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Short Form

Return of Organization Exempt From Income Tax

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 4/1/2015 , and ending 3/31/2016		C Name of organization MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT Number and street (or P O box, if mail is not delivered to street address) 10 CARLTON ROAD Room/suite City or town MARBLEHEAD State MA ZIP code 01945 Foreign country name Foreign province/state/county Foreign postal code 																																																											
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		D Employer identification number 04-6290204 E Telephone number 978-998-2062 F Group Exemption Number ► 9253																																																											
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► 		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																											
I Website: ► N/A		J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																											
K Form of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58,639																																																											
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I ► <input checked="" type="checkbox"/>																																																													
SCANNED OCT 25 2016 Revenue Expenses Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;"> 1 Contributions, gifts, grants, and similar amounts received </td> <td style="width: 10%; vertical-align: top; padding: 5px;"> 1 5,000 </td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3 51,275</td> </tr> <tr> <td>4 Investment income</td> <td>4 2,364</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a </td> </tr> <tr> <td> b Less: cost or other basis and sales expenses</td> <td>5b </td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c </td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td>6d </td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a </td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b </td> </tr> <tr> <td> c Less: direct expenses from gaming and fundraising events</td> <td>6c </td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d </td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a </td> </tr> <tr> <td> b Less: cost of goods sold</td> <td>7b </td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c </td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9 58,639</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10 8,000</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12 14,000</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13 6,110</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15 1,382</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16 17,553</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17 47,045</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18 11,594</td> </tr> <tr> <td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td> <td>19 149,719</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20 -391</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21 160,922</td> </tr> </table>			1 Contributions, gifts, grants, and similar amounts received	1 5,000	2 Program service revenue including government fees and contracts	2	3 Membership dues and assessments	3 51,275	4 Investment income	4 2,364	5a Gross amount from sale of assets other than inventory	5a 	b Less: cost or other basis and sales expenses	5b 	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 	6 Gaming and fundraising events	6d 	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 	c Less: direct expenses from gaming and fundraising events	6c 	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 	7a Gross sales of inventory, less returns and allowances	7a 	b Less: cost of goods sold	7b 	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 	8 Other revenue (describe in Schedule O)	8	9 Total revenue. 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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

G7 10

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	149,719	22 160,922
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	149,719	25 160,922
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,719	27 160,922

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE ATTACHED STATEMENT

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)		► <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SUSAN MOYNIHAN				
PRESIDENT	Hr/WK 5 00	6,000		
RONALD NEWMAN				
TREASURER	Hr/WK 2 00	2,000		
SANJAY AURORA				
PRESIDENT-ELECT	Hr/WK 2 00	2,000		
MICHAEL GOLDSTEIN				
SECRETARY	Hr/WK 2 00	2,000		
KEITH NOBIL				
TRUSTEE	Hr/WK 2.00	2,000		
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

34	X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
35b	
35c	X

36	X
37a	
37b	

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37b	
38a	X
38b	

b Did the organization file Form 1120-POL for this year?

39a	
39b	
40a	

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

40b	
40c	
40d	

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

40e	X
41	
42a	

39 Section 501(c)(7) organizations Enter.

42b	
42c	
43	

a Initiation fees and capital contributions included on line 9

42d	
43a	
43b	

b Gross receipts, included on line 9, for public use of club facilities

43c	
43d	
43e	

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►

43f	
44a	
44b	

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.

44c	
44d	
44e	

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

44f	
45a	
45b	

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization.

45c	
45d	
45e	

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

45f	
46a	
46b	

41 List the states with which a copy of this return is filed ►

46c	
46d	
46e	

42 a The organization's books are in care of ► MICHAEL GOLDSTEIN

Telephone no ► 978-998-2062

Located at ► 10 CARLTON ROAD City MARBLEHEAD ST MA ZIP + 4 ► 01945

46f	
47a	
47b	

b 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)?

47c	
47d	
47e	

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

47f	
48a	
48b	

c At any time during the calendar year, did the organization maintain an office outside the U S ?

If "Yes," enter the name of the foreign country: ►

48c	
48d	
48e	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

48f	
49a	
49b	

and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

49c	
49d	
49e	

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

49f	
50a	
50b	

c Did the organization receive any payments for indoor tanning services during the year?

50c	
50d	
50e	

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

50f	
51a	
51b	

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

51c	
51d	
51e	

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

51f	
52a	
52b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48		

49 a Did the organization make any transfers to an exempt non-charitable related organization?

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a		

b If "Yes," was the related organization a section 527 organization?

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

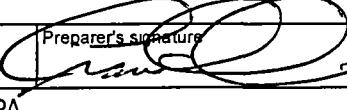
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		9/30/2016	
		Signature of officer	Date
	► MICHAEL GOLDSTEIN, M.D., TREASURER		
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	FRANCIS G CHASE, CPA		8/9/2016		P00503880
	Firm's name ► FRANCIS G CHASE, CPA				Firm's EIN ► 46-1386142
	Firm's address ► 50 MAIN STREET, #301, NORTH READING, MA 01864				Phone no 978-664-0130

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

04-6290204

Form 990-EZ, Part I, Line 16, Other Expenses. DELEGATE MEETINGS & MMS ANNUAL MEETING: 16,803

Form 990-EZ, Part I, Line 16, Other Expenses. DONATIONS: 750

Form 990-EZ, Part I, Line 20, Net Assets. UNREALIZED LOSSES: -391

Form 990-EZ, Part V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS. THE ORGANIZATION DID

NOT, DURING THE YEAR, RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

04-6290204