

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102007198

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016 , and ending 05-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MASSACHUSETTS MEDICAL SOCIETY

Doing business as

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

860 WINTER STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WALTHAM, MA 024511411

F Name and address of principal officer

LOIS DEHLS CORNELL

860 WINTER STREET

WALTHAM, MA 024511411

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

9253

D Employer identification number

04-2050773

E Telephone number

(781) 893-4610

G Gross receipts \$

210,594,785

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.MASSMED.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1781

M State of legal domicile

MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE FORM 990, PART III, LINE 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 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 attachments and all information furnished and required to be furnished, and I declare that the return is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

LOIS DEHLS CORNELL EXECUTIVE VICE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CRAIG KLEIN

Preparer's signature

CRAIG KLEIN

Firm's name ▶ CBIZ MHM LLC

Firm's address ▶ 500 BOYLSTON STREET

BOSTON, MA 02116

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE PURPOSE OF THE MASSACHUSETTS MEDICAL SOCIETY SHALL BE TO DO ALLTHINGS AS MAY BE NECESSARY AND APPROPRIATE TO ADVANCE MEDICALKNOWLEDGE, TO DEVELOP AND MAINTAIN THE HIGHEST PROFESSIONAL ANDETHICAL STANDARDS OF MEDICAL PRACTICE AND HEALTH CARE, AND TO PROMOTEMEDICAL INSTITUTIONS FORMED ON LIBERAL PRINCIPLES FOR THE HEALTH, BENEFIT, AND WELFARE OF THE CITIZENS OF THE COMMONWEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data


















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

| | Yes | No |
|--|------------|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5 | Yes |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 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? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| 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 Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes |
| 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 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b | Yes |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 26 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? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 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) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | Yes | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 311 | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 464 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes |
| b | If "Yes," enter the name of the foreign country UK , CA , EI , NL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 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 | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 32 | | |
| 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. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 24 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9 | | No |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | Yes |
| 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 | Yes |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 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? | 16b | |

Section C. Disclosure

| | |
|--|--|
| 17 List the States with which a copy of this Form 990 is required to be filed▶ | |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 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. | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶PAUL SHANNON 860 WINTER STREET WALTHAM, MA 02451 (781) 434-7182 | |

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

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

Form **990** (2016)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 4,455,718 | 0 | 548,687 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 142**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | Yes | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 |
|---|-------------------------------------|---------------------|
| HOLLISTER STAFFING INC 75 STATE STREET 9TH FL BOSTON, MA 02109 | TEMPORARY STAFFING | 1,783,633 |
| PRODUCT OPS 1347 PACIFIC AVENUE SUITE 201 SANTA CRUZ, CA 95060 | IT INFRASTRUCTURE STRATEGY & DESIGN | 1,249,625 |
| ATYPON SYSTEMS INC 5201 GREAT AMERICA PARKWAY SUITE 5 SANTA CLARA, CA 95054 | WEB DEVELOPMENT | 1,221,503 |
| BRIAN ABRAMSPMO PARTNERS LLC 25 ARBOR WAY GROTON, MA 01450 | IT & SPECIALTY STAFFING | 1,002,505 |
| QA INFOTECH PVT LTD A-19 SECTOR 59 NOIDA, U P IN | IT QUALITY ASSURANCE | 992,837 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 53**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|---|---------------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | |
| | b Membership dues . . . | 1b | | | | |
| | c Fundraising events . . . | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a PUBLICATION REVENUE | 511120 | 103,145,834 | 84,341,783 | 18,804,051 | |
| | b EDUCATIONAL | 611710 | 3,391,380 | 3,391,380 | | |
| | c MEMBERSHIP & HEADQUART | 900099 | 2,584,784 | 2,584,784 | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f ▶ | | 109,121,998 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 5,257,291 | | | 5,257,291 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | 3,890,013 | | | 3,890,013 |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | | 1,513,371 | | | | |
| | b Less rental expenses | 923,231 | | | | |
| | c Rental income or (loss) | 590,140 | | | | |
| | d Net rental income or (loss) ▶ | | 590,140 | | -45,394 | 635,534 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | 86,842,836 | | | | |
| | b Less cost or other basis and sales expenses | 79,862,248 | | | | |
| | c Gain or (loss) | 6,980,588 | | | | |
| | d Net gain or (loss) ▶ | | 6,980,588 | | | 6,980,588 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| b Less direct expenses b | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| b Less cost of goods sold b | | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a CONFERENCE CENTER/CAFE | 900099 | 3,969,276 | | 2,038,928 | 1,930,348 | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | | 3,969,276 | | | | |
| 12 Total revenue. See Instructions ▶ | | 129,809,306 | 90,317,947 | 20,797,585 | 18,693,774 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,081,480 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 188,840 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 4,951,401 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 41,501,653 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 7,915,156 | | | |
| 9 Other employee benefits. | 7,874,136 | | | |
| 10 Payroll taxes. | 2,902,086 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 226,021 | | | |
| c Accounting. | 261,200 | | | |
| d Lobbying. | 81,000 | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 1,702,958 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 15,202,107 | | | |
| 12 Advertising and promotion. | 7,209,134 | | | |
| 13 Office expenses. | 2,496,541 | | | |
| 14 Information technology. | 4,509,483 | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 5,744,702 | | | |
| 17 Travel. | 1,769,398 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 1,793,968 | | | |
| 20 Interest. | 298,635 | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 3,716,040 | | | |
| 23 Insurance. | 595,525 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a PERIODICAL EDITION COST | 5,359,592 | | | |
| b POSTAGE FOR PERIODICALS | 2,896,913 | | | |
| c PAPER FOR PERIODICALS | 1,779,404 | | | |
| d FOOD COSTS (CAFE & CONF) | 1,499,987 | | | |
| e All other expenses | 2,355,749 | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 125,913,109 | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 10,495,660 | 1 | 4,285,685 |
| | 2 | Savings and temporary cash investments | | 1,714,150 | 2 | 1,610,203 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 12,260,926 | 4 | 12,723,493 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 4,819,250 | 7 | 4,588,000 |
| | 8 | Inventories for sale or use | | 411,473 | 8 | 358,396 |
| | 9 | Prepaid expenses and deferred charges | | 4,027,421 | 9 | 4,669,962 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 122,919,458 | | |
| | b | Less: accumulated depreciation | 10b | 66,823,010 | | |
| | | | | 50,138,996 | 10c | 56,096,448 |
| | 11 | Investments—publicly traded securities | | 198,345,559 | 11 | 218,941,679 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 25,000 | 12 | 25,000 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 2,263,316 | 15 | 2,095,597 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 284,501,751 | 16 | 305,394,463 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 9,922,114 | 17 | 11,641,551 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 31,687,841 | 19 | 35,887,258 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 30,395,023 | 23 | 24,992,647 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 40,091,853 | 25 | 45,249,658 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 112,096,831 | 26 | 117,771,114 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 172,404,920 | 27 | 187,623,349 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 172,404,920 | 33 | 187,623,349 | |
| 34 | Total liabilities and net assets/fund balances | | 284,501,751 | 34 | 305,394,463 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 129,809,306 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 125,913,109 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,896,197 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 172,404,920 |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,006,713 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -1,684,481 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 187,623,349 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Additional Data

Software ID:
Software Version:
EIN: 04-2050773
Name: MASSACHUSETTS MEDICAL SOCIETY

Form 990 (2016)

Form 990, Part III, Line 4a:

PUBLISHING THE NEW ENGLAND JOURNAL OF MEDICINE (NEJM) NEJM IS THE MOST WIDELY READ, CITED, AND INFLUENTIAL GENERAL MEDICAL PERIODICAL IN THE WORLD MORE THAN 600,000 PEOPLE FROM NEARLY EVERY COUNTRY READ NEJM IN PRINT AND ONLINE EACH WEEK NEJM IS CITED MORE OFTEN IN SCIENTIFIC LITERATURE THAN ANY OTHER MEDICAL JOURNAL, AND HAS THE HIGHEST JOURNAL IMPACT FACTOR (72.46) OF ALL GENERAL MEDICAL JOURNALS (2016 JOURNAL CITATION REPORTS, CLARIVATE ANALYTICS, 2017) NEJM ALSO OFFERS UNRESTRICTED, FREE ONLINE ACCESS TO ITS CONTENT IN MORE THAN 90 LOW-INCOME COUNTRIES, ALL USERS OBTAIN FREE ACCESS TO NEJM RESEARCH ARTICLES SIX MONTHS AFTER THEY ARE PUBLISHED NEJM JOURNAL WATCH NEJM JOURNAL WATCH EQUIPS TODAY'S CAREGIVERS WITH THE INFORMATION AND PERSPECTIVE NEEDED TO BE CLINICALLY PREPARED AND PRACTICE WITH CONFIDENCE NEJM JOURNAL WATCH IS USED BY PRACTICING CLINICIANS -- PHYSICIANS, NURSES, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, RESIDENTS, STUDENTS, PHARMACISTS, AND OTHER HEALTHCARE PROFESSIONALS - TO STAY INFORMED AND CURRENT IN THEIR FIELDS OVER 500,000 PEOPLE IN 178 COUNTRIES READ OUR CONTENT EACH MONTH THE MOST IMPORTANT RESEARCH, MEDICAL NEWS, DRUG INFORMATION, PUBLIC HEALTH ALERTS, AND GUIDELINES ACROSS 12 SPECIALTIES ARE SUMMARIZED AND PUT INTO PERSPECTIVE FOR YOU BY OUR TEAM OF PHYSICIAN EDITORS WE ARE ALSO AVAILABLE IN SELECTED LIBRARIES FOR GENERAL ACCESS NEJM KNOWLEDGE + NEJM KNOWLEDGE + IS AN ADAPTIVE LEARNING PLATFORM DESIGNED TO MEET THE CURRENT NEEDS OF BUSY PRACTICING CLINICIANS TO PREPARE FOR BOARD EXAMS NEJM CATALYST NEJM CATALYST BRINGS HEALTH CARE EXECUTIVES, CLINICAL LEADERS, AND CLINICIANS TOGETHER TO SHARE INNOVATIVE IDEAS AND PRACTICAL APPLICATIONS FOR ENHANCING THE VALUE OF HEALTH CARE DELIVERY NEJM RESIDENT 360 NEJM RESIDENT 360 IS A WEB-BASED TOOL THAT HELPS MEDICAL RESIDENTS BUILD THEIR KNOWLEDGE BASE AND ADVANCE THEIR CAREER WHILE CONNECTING THEM WITH A SUPPORTIVE COMMUNITY OF FELLOW RESIDENTS AS WELL AS EXPERTS FOR CLINICAL AND PROFESSIONAL INSIGHT

Form 990, Part III, Line 4b:

EDUCATIONAL AS THE PRACTICE OF MEDICINE EVOLVES, SO DO THE WAYS THAT PHYSICIANS STAY UP-TO-DATE WITH MEDICAL KNOWLEDGE THE MASSACHUSETTS MEDICAL SOCIETY (MMS) HAS IMPLEMENTED INNOVATIVE APPROACHES TO DIGITAL MEDICAL EDUCATION THAT BRING BETTER INFORMATION TO DOCTORS EFFICIENTLY AND INTERACTIVELY DURING FY2017, MMS ISSUED 30,000 CME (CONTINUING MEDICAL EDUCATION) CREDITS TO 8,000 INDEPENDENT LEARNERS

Form 990, Part III, Line 4c:

MEMBERSHIP & HEADQUARTERS THROUGH 2017, MMS ADVANCED ITS MISSION ON MULTIPLE FRONTS, A FEW OF MMS'S KEY IMPACTS FROM FY17 ARE DESCRIBED BELOW

OPIOID SOLUTIONS MMS WAS THE FIRST US MEDICAL SOCIETY TO SUPPORT THE IDEA OF SUPERVISED INJECTION FACILITY PILOT PROGRAMS

MMS HELD MULTIPLE FREE OPIOID PRESCRIBING COURSES, OF WHICH 36,000 COURSES WERE COMPLETED BY 13,400 INDIVIDUALS

FIREARM SAFETY RESOURCES MMS IS INVOLVED IN AN INNOVATIVE PARTNERSHIP WITH THE MASSACHUSETTS ATTORNEY GENERAL TO CREATE TOOLS THAT IMPROVE AWARENESS REGARDING FIREARM SAFETY

COMPREHENSIVE CANNABIS CURRICULUM MMS ADVOCATED TO ENSURE THAT THE NEW MASSACHUSETTS LAW LEGALIZING MARIJUANA CAME WITH PUBLIC HEALTH PROTECTIONS, OVERSIGHT, AND FUNDING FOR RESEARCH AND EDUCATION ON SUBSTANCE USE PREVENTION AND TREATMENT, AS WELL AS RESEARCH ON THE IMPACT OF LEGALIZATION

MMS DESIGNED THE COMPREHENSIVE CANNABIS CURRICULUM TO GIVE PHYSICIANS AND OTHER PROVIDERS ROBUST TRAINING ON MEDICAL, LEGAL, AND SOCIAL ISSUES RELATED TO MARIJUANA USE

HEALTH CARE ADVOCACY THE SOCIETY'S LEGISLATIVE AND REGULATORY ADVOCACY AIMS TO IMPROVE THE HEALTH OF PATIENTS IN MASSACHUSETTS AND THE SUSTAINABILITY OF MEDICAL PRACTICE THROUGH EVIDENCE-BASED POLICY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES S GESSNER MD PRESIDENT | 20 00 | X | | X | | | | 133,333 | 0 | 0 |
| HENRY L DORKIN MD PRESIDENT-ELECT | 12 00 | X | | X | | | | 71,875 | 0 | 0 |
| ALAIN A CHAOUI MD VICE PRESIDENT | 12 00 | X | | X | | | | 39,583 | 0 | 0 |
| JOSEPH C BERGERON JR MD SECRETARY-TREASURER | 12 00 | X | | X | | | | 0 | 0 | 14,583 |
| COREY E COLLINS DO ASST SECRETARY-TREAS | 0 20 4 00 | X | | X | | | | 12,500 | 0 | 0 |
| DAVID A ROSMAN MD SPEAKER | 1 50 3 00 | X | | X | | | | 25,000 | 0 | 0 |
| FRANCIS P MACMILLAN JR MD VICE SPEAKER | 3 00 | X | | X | | | | 12,500 | 0 | 0 |
| CAROLE E ALLEN MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| ULKU AKYUREK MD MBA TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| MICHAEL S ANNUNZIATA MD TRUSTEE | 1 50 0 30 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARYANNE C BOMBAUGH MD MS TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| JAMES B BROADHURST MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| HUBERT I CAPLAN MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| DANIEL E CLAPP MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| DENNIS M DIMITRI MD TRUSTEE, FORMER PRESIDENT | 0 30 | X | | | | | | 72,917 | 0 | 0 |
| JULIA F EDELMAN MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| HEIDI J FOLEY MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| SARAH A KEMBLE MD MPH TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| JUDD L KLINE MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| CLAUDIA L KOPPELMAN MD TRUSTEE | 0 20 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MANGADHARA R MADINEEDI MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| BASIL M MICHAELS MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| KEITH C NOBIL MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| NAVIN POPAT MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| LEE S PERRIN MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| B HOAGLAND ROSANIA MD TRUSTEE | 1 50 0 30 | X | | | | | | 0 | 0 | 0 |
| VINCENT J RUSSO MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| KENATH SHAMIR MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| SARAH F TAYLOR MD TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| JOHN J WALSH MD TRUSTEE | 1 50 0 30 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|---|
| (A) Name and Title | Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | | | | |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | | |
| BRANDON M WOJCIK MD RESIDENT TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| JOSEPH A ANAYA STUDENT TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| STEPHEN B BERKOWITZ MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| JOHN R BOGDASARIAN MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| JEAN M BRUCH MD DMD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| PAULA JO CARBONE MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| STEPHEN O CHASTAIN MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| MELODY J ECKARDT MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| CHRISTOPHER GAROFALO MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |
| ROBERT HERTZIG MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | | 0 | 0 | 0 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUBRAMANYAN JAYASANKAR MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| EDITH M JOLIN MD MPH ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| NIDHI K LAL MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| JOHN J LOONEY MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| KEVIN P MORIARTY MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| SAHDEV PASSEY MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| WALTER J ROK MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| FLORA F SADRI-AZARBAYANI DO ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| ALAN SEMINE MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 |
| HUGH M TAYLOR MD ALTERNATE TRUSTEE | 0 30 1 50 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| ANA-CRISTINA VASILESCU MD ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 | |
| LAKSHMANA SWAMY MD RESIDENT ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 | |
| NICHOLAS T WOOLF STUDENT ALTERNATE TRUSTEE | 0 30 | X | | | | | | 0 | 0 | 0 | |
| LOIS DEHLS CORNELL EXECUTIVE VICE PRESIDENT | 50 00 0 40 | | | X | | | | 380,480 | 0 | 19,148 | |
| JOHN W BURNS VICE PRESIDENT, FINANCE | 50 00 0 20 | | | X | | | | 321,053 | 0 | 50,992 | |
| CHRISTPHER R LYNCH VICE PRESIDENT, PUBLISHING | 50 00 | | | | X | | | 472,499 | 0 | 60,383 | |
| JEFFREY R DRAZEN MD EDITOR-IN-CHIEF | 50 00 | | | | X | | | 702,324 | 0 | 70,389 | |
| CHARLES ALAGERO VICE PRESIDENT/GENERAL COUNSEL | 50 00 | | | | | X | | 417,405 | 0 | 63,359 | |
| EDWARD W CAMPION MD EXECUTIVE EDITOR | 50 00 | | | | | X | | 393,059 | 0 | 56,534 | |
| MARY HAMEL MD EXECUTIVE DEPUTY EDITOR | 50 00 | | | | | X | | 328,461 | 0 | 61,905 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JULIE INGELFINGER MD DEPUTY EDITOR | 50 00 | | | | | X | | 321,468 | 0 | 61,155 |
| ARTHUR WILSCHEK EXECUTIVE DIRECTOR, GLOBAL SALES | 50 00 | | | | | X | | 368,254 | 0 | 60,641 |
| CORINNE BRODERICK UNTIL 5/2016 FORMER EXECUTIVE VICE PRESIDENT | 0 00 0 00 | | | | | | X | 383,007 | 0 | 29,598 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|---|---|
| Name of the organization MASSACHUSETTS MEDICAL SOCIETY | Employer identification number 04-2050773 |
|---|---|

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

| | | |
|----------|--|------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ _____ |
| 3 | Volunteer hours | _____ |

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

| | | |
|-----------|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ _____ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

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

| | | |
|----------|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ _____ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ _____ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ _____ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| 4 | | | | |
| | | | | |
| 5 | | | | |
| | | | | |
| 6 | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Dues, assessments and similar amounts from members | 1 | 2,230,457 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | 610,945 |
| b | Carryover from last year | 2b | |
| c | Total | 2c | 610,945 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 780,660 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | -169,715 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102007198

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY

Employer identification number

04-2050773

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 48,960,119 | 51,167,841 | 158,589,038 | 144,467,199 | 131,371,898 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 5,659,432 | -210,551 | 1,162,965 | 14,121,839 | 13,095,301 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,948,832 | 1,997,171 | 108,584,162 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 52,670,719 | 48,960,119 | 51,167,841 | 158,589,038 | 144,467,199 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 16,788,125 | | 16,788,125 |
| b Buildings | | 44,012,844 | 23,121,394 | 20,891,450 |
| c Leasehold improvements | | 2,779,139 | 2,585,147 | 193,992 |
| d Equipment | | 18,886,615 | 17,335,472 | 1,551,143 |
| e Other | | 40,452,735 | 23,780,997 | 16,671,738 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 56,096,448 |

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on 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 | |
| DEFERRED COMPENSATION | 1,267,379 |
| UNFUNDED PENSION LIABILITY | 43,086,998 |
| OTHER CURRENT LIABILITY | 110,097 |
| DERIVATIVE INSTRUMENT LIABILITY | 785,184 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 45,249,658 |

2. 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 ☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 04-2050773
Name: MASSACHUSETTS MEDICAL SOCIETY

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO ENSURE THE LONG-TERM FINANCIAL HEALTH OF THE SOCIETY |

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| PART V, LINE 1E | TWO YEARS BACK, THE SOCIETY'S BOARD OF TRUSTEES VOTED TO REDUCE THE DESIGNATED ENDOWMENT FUND THROUGH A REBALANCING TO ITS GENERAL RESERVE FUND, WHICH IS AVAILABLE TO PROVIDE THE ORGANIZATION WITH THE FINANCIAL FLEXIBILITY TO PURSUE INITIATIVES OF STRATEGIC IMPORTANCE AND TO MEET ONGOING NEEDS |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

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

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number

04-2050773

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 72 | | | 4,544,226 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 72 | | | 4,544,226 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☒ Yes ☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|---------------|
| PART I, LINE 3 | ACCRUAL BASIS |

Additional Data

Software ID:

Software Version:

EIN: 04-2050773

Name: MASSACHUSETTS MEDICAL SOCIETY

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 50 | PROGRAM SERVICES | PUBLISHING AND BULK REPRINT SALES | 1,910,975 |
| EAST ASIA AND THE PACIFIC | 0 | 3 | PROGRAM SERVICES | PUBLISHING AND BULK REPRINT SALES | 725,513 |
| NORTH AMERICA | 0 | 18 | PROGRAM SERVICES | PUBLISHING AND BULK REPRINT SALES | 914,901 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA | 0 | 1 | PROGRAM SERVICES | PUBLISHING | 992,837 |

| | | | | | | |
|---|--|-----------------|--|--|---------------------------|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493102007198 | | |
| Schedule I (Form 990) | <div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</div> | | | | OMB No 1545-0047 | |
| | | | | | 2016 | |
| | | | | | Open to Public Inspection | |
| Department of the Treasury Internal Revenue Service | | | | | | |
| Name of the organization MASSACHUSETTS MEDICAL SOCIETY | | | | Employer identification number 04-2050773 | | |

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ | | | | | | | 6 |
| 3 Enter total number of other organizations listed in the line 1 table ▶ | | | | | | | 1 |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) MEDICAL STUDENT GRANTS - SCHOLAR AWARDS PROGRAM | 27 | 171,000 | | | |
| (2) MMS SCHOLAR PROGRAM (K+) | 32 | 7,840 | | | |
| (3) MEMBER LIFETIME ACHIEVEMENT AWARD | 1 | 5,000 | | | |
| (4) MEDICAL STUDENT GRANTS - OTHER | 5 | 5,000 | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | THE AMOUNTS LISTED IN PART II ARE GENERAL UNRESTRICTED CONTRIBUTIONS AND NOT GRANTS AMOUNTS QUALIFYING AS GRANTS ARE REPORTED IN SCHEDULE I, PART III THE FOLLOWING PROCESS APPLIES TO MEDICAL STUDENT GRANTS STUDENTS MUST BE ENROLLED IN A MEDICAL SCHOOL IN MASSACHUSETTS THE MEDICAL SCHOOLS SELECT CANDIDATES BASED ON THEIR ACADEMIC EXCELLENCE, COMMUNITY SERVICE, AND FINANCIAL NEED THE MASSACHUSETTS MEDICAL SOCIETY SELECTION COMMITTEE INTERVIEWS CANDIDATES AND FINAL AWARDS (GRANTS) ARE BASED ON THIER DECISION |

Additional Data

Software ID:
Software Version:
EIN: 04-2050773
Name: MASSACHUSETTS MEDICAL SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PHYSICIAN HEALTH SERVICES 860 WINTER STREET WALTHAM, MA 02451 | 22-3234975 | 501(C)(3) | 533,000 | | | | PHYSICIAN OUTREACH SERVICES |
| MMS AND ALLIANCE CHARITABLE FOUNDATION 860 WINTER STREET WALTHAM, MA 02451 | 22-3199624 | 501(C)(3) | 185,500 | | | | COMMUNITY ACTION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASS MEDICAL BENEVOLENT SOCIETY 860 WINTER STREET WALTHAM, MA 02451 | 23-7089741 | 501(C)(3) | 100,000 | | | | FINANCIAL RELIEF |
| MASS MEDICAL ALLIANCE 860 WINTER STREET WALTHAM, MA 02451 | 23-7055291 | 501(C)(6) | 25,000 | | | | HEALTH EDUCATION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215 | 04-2103881 | 501(C)(3) | 50,000 | | | | MA ALLIANCE FOR COMMUNICATION AND RESOLUTION FOLLOWING MEDICAL INJURY |
| MASSACHUSETTS HEALTH QUALITY PARTNERS 42 PLEASANT STREET 3 WATERTOWN, MA 02472 | 04-3542817 | 501(C)(3) | 10,000 | | | | HEALTH EDUCATION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALL OTHERS (5000 OR LESS) 860 WINTER STREET WALTHAM, MA 02451 | | | 177,980 | | | | VARIOUS |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015
Open to Public Inspection

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.

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

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div> | | |
| <div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div> | Yes | |
| <div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div> | Yes | |
| <div>3</div> <div>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.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div> | | |
| <div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> | | |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> | | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | | No |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> | | No |
| <div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> | | |
| <div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> | | |
| <div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> | | |
| <div>a</div> <div>The organization?</div> | | |
| <div>b</div> <div>Any related organization?</div> | | |
| <div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div> | | |
| <div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> | | |
| <div>a</div> <div>The organization?</div> | | |
| <div>b</div> <div>Any related organization?</div> | | |
| <div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div> | | |
| <div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div> | | |
| <div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div> | | |
| <div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div> | | |

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

Note. The sum of columns (B)(i)-(iii) 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.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III **Supplemental Information**

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.

| Return Reference | Explanation |
|---|--|
| PART I, LINE 1A | THE EDITOR-IN-CHIEF WAS PROVIDED WITH FIRST CLASS TRAVEL UNDER LIMITED CIRCUMSTANCES. THIS EXPENSE WAS ACCOUNTED FOR AND APPROVED UNDER THE SOCIETY'S ACCOUNTABLE PLAN TRAVEL EXPENSE REIMBURSEMENT POLICY. |
| PART I, LINE 3 | THE EXECUTIVE VICE PRESIDENT IS THE TOP MANAGEMENT OFFICIAL. THE PROCESS FOR DETERMINING HER COMPENSATION IS DESCRIBED ON SCHEDULE O, PART VI, SECTION B, LINE 15. |
| COMPENSATION FROM UNRELATED ORGANIZATIONS | THE TRUSTEES AND OFFICERS OF THE MASSACHUSETTS MEDICAL SOCIETY ARE PHYSICIANS, GENERALLY WORKING FOR HOSPITALS, MEDICAL SCHOOLS, OR IN PRIVATE PRACTICE. MASSACHUSETTS MEDICAL SOCIETY GENERALLY PAYS HONORARIA TO ITS OFFICERS FOR THEIR SERVICES. DURING CALENDAR YEAR 2016, THE MASSACHUSETTS MEDICAL SOCIETY ARRANGED TO PAY DR. DIMITRI'S AND DR. GESSNER'S HONORARIA DIRECTLY TO THEIR RESPECTIVE EMPLOYERS AS AN OFFSET TO THEIR SALARIES. THE OFFICERS' EMPLOYERS, WHO ARE UNRELATED TO MMS, CONTINUED TO PAY THEIR SALARY. THE AMOUNTS LISTED ON LISTED ON FORM 990, PART VII, COLUMN (D) FOR DR. DIMITRI AND DR. GESSNER INCLUDE THE HONORARIA MMS PAID TO THE UNRELATED ORGANIZATIONS FOR THE OFFICERS' SERVICES. THE AMOUNTS ARE ALSO INCLUDED ON FORM 990, PART IX, LINE 5. |

Additional Data

Software ID:

Software Version:

EIN: 04-2050773

Name: MASSACHUSETTS MEDICAL SOCIETY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1JAMES S GESSNER MD PRESIDENT | (i) | 133,333 | 0 | 0 | 0 | 0 | 133,333 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1DENNIS M DIMITRI MD TRUSTEE, FORMER PRESIDENT | (i) | 72,917 | 0 | 0 | 0 | 0 | 72,917 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2LOIS DEHLS CORNELL EXECUTIVE VICE PRESIDENT | (i) | 261,120 | 100,000 | 19,360 | 0 | 19,148 | 399,628 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3JOHN W BURNS VICE PRESIDENT, FINANCE | (i) | 258,651 | 41,947 | 20,455 | 26,294 | 24,698 | 372,045 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4CHRISTPHER R LYNCH VICE PRESIDENT, PUBLISHING | (i) | 373,122 | 93,833 | 5,544 | 34,713 | 25,670 | 532,882 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5JEFFREY R DRAZEN MD EDITOR-IN-CHIEF | (i) | 578,025 | 88,994 | 35,305 | 44,154 | 26,235 | 772,713 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6CHARLES ALAGERO VICE PRESIDENT/GENERAL COUNSEL | (i) | 317,545 | 95,900 | 3,960 | 30,364 | 32,995 | 480,764 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7EDWARD W CAMPION MD EXECUTIVE EDITOR | (i) | 368,740 | 6,150 | 18,169 | 30,506 | 26,028 | 449,593 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8MARY HAMEL MD EXECUTIVE DEPUTY EDITOR | (i) | 320,831 | 6,250 | 1,380 | 49,017 | 12,888 | 390,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9JULIE INGELFINGER MD DEPUTY EDITOR | (i) | 303,093 | 5,150 | 13,225 | 44,621 | 16,534 | 382,623 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10ARTHUR WILSCHEK EXECUTIVE DIRECTOR, GLOBAL SALES | (i) | 227,096 | 117,853 | 23,305 | 25,938 | 34,703 | 428,895 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11CORINNE BRODERICK UNTIL 52016 FORMER EXECUTIVE VICE PRESIDENT | (i) | 192,947 | 142,500 | 47,560 | 18,887 | 10,711 | 412,605 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

04-2050773

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | MMS TRUSTEE JUDD KLINE, M D , AND MMS VICE PRESIDENT OF FINANCE, JOHN BURNS, BOTH SERVE AS DIRECTORS OF PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS, A FOR-PROFIT COMPANY CONTROLL ED BY MMS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | DISTRICT SOCIETY MEMBERS ELECT TWO OF THEIR MEMBERS TO SERVE ON THE BOARD OF TRUSTEES ONE AS TRUSTEE WITH FULL VOTING RIGHTS AND THE OTHER AS AN ALTERNATE TRUSTEE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | DISTRICT SOCIETY MEMBERS ELECT TWO OF THEIR MEMBERS TO SERVE ON THE BOARD OF TRUSTEES ONE AS TRUSTEE WITH FULL VOTING RIGHTS AND THE OTHER AS AN ALTERNATE TRUSTEE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7B | THE HOUSE OF DELEGATE MEMBERS MAY OVERRIDE BOARD OF TRUSTEE ACTION ON PRIORITIZATION OF FUNDING A HOUSE DIRECTIVE WITH A TWO- THIRDS VOTE OF THE DELEGATES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | FORM 990 AND ALL RELATED SCHEDULES ARE REVIEWED BY THE SOCIETY'S TAX ADVISORS AT CBIZ MHM, LLC IN ADDITION, A DETAILED SLIDE PRESENTATION IS MADE TO THE SOCIETY'S COMMITTEE ON FINANCE WHICH HIGHLIGHTS THE MAJOR PROVISIONS OF THE FORM AND OTHER GENERAL INFORMATION IN REGARD TO THE FORM 990 FILING AND THE TAX RESPONSIBILITIES OF NON-PROFIT ORGANIZATIONS A SUMMARIZED SLIDE PRESENTATION IS THEN PRESENTED TO THE SOCIETY'S BOARD OF TRUSTEES A COMPLETE COPY OF FORM 990, AS FILED WITH THE INTERNAL REVENUE SERVICE, IS THEN PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE SOCIETY'S CONFLICT OF INTEREST POLICY APPLIES TO ITS EMPLOYEES, INCLUDING THOSE MEETING THE DEFINITION OF KEY EMPLOYEES. IT ALSO APPLIES TO THOSE SERVING IN THE CAPACITY OF AN OFFICER, DIRECTOR, OR TRUSTEE. NEW EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST AND DISCLOSURE STATEMENT UPON BEING HIRED. EMPLOYEES ARE ALSO REQUIRED TO CERTIFY YEARLY THAT THEY CONTINUE TO BE IN COMPLIANCE WITH THIS POLICY. BOARD MEMBERS ARE ALSO REQUIRED TO READ AND SIGN A CONFIRMATION OF COMPLIANCE WITH THE MASSACHUSETTS MEDICAL SOCIETY CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AT THE FIRST MEETING IN JUNE. SUBSEQUENT REVIEW AND NOTICE IS MADE AT THE SECOND MEETING FOR THOSE THAT HAVE NOT YET COMPLIED WITH THE REQUIREMENT. FURTHER REVIEW AND NOTICE IS ISSUED AT THE INTERIM HOUSE OF DELEGATES MEETING IN THE FALL FOR THOSE THAT HAVE NOT YET SUBMITTED THEIR CONFIRMATION OF COMPLIANCE FOR THE YEAR. THE SOCIETY'S EXECUTIVE VICE PRESIDENT MUST REPORT IN HER ANNUAL REPORT ON OVERALL BOARD OF TRUSTEE CONFLICT OF INTEREST COMPLIANCE RATES. ALL NEW BOARD MEMBERS ARE INVITED TO AN ORIENTATION AND THE POLICY IS COVERED IN THAT ORIENTATION. ALL BOARD MEMBERS ARE INVITED TO AN ORIENTATION PROGRAM EVERY THREE YEARS WHERE THE CONFLICT OF INTEREST POLICY IS REVIEWED. DETERMINATION AND REVIEW FOR OFFICERS, DIRECTORS, AND TRUSTEES, RELATIVE TO CONFLICT OF INTEREST ARE AT THE BOARD OF TRUSTEES LEVEL. DETERMINATION AND REVIEW OF EMPLOYEES ARE ADDRESSED THROUGH THE SOCIETY'S EXECUTIVE VICE PRESIDENT. EXECUTIVE VICE PRESIDENT CONFLICTS ARE ADDRESSED THROUGH THE SOCIETY'S PRESIDENT. ACTIONS AND RESTRICTIONS RELATIVE TO NON-COMPLIANCE WITH THE POLICY ARE AS FOLLOWS: FOR TRUSTEES, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THOSE PRESENT WHETHER THE TRUSTEE MAY CONTINUE TO PARTICIPATE IN AND VOTE ON THE MATTER. SUCH A VOTE SHALL BE DISPOSITIVE. FOR OFFICERS, THE PRESIDENT, PRESIDENT-ELECT, AND VICE PRESIDENT SHALL DETERMINE BY CONSENSUS, NOT COUNTING THE DISCLOSING OFFICER, WHETHER THE OFFICER MAY CONTINUE TO PARTICIPATE IN THE MATTER. IF THE OFFICERS CANNOT REACH CONSENSUS THE MATTER SHALL BE DECIDED BY A MAJORITY VOTE OF THE PRESIDENT, PRESIDENT-ELECT, VICE PRESIDENT AND SECRETARY/TREASURER NOT COUNTING THE DISCLOSING OFFICER. THE OFFICERS VOTE SHALL BE DISPOSITIVE IN THE MATTER.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>COMPENSATION FOR SENIOR LEADERSHIP IS REVIEWED BY THE COMMITTEE ON ADMINISTRATION AND MANAGEMENT AND THE COMPENSATION SUB-COMMITTEE, COMPENSATION FOR THE EVP IS ALSO APPROVED BY THE BOARD OF TRUSTEES AS PART OF THE REVIEW AND APPROVAL PROCESS, THE SOCIETY WORKS WITH AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM THAT PROVIDES DATA FOR COMPARABLE POSITIONS THE DELIBERATIONS AND DECISIONS WERE DOCUMENTED CONTEMPORANEOUSLY THIS PROCESS APPLIES TO THE FOLLOWING POSITIONS EXECUTIVE VICE PRESIDENT VICE PRESIDENT OF FINANCE VICE PRESIDENT OF PUBLISHING EDITOR-IN-CHIEF OFFICERS COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT, VICE PRESIDENT OF FINANCE, VICE PRESIDENT OF PUBLISHING, AND EDITOR-IN-CHIEF IS REVIEWED ANNUALLY AND WAS REVIEWED DURING FY2017 THE BOARD OF TRUSTEES (BOT) DIRECTS THE COMMITTEE ON FINANCE (COF) TO CONDUCT A REVIEW OF OFFICER'S HONORARIA PERIODICALLY AND ON A REGULAR THREE-YEAR SCHEDULE IN CONJUNCTION WITH THE BUDGETING PROCESS PER THE COF DIRECTIVE, AND FUNCTIONING AS AN INDEPENDENT COMMITTEE, THE COF CONTRACTS WITH AN OUTSIDE INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM TO PROVIDE A REVIEW OF COMPLIANCE ISSUES ASSOCIATED WITH OFFICER COMPENSATION AND RELEVANT MARKET INFORMATION TO ASSIST IN DETERMINING ALIGNMENT WITH MARKET PRACTICE TO ESTABLISH COMPENSATION REASONABLENESS A REVIEW WAS CONDUCTED IN JANUARY, 2016</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE MASSACHUSETTS MEDICAL SOCIETY DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THE SOCIETY DOES NOT MAKE ITS FINANCIAL STATEMENTS OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC EXCEPT AS DISCLOSED WITHIN ITS FORM 990 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | EDITOR AND AUTHOR FEES 3,136,844 CONTRACT LABOR AGENCY FEES 2,357,587 CONFERENCE CENTER MGT & ADMIN FEES 1,547,337 CONSULTANTS/CONTRACT SERVICES (PRODUCT SUPPPORT) 4,193,537 CO NSULTANTS 3,966,802 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | PENSION LIABILITY ADJUSTMENT -2,136,890 CHANGE IN UNREALIZED GAIN ON DERIVATIVE INSTRUMENT 452,409 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) MMS WINTER STREET LLC 860 WINTER STREET WALTHAM, MA 024511411 04-3384431 | PROPERTY | DE | 5,000,000 | 32,995,012 | MASSACHUSETTS MEDICAL SOCIETY |
| (2) MMS LOT 2 LLC 860 WINTER STREET WALTHAM, MA 024511411 04-3500736 | PROPERTY | DE | 0 | 11,123,108 | MASSACHUSETTS MEDICAL SOCIETY |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Part II 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. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND 860 WINTER STREET WALTHAM, MA 024511411 04-6075905 | MEDICAL STUDENT LOANS | MA | 501(C)(3) | 12, TYPE I | MASSACHUSETTS MEDICAL SOCIETY | Yes | |
| (2) PHYSICIAN HEALTH SERVICES INC 860 WINTER STREET WALTHAM, MA 024511411 22-3234975 | OUTREACH SERVICES | MA | 501(C)(3) | 12, TYPE I | MASSACHUSETTS MEDICAL SOCIETY | Yes | |
| (3) MASSACHUSETTS MEDICAL SOCIETY & ALLIANCE CHARITABLE FOUNDATION 860 WINTER STREET WALTHAM, MA 024511411 22-3199614 | GRANTMAKING | MA | 501(C)(3) | 12, TYPE I | MASSACHUSETTS MEDICAL SOCIETY | Yes | |
| (4) BOSTON MEDICAL LIBRARY 10 SHATTUCK STREET BOSTON, MA 02115 04-2013908 | EDUCATION | MA | 501(C)(3) | 12, TYPE II | MASSACHUSETTS MEDICAL SOCIETY | | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC 860 WINTER STREET WALTHAM, MA 024511411 04-3135954 | INSURANCE | MA | N/A | C | 2,338,115 | 5,619,228 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| | | | | |
|----------|---|-----------|-----|----|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | Yes | |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d | Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| e | Loans or loan guarantees by related organization(s) | 1e | | No |
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o | Sharing of paid employees with related organization(s) | 1o | Yes | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | | No |
| q | Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | Yes | |
| s | Other transfer of cash or property from related organization(s) | 1s | Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 04-2050773
Name: MASSACHUSETTS MEDICAL SOCIETY

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC | A | 87,090 | FAIR MARKET VALUE |
| (1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC | O | 181,251 | COST |
| (2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC | Q | 426,127 | COST |
| (3) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND | A | 137,995 | PROMISSORY NOTE |
| (4) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND | D | 4,639,892 | PROMISSORY NOTE |
| (5) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND | R | 400,000 | PROMISSORY NOTE |
| (6) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND | S | 631,250 | PROMISSORY NOTE |
| (7) PHYSICIAN HEALTH SERVICES INC | B | 533,000 | FAIR MARKET VALUE |
| (8) PHYSICIAN HEALTH SERVICES INC | Q | 434,201 | COST |
| (9) MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION | B | 185,500 | FAIR MARKET VALUE |