from personal	1 1		}		
property 7 Other investment income	} <del></del>		+		<del></del>
8 Gain or (loss) from sales of assets other	<del> </del>		+		
than inventory	}		18	420,980.	
9 Net income or (loss) from special events	<del> </del>		1-4	120/3001	
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:					<del></del>
a	}				
b					
c			1		
d					
e					<del></del>
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0	•	492,818.	
13 Total. Add line 12, columns (b), (d), and (e)				13	492,818.
(See worksheet in line 13 instructions to verify calculations )				<del></del>	
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inco			A contribu	ited importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than	by providing fur	ids for such purposes).			
	<del></del>				
			<del></del>		
		<del> </del>		<del></del>	
				<del></del>	<del></del>
				<del></del>	<del> </del>
				<del> </del>	·
				<del></del>	
					Form <b>990-PF</b> (2015)

# 15) MIMSYE AND LEON MAY FOUNDATION 62-6037728 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

Signature of officer or trustee  Date  Print/Type preparer's name  DAVID A. COCHRAN,  DAVID A. COCHRAN,  David Self- employed		he organization directly or indir			• •		ion 501(c) of	1 1	Yes	No
(1) Clash (2) Other transactions:  (1) Sales of assets to a nonchartable everyol organization (1) Sales of assets from a nonchartable everyol organization (2) Purchases of assets from a nonchartable everyol organization (3) Rental of facilities, equipment, or other assets (4) Remulsivement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundriasing solicitations (5) Loans or loan quarantees (6) Performance of services or membership or fundriasing solicitations (7) Well Sales (8) Performance of services or membership or fundriasing and engineers, management, maining lasts, other assets, or paid employees (8) Performance of services or membership or fundriasing and engineers, or paid employees (9) Performance of services or membership or fundriasing and engineers, or paid employees or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received. (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Raine of montharitable exempt organization (4) Description of relationship (1) Amount involved (2) Name of organization (3) Performance of other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) or the Code (other than section 501(c)(3)) or in section 501(c) organization (6) Description of relationship  (7) Performance of others or the section of propage (other team section) or other others are section of the others are section of the section of propage (other team section) or other others are section of the other section section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others are section of the others a					* * *	izations?		1 1		
(2) Pour sasets (1) Sales of assets to a noncharidable evempt organization (1) Sales of assets to a noncharidable evempt organization (2) Pour bases of assets from a noncharidable evempt organization (3) Rendrol of readines, equipment, or other assets (4) Remitturement arrangements (5) Loans of long outparties of premay in formation of the premay of the above is "Yes," complete the following schedule. Column (a) should always show the fair market value of the goods, other assets, or paid employees (4) If the answer to any of the above is "Yes," complete the following schedule. Column (a) thould always show the fair market value of the goods, other assets, or services received.  2a Is the foundation directly or indirectly shifted with, or related to, one or more law-exempt organization or sharing arrangement, show in column (a) the value of the goods, other assets, or services received.  2b) Line ro: (b) Amount involved (c) Name of noncharinable exempt organization (d) Ossenption of treatives, supragation, and sharing arrangements.  2a Is the foundation directly or indirectly shifted with, or related to, one or more law-exempt organization or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  2b) Line ro: (b) Amount involved (c) Name of noncharinable exempt organization (d) Ossenption of treatives, supragation, and sharing arrangements.  N/A  N/A  Sign and the Code (d) Market than section 501(c)(3)) or in section 527?  If yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship.  N/A  Signalure of officer or fursible  Date   Print	a Trans	sfers from the reporting founda	ation to a noncharit	able exempt or	ganization of:			1 1		
10 Other transactions:   11 Sales of assets for an noncharitable exempt organization   12 Purchases of assets from a noncharitable exempt organization   13 Rental of feorities, equipment, or other assets   16 Other assets   1								1a(1)		<u>X</u>
(1) Sales of assets from a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remiturisement arrangements (5) Loans of the anguarantees (6) Performance of services or membership or fundrating solicitations (6) Performance of services or membership or fundrating solicitations (7) Sharing of facilities, equipment, meining lists, other assets, or paid employes (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (9) The angular policy of the specific policy of the facilities and policy of the assets, or paid employes (9) The angular policy of the specific policy of the following schedule (9) The value of the goods, other assets, or services previous plum by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, show in column (9) the value of the goods, other assets, or services previous plum by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements.  22. Is the foundation directly or indirectly affittated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  23. If I is the foundation directly or indirectly affittated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  24. If I is the foundation directly or indirectly affittated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  25. If I is the foundation directly or indirectly affittated with, or related to, one or more tax-exempt organizations described in section 527?  26. If I is the foundation directly or indirectly affittated with, or related to, on	(2)	Other assets						1a(2)		<u>X</u>
(3) Rental of facilities, equipment, or other assets   18(9)   X   18(9)								} !		
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers. transactions, and sharing arrangements.  N / A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  yes No  if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A										<u>X</u>
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers. transactions, and sharing arrangements.  N / A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  yes No  if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A				organization				1b(2)		<u>X</u>
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers. transactions, and sharing arrangements.  N / A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  yes No  if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A	٠,									<u>X</u>
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers. transactions, and sharing arrangements.  N / A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  yes No  if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A	٠,	<u>=</u>								<u>X</u>
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers. transactions, and sharing arrangements.  N / A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  yes No  if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A		•								<u>X</u>
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  a) Line to (b) Amount involved (c) Waine of noncharitable exempt organization (d) Description of variaties, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule  (a) Name of organization (b) Type of organization (e) Description of relationship  N/A  Sign and belief, it struc, control, and complete Declaration of preparer (sher than taxosyay) is based on all information of which preparer has any knowledge security or property in the control of the property of the control of the control of the control of the property of the control of the control of the property of the control of	٠,		•	·						<u>X</u>
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (a) Amount involved  (b) Amount involved  (c) Name of noncharitable exampt organization  (d) Description of varieties, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  (a) Name of organization  (b) Type of organizations  (c) Description of relationship  (d) Description of varieties, transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  (a) Name of organization  (b) Type of organizations  (c) Description of relationship  N/A  (d) Description of varieties, transactions, and sharing arrangements.  Yes  N/A  No  (e) Description of relationship  (e) Description of relationship  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		•	•		· -					<u>X</u>
a) the value of the goods, other assets, or services received.    A) the rene   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements				=	• •				ets,	
Signature of officer or trustee   DAVID A. COCHRAN,   CPA   Propager Sanger   Signature of officer or trustee   DAVID A. COCHRAN,   CPA   Propager   Sanger   Cocheck					ed less than fair market valu	ie in any transaction	i or snaring arrangement, s	now in		
N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  3. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (c) Description of relationship  N/A  Sign and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID A. COCHRAN,  Prontly Type preparer's name  DAVID A. COCHRAN,  Printly Type preparer's name  DAVID		<del></del>	<del></del>		evernt organization	/d) Day				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If Yes, complete the following schedule   (a) Name of organization   (b) Type of organization   (e) Description of relationship   N / A      Sign   Indice penalties of perjuny, if declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   Nay-this IRS accouss the return with the prepared return with the pr	a) Line no	(b) Amount involved	(c) Name (		exempt organization	(u) Description	of transfers, transactions, and	naring arr	angeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>	N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del></del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del></del>	<del></del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<u> </u>	<del> </del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del></del>	<del> </del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>			+				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>			+				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del></del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del></del>	<del> </del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>			<del>- </del>	<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del></del>	<del> </del>			<del></del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del> </del>	<del> </del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	On loth	o foundation dispaths or indicate	the affiliated with a	r salated to one	or more tay exempt erasp	rations described				
b if "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   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 taxpayer) is based on all information of which preparer shown below (see instr.)?    Vestar	•	<del>-</del>			zations described	Г	7 ٧00	T	7 No	
(c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge    Very correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Very correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)?   Very correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)?   Very correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)?   Very correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)?   Very correct, and correct that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   May the IRS discuss this return with the preparer shown below (see instr.)?   Very correct, and correct that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   May the IRS discuss this return with the preparer shown below (see instr.)?   Very correct that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   May the IRS discuss this return with the preparer shown below (see instr.)?   Very correct that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   May the IRS discuss this return with the preparer shown below (see instr.)?   Very correct that I have examined this return, including accompanying schedules and statements, and to the bes		• • • • • • • • • • • • • • • • • • • •	-	c)(3)) or in sec	11011 527 7			162	لم	7 140
N/A  Sign 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 taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?  Signature of officer or trustee  Print/Type preparer's name  DAVID A. COCHRAN,  CPA  Firm's name ► FAULKNER MACKIE & COCHRAN, P.C.  Firm's saddress ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615) 292-3011	D II TI				(h) Type of organization	<u> </u>	(c) Description of relations	hin		
Sign Here  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 taxpayer) is based on all information of which preparer has any knowledge for trust the preparer shown below (see instr)?  Signature of officer or trustee  Print/Type preparer's name  DAVID A. COCHRAN,  CPA  Firm's name ► FAULKNER MACKIE & COCHRAN, P.C.  Firm's address ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615) 292-3011			Janneanon		(b) i) po oi digamento	<del> </del>	(6) 2 3 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del></del>		
Sign Here    Signature of officer or trustee   Date   Title		N/A				<del> </del>				
Sign Here    Signature of officer or trustee   Date   Dat					<del> </del>		<del></del>			
Sign Here    Signature of officer or trustee   Date   Dat					<del> </del>		<del></del>			
Sign Here    Signature of officer or trustee   Date   Title						1				
Sign Here    And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer is hown below (see instr.)?   Signature of officer or trustee		Under penalties of perjury, I declare	that I have examined !	his return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	the IDC	diagrica	
Here Signature of officer or trustee  Print/Type preparer's name DAVID A. COCHRAN, CPA  Preparer Use Only  Firm's name ► FAULKNER MACKIE & COCHRAN, Firm's address ► 3100 WEST END AVENUE, STE 700 NASHVILLE, TN 37203  POFFICER  X Yes □ No  Check □ if PTIN Self- employed P00151345  Firm's EIN ► 62-1517876  Phone no. (615)292-3011	Sian	and belief, it is true, correct, and cor	mplete Declaration of	preparer (other tha	n taxpayer) is based on all inform	nation of which prepare	retu	irn with th	e prepai	er
Print/Type preparer's name  Date  Date  Date  Date  Date  Date  Date  DAVID A. COCHRAN,  CPA  Firm's name ► FAULKNER MACKIE & COCHRAN,  Firm's address ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615)292-3011	Here	mil cum	Minn	_	18/14/11	OFFIC			• —	7 I
Paid Preparer Use Only  DAVID A. COCHRAN, CPA  Firm's name ► FAULKNER MACKIE & COCHRAN, P.C.  Firm's address ► 3100 WEST END AVENUE, STE 700 NASHVILLE, TN 37203  Phone no. (615)292-3011		Signature of officer or trustee	1		Date					
Paid Preparer Use Only  DAVID A. COCHRAN, CPA  Firm's name ► FAULKNER MACKIE & COCHRAN, P.C.  Firm's address ► 3100 WEST END AVENUE, STE 700 NASHVILLE, TN 37203  Phone no. (615)292-3011		<del></del>		Preparer's s		<del>, ,</del>	Check If PTIN			
Paid CPA Preparer Use Only  Firm's address ▶ 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615)292-3011				1/1/2	ILN,	101.1	self- employed			
Preparer Use Only  Firm's name ► FAULKNER MACKIE & COCHRAN, P.C.  Firm's address ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615)292-3011	Paid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Affect	Ald .	8/14/10	PO	0151	345	
Use Only  Firm's address ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615)292-3011	Prepa		ILKNER MA	CKIE &	COCHRAN, P.C	.,				
Firm's address ► 3100 WEST END AVENUE, STE 700  NASHVILLE, TN 37203  Phone no. (615)292-3011	-	, , , , , , , , , , , , , , , , , , , ,						•		
NASHVILLE, TN 37203 Phone no. (615)292-3011		· · · · · · · · · · · · · · · · · · ·	00 WEST	END AVE	NUE, STE 700	)	1			
					•		Phone no. (615)	292-	301	1

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo, day, yr.) 1a GOLDCORP NEW CAD - 10000 SHS 10/30/15|02/08/16 b GOLDCORP NEW CAD -20000 SHS 02/26/1603/04/16 NEW CAD 10000 SHS 02/29/1603/05/16 c GOLDCORP 1585 SHS d ALCOA INC 01/11/16|02/22/16 18415 SHS e ALCOA INC 01/12/1602/22/16 f ALCOA INC - 20000 SHS 02/08/1602/22/16 g AMERICAN AIRLINES GROUP INC 5000 01/11/1601/13/16 SHS h AMERICAN AIRLINES GROUP INC 7000 01/15/1603/11/16 SHS INC 4000 AMERICAN AIRLINES GROUP SHS 03/08/1603/11/16 GENERAL ELECTRIC - 10000 SHS 06/29/1502/17/16 k GENERAL ELECTRIC 10000 SHS 10/05/1502/17/16 | GOGO INC 10000 SHS 02/16/1602/16/16 20000 SHS m GOGO INC 02/23/1603/03/16 n GOGO INC - 5000 SHS 02/25/1603/03/16 \_\_ 10000 SHS 02/29/1603/03/16 o GOGO INC (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 149,892 130,499 19,393. a 319,389. 276,005. 43,384. b 141,505. 159,695. 18,190. 1,162. 13,789. 12,627 d 17,299. 160,205. 142,906. е 155,705. 18,289. 173,994. 200,505 11,486. 211,991. 19,935. 275,455 295,390. h 168.794. 163,406. 5,388. 1 294,420. 269,605. 24,815. 263,505. 30,915. 294,420. k 12,786. 84,107. 96,893. 221,206. 17,786. 238,992. m 10,493. 59,748. 49,255. n 110,405. 9,091. 119,496. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (i) (j) Adjusted basis but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 19,393. 43,384. b 18,190. C 1,162. d 17,299. е 18,289. f 11,486. q 19,935. h 5,388. 24,815. <u>30,915.</u> 12,786. ı 17,786. m 10,493. n 9,091. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

D 107	sses for Tax on Investment Income	02 003	7720	AGE Z OF Z
(a) List and	describe the kind(s) of property solorick warehouse; or common stock, 20	d, e.g., real estate, 00 shs MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a NORDIC AMERICA	N TANKERS LTD -	10000 SHS	D Bondon	01/11/1602/08/16
b NORDIC AMERICA		5000 SHS		01/11/1602/25/16
c NORDIC AMERICA		10000 SHS		01/12/1602/25/16
d NORDIC AMERICA		10000 SHS		02/08/1602/25/16
e NORDIC AMERICA	N TANKERS LTD -	25000 SHS		03/02/1603/04/16
f SUNEDISON INC	- 40000 SHS			02/12/1602/26/16
g VALEANT PHARM				10/30/1511/02/15
h VALEANT PHARM				10/21/1510/21/15
VALEANT PHARM				11/04/1511/04/15
_ VALEANT PHARM				01/11/1601/14/16
k VALEANT PHARM				02/22/1602/23/16
VALEANT PHARM				02/29/1603/02/16
m VALEANT PHARM	INTL - 4000 SHS			03/04/1603/09/16
<u>n</u>				<del> </del>
	(6) Danasakan allawad	(-) Cook or other heavy		Course (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
a 120,963.	(6. 4)	120,964.		<1.>
		67,697.		0.
425 205	<del></del>	135,395.		0.
d 135,395.		105,605.		29,790.
e 343,737.		333,019.		10,718.
f 94,793.		58,006.		36,787.
g 253,640.		252,605.		1,035.
h 371,139.		326,305.		44,834.
284,139.		283,605.		534.
180,313.		172,705.		7,608.
k 159,791.		149,205.	· · · · · · · · · · · · · · · · · · ·	10,586.
203,690.		201,305.		2,385.
m 266,389.		246,406.		19,983.
n			· - · · · · · · · · · · · · · · · · · ·	
0		10/04/60	<del></del>	
Complete only for assets showing	ng gain in column (h) and owned by		(I) Lo	osses (from col. (h)) of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		not less than "-0-")
<u>a</u>		<del></del>		<u> </u>
<u>b</u>		<u> </u>	<del></del>	0.
<u>c</u>		<del> </del>		29,790.
<u>d</u>			<del></del> _	10,718.
<u>e</u>			<del></del>	36,787.
<u>f</u>	<del> </del>			1,035.
<u>g</u> h			<del></del>	44,834.
1				534.
			<del></del>	7,608.
<u>k</u>				10,586.
1				2,385.
m				19,983.
n				
0				
2 Capital gain net income or (net ca	apital loss) { If gain, also enter apital loss), enter apital loss), enter apital loss), enter apital loss), enter apital loss).	in Part I, line 7 )-" in Part I, line 7	2	424,671.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an	od (6).		
If (loss), enter "-0-" in Part I, line i		J	3	N/A

Part XV Supplementary Information 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor THE TEMPLE CONGREGATION OHABAI SHOLOM 501(c)(3) GENERAL SUPPORT 5015 HARDING PIKE NASHVILLE, TN 37205 32,500, UNIVERSITY SCHOOL OF NASHVILLE 501(C)(3) GENERAL SUPPORT 2000 EDGEHILL AVE NASHVILLE, TN 37212 500. VANDERBILT UNIVERSITY 501(C)(3) VANDERBILT HILLEL ANNUAL FUND 2301 VANDERBILT PLACE NASHVILLE, TN 37240 1,000. 501(C)(3) ENDOWMENT FUND THE TEMPLE CONGREGATION OHABAI SHOLOM 5015 HARDING PIKE 10,000. NASHVILLE, TN 37205 501(C)(3) GENERAL SUPPORT VANDERBILT BRIDGE EDUCATION ASSOCIATION 85 WHITE BRIDGE RD, NO. 100 NASHVILLE, TN 37205 10,000, GORDON JEWISH COMMUNITY CENTER 501(c)(3) GENERAL SUPPORT 801 PERCY WARNER BLVD 1,000. NASHVILLE, TN 37205 U.S. HOLOCAUST MEMORIAL MUSEUM 501(c)(3) GENERAL SUPPORT 100 RAOUL WALLENBURG PLACE, SW WASHINGTON DC 20024 1,500, 501(C)(3) GENERAL SUPPORT LEAD PUBLIC SCHOOLS 2835 BRICK CHURCH PIKE 500. NASHVILLE, TN 37207 501(C)(3) GENERAL SUPPORT MSPCA-ANGELL 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130 2,000. 501(C)(3) GENERAL SUPPORT CHEEKWOOD 1200 FORREST PARK DRIVE 500. NASHVILLE TN 37205 61 500. Total from continuation sheets

Part XV· Supplementary Information 3 · Grants and Contributions Paid During the Y				Γ
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NASHVILLE HUMANE ASSOCIATION		501(C)(3)	GENERAL SUPPORT	
213 OCEOLA AVE		+	1	•
NASHVILLE IN 37209				1,00
SECOND HARVEST FOOD BANK		501(C)(3)	GENERAL SUPPORT	
331 GREAT CIRCLE RD				}
NASHVILLE, TN 37228				50
				}
THE LEGION FUND		501(C)(3)	GENERAL SUPPORT	
3833 CLEGHORN AVE		1	Ì	}
NASHVILLE, TN 37215	<u> </u>	<u> </u>		50
				1
		:		
				ļ
				}
		}		}
		}		}
		<del></del>	<del></del>	<del> </del>
	}	}		
	}			
			<del>_</del>	<del> </del>
	<del></del>	<del> </del>		<del> </del>
				}
	<del> </del>	+	<del></del>	
Total from continuation sheets	<del>. L</del>	<del></del>	<del></del>	<del> </del>

#### Schedule B (Farm 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

**2015** 

Name of the organization

Employer identification number

<u>M</u>	IIMSYE AND LEON MAY FOUNDATION	62-6037728
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution by one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive butions of more than \$1,000 exclusively for religious, charitable, scientific, literary for cruelty to children or animals. Complete Parts I, II, and III	•
year, contribution is checked, ente purpose Do not	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receives exclusively for religious, charitable, etc., purposes, but no such contributions to there the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization belief, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box religious, charitable, etc.,
but it must answer "No" of certify that it does not me	that is not covered by the General Rule and/or the Special Rules does not file Son Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ of the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	or on its Form 990-PF, Part I, line 2, to

Name of organization

Employer identification number

### MIMSYE AND LEON MAY FOUNDATION

62-6037728

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	LEON MAY  500 ELMINGTON AVENUE, APT 229  NASHVILLE, TN 37205	\$67,500.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<del></del>			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				

Name of organization

Employer identification number

#### MIMSYE AND LEON MAY FOUNDATION

62-6037728

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space ıs needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \ \$	

vaire of organ			Employer Identification number
MIMSYE Part III	the year from any one contributor. Complete co	butions to organizations described in solumns (a) through (e) and the following	62-60 37728 ection 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or less. I space is needed.	for the year (Enter this info once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-			

FORM 990-PF	GAIN OR (LO	OSS) F	ROM SALE	OF	ASSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPER	ТY			j	MANNER ACQUIRED	DA' ACQU	TE IRED	DATE SO	OLD
GOLDCORP NEW CAD - 10	000 SHS				<del></del>	10/3	0/15	02/08	/16
(B) GROSS SALES PRICE	(C) VALUE A TIME OF A		(D) EXPENSE SALE	OF	(E) DEPRE			(F)	<b>-</b>
149,892		,499.		0		0.	GAIN	19,3	
(A) DESCRIPTION OF PROPER	RTY				MANNER ACQUIRED	DA <sup>.</sup> ACQU	TE IRED	DATE SO	OLD
GOLDCORP NEW CAD - 20	0000 SHS			_		02/2	6/16	03/04	/16
(B) GROSS SALES PRICE	(C) VALUE A TIME OF A		(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	s
319,389	276	,005.		0	•	0.		43,3	84.
(A) DESCRIPTION OF PROPER	RTY				MANNER ACQUIRED	DA ACQU	TE IRED	DATE S	OLD
GOLDCORP NEW CAD - 10	0000 SHS			_		02/2	9/16	03/05	/16
(B) GROSS SALES PRICE	(C) VALUE : TIME OF :		(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	s
159,695	5. 141	,505.		0	•	0.		18,1	90.

•									
DESCRIPT	(A) TION OF PROPERTY					NNER UIRED	DA ACQU		DATE SOLD
ALCOA II	NC - 1585 SHS	_					01/1	1/16	02/22/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF		(E)			(F)
_	SALES PRICE	TIME OF ACQ.	SALE			DEPRE	c.	GAIN	OR LOSS
	13,789.	12,627.		0	•		0.		1,162.
DESCRIPT	(A) TION OF PROPERTY					NNER UIRED	DA ACQU	TE IRED	DATE SOLD
ALCOA II	NC - 18415 SHS	_					01/1	2/16	02/22/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF		(E)	~	<i>~</i>	(F)
_	SALES PRICE	TIME OF ACQ.	SALE	<u></u>		DEPRE	<del></del> .	GAIN	OR LOSS
	160,205.	142,906.	· · · · · · · · · · · · · · · · · · ·	0	•		0.		17,299.
DESCRIP	(A) TION OF PROPERTY					NNER UIRED	DA ACQU	TE IRED	DATE SOLD
ALCOA II	NC - 20000 SHS	_					02/0	8/16	02/22/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF		(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE			DEPRE	c	GAIN	OR LOSS
	173,994.	155,705.		0	•		0.		18,289.
DESCRIP'	(A) TION OF PROPERTY					NNER UIRED		TE UIRED	DATE SOLD
AMERICAL	N AIRLINES GROUP			_			01/1	1/16	01/13/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF		(E)			(F)
_	SALES PRICE	TIME OF ACQ.	SALE			DEPRE	c.	GAIN	OR LOSS
	211,991.	200,505.		0			0.		11,486.

(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE SOLD
AMERICAN AIRLINES GROUP	INC - 7000 SHS				01/1	5/16	03/11/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.		(F)
295,390.	275,455.		0.		0.	<u> </u>	19,935.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE SOLD
AMERICAN AIRLINES GROUP	INC - 4000 SHS				03/0	8/16	03/11/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.		(F) OR LOSS
168,794.	163,406.		0.		0.	· <del></del> -	5,388.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED		TE IRED	DATE SOLD
GENERAL ELECTRIC - 1000	- 0 sнs				06/2	9/15	02/17/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)
294,420.	269,605.	<u> </u>	0.		0.		24,815.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED		TE IRED	DATE SOLD
GENERAL ELECTRIC - 1000	- 0 SHS				10/0	5/15	02/17/16
(B)	(C)	(D) EXPENSE	ΟF	(E)			(F)
GROSS SALES PRICE	VALUE AT TIME OF ACQ.	SALE	Or	DEPRE	<u></u>	CATN	OR LOSS

(A) DESCRIPTION OF PROPERTY				IANNER CQUIRED	DA'I ACQUI		DATE SOLD
GOGO INC - 10000 SHS	_				02/16	5/16	02/16/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C.	CATN	(F)
96,893.	84,107.		0.		0.		12,786.
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DAT ACQUI		DATE SOLD
GOGO INC - 20000 SHS	_			<del></del>	02/23	3/16	03/03/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOSS
238,992.	221,206.		0.		0.		17,786.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DAT ACQUI		DATE SOLD
GOGO INC - 5000 SHS	_				02/25	5/16	03/03/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)
59,748.	49,255.		0.		0.		10,493.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DAT ACQUI		DATE SOLD
GOGO INC - 10000 SHS	_				02/29	9/16	03/03/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)
119,496.	110,405.		0.		0.		9,091.

DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
NORDIC	AMERICAN TANKERS	LTD - 10000 SH	S			01/11/16	02/08/16
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE		DEPRE	C. GAIN	OR LOSS
	120,963.	139,437.		0.		0.	<18,474.>
DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
NORDIC	AMERICAN TANKERS	- LTD - 5000 SHS			<del></del>	01/11/16	02/25/16
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	C. GATI	(F) N OR LOSS
	67,697.	69,719.		0.		0.	<2,022.
DESCRIF	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
NORDIC	AMERICAN TANKERS	- LTD - 10000 SH	S			01/12/16	02/25/16
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE	01	DEPRE	C. GAII	N OR LOSS
	135,395.	129,105.		0.		0.	6,290.
DESCRIE	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
NORDIC	AMERICAN TANKERS	— LTD - 10000 SH	S	<del></del>		02/08/16	02/25/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	C. GAI	N OR LOSS
	135,395.	105,605.		0.		0.	29,790.

DESCRIP	(A) PTION OF PROPERTY	_			ANNER QUIRED	DATE ACQUIRED	DATE SOLD
NORDIC	AMERICAN TANKERS		ıs			03/02/16	03/04/16
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE		DEPRE	GAII	OR LOSS
	343,737.	322,505.		0.		0.	21,232.
DESCRIF	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
SUNEDIS	SON INC - 40000 S	нs				02/12/16	02/26/16
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	C. GAII	(F) N OR LOSS
	94,793.	58,006.		0.		0.	36,787.
DESCRIE	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
VALEANI	PHARM INTL - 25	00 SHS				10/30/15	11/02/15
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	C. GAII	(F) N OR LOSS
	253,640.	252,605.		0.	<del></del>	0.	1,035.
DESCRIE	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
VALEANT	PHARM INTL - 30				· · · · · · · · · · · · · · · · · · ·	10/21/15	10/21/15
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	<b>(</b> E)		(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	C. GAII	N OR LOSS
	371,139.	326,305.		0.		0.	44,834.

,								
DESCRIP	(A) TION OF PROPERTY			1	MANNER ACQUIRED		TE IRED	DATE SOLD
VALEANT	PHARM INTL - 30	00 SHS			<del></del>	11/0	4/15	11/04/15
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE			c	GAIN	OR LOSS
	284,139.	283,605.		0		0.		534.
DESCRIP	(A) TION OF PROPERTY			2	MANNER ACQUIRED		TE IRED	DATE SOLD
VALEANT	PHARM INTL - 20	00 SHS				01/1	1/16	01/14/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)	_		(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	C.	GAIN	OR LOSS
	180,313.	172,705.		0	•	0.		7,608.
DESCRIP	(A) TION OF PROPERTY			1	MANNER ACQUIRED		TE VIRED	DATE SOLI
VALEANT	PHARM INTL - 20	00 SHS		_		02/2	2/16	02/23/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	c.	GAIN	OR LOSS
	159,791.	149,205.		0	•	0.		10,586.
DESCRIP	(A) TION OF PROPERTY	•		i	MANNER ACQUIRED		TE JIRED	DATE SOLI
VALEANT	PHARM INTL - 30	000 SHS				02/2	9/16	03/02/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	c.	GAIN	OR LOSS
	203,690.	201,305.		0	•	0.		2,385

TO PART I, LINE 4

DESCRIPT	(A) ION OF PROPER	ТY					NNER QUIRED	DA' ACQU		DATE SO	DLD
JALEANT	PHARM INTL -	4000 SHS						03/0	4/16	03/09/	16
	(B) GROSS SALES PRICE	(C) VALUE TIME OF	AT	EXPE	O) NSE ALE	OF	(E) DEPRE		GAI	(F) N OR LOSS	5
	266,389	. 24	6,406.	•		0.		0.		19,98	33.
	GAINS DIVIDEN FORM 990-PF,			4				-		420,98	0.
FORM 990	-PF INTEREST	ON SAVING	SS AND	TEMPORA	ARY	CASH	INVEST	MENTS	STA	ATEMENT	2
SOURCE				(A) REVENUE ER BOOKS	5	NET	(B) INVEST INCOME			(C) ADJUSTED ET INCOME	€
APTS PAR	FROM CUMBERL TNERSHIP K-1 TANLEY MONEY				2. 3. 37.			2. 3. 87.			
TOTAL TO	PART I, LINE	3			92.			92.			
FORM 990	)-PF	DIVIDENDS	AND II	NTEREST	FRO	M SE	CURITIE	S	ST	ATEMENT	3
SOURCE	,	GROSS AMOUNT	GA.	ITAL INS DENDS		(A) EVENUE R BOOF		(B) INVE		(C) ADJUSTI NET INCO	
BOND INT		3,012. 70,387.		0.		3,01 70,38		3,0 70,3			

0.

73,399.

73,399.

73,399.

FORM 990-PF	RENTAL IN	COME		STATEMENT 4		
KIND AND LOCATION OF PROPERTY	•		ACTIVITY NUMBER	GROSS RENTAL INCOME		
INCOME FROM CUMBERLAND VIEW A INCOME FROM RIVERVIEW PARTNER		SHIP K-1	1 2	17,061. <18,714.>		
TOTAL TO FORM 990-PF, PART I,	LINE 5A		:	<1,653.>		
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
INVESTMENT FEES BANK FEES PROFESSIONAL FEES	150. 164. 4,275.	164.		0. 0. 0.		
TO FORM 990-PF, PG 1, LN 16C	4,589.	4,589.		0.		
FORM 990-PF	TAX	ES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FOREIGN TAXES PAID 2014 EXCISE TAX	198. 45,000.			0.		
TO FORM 990-PF, PG 1, LN 18	45,198.	198.		0.		

FORM 990-PF	OTHER EX	STATEMENT				
DESCRIPTION	(A) (B) EXPENSES NET INVE PER BOOKS MENT INC			(C) ADJUSTED NET INCOM		
NONDEDUCTIBLE EXPENSES	7.		0.		(	0.
TO FORM 990-PF, PG 1, LN 23	7.		0.			0.
FORM 990-PF	CORPORATI	E STOCK		<del></del>	STATEMENT	8
DESCRIPTION			вос	K VALUE	FAIR MARKET VALUE	
DOW CHEMICAL CO: 1,611 SHARES IBM CORP: 600 SHARES BRISTOL MYERS SQUIBB: 1,200 S EASTMAN CHEMICAL CO: 500 SHANA APRICUS BIOSCIENCE F/K/A NEXI SHARES GOLDCORP INC: 2,000 SHARES ALCOA INC: 10,000 SHARES AMERICAN AIRLINES GROUP INC:	SHARES RES MED INC.: 2,6			13,108. 12,116. 15,630. 9,215. 52,555. 41,136. 156,607. 205,346. 215,707.	83,498 95,310 64,704 33,840 902 33,040 101,400 164,745	0. 4. 0. 2. 0. 5.
BOX INC: 10,000 SHARES CHESAPEAKE ENERGY CORP: 20,00 EXCO RESOURCES INC: 90,000 SI GENERAL ELECTRIC CO: 10,000 NORDIC AMERICAN TANKERS LTD: NORDIC AMERICAN OFFSHORE LTD TWITTER INC: 9,000 SHARES GENERAL ELECTRIC CO: 10,000 SUNEDISON INC: 100,000 SHARE	HARES SHARES 10,000 SHARI : 11,500 SHAI SHARES (UBS) S (UBS)	RES		215,707. 257,557. 176,542. 262,196. 152,256. 112,479. 321,403. 0. 127,005.	125,400 96,300 296,200 101,100 43,129 207,450	0. 0. 0. 5.
VALEANT PHARMACEUTICALS INTL (UBS) NORDIC AMERICAN TANKERS LTD:				696,184. 206,255.	392,800 151,650	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		3	3,033,297.	2,154,06	4.

FORM 990-PF	CORPORATE BONDS	·	STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
STATE OF ISRAEL BONDS	-	155,000.	155,000.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	155,000.	155,000.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
K-1 INVESTMENT CUMBERLAND VIEW APARTMENTS K-1 INVESTMENT RIVERVIEW	COST	869,274.	869,274.
PARTNERSHIP TOTAL TO FORM 990-PF, PART II,	TINE 13	661,808.	1,531,082.