Form 990-EZ
Short Form
Return of Organization Exempt From Income Tax

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Name of organization

THE MASTOCYTOSIS SOCIETY INC

C Employer identification number

52-1959601

D Telephone number

(508) 842-3080

E Number of contributors

F Number of paid employees

G Accounting Method: [X] Accrual

H Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c)(4) [ ] 501(c)(6) [ ] 501(c)(19) [ ] 4947(a)(1) or [ ] 527

Website: WWW.TMSFORCURE.ORG

I Name of organization

J Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

K Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, fill out Form 990-EZ instead of Form 990-PF.

Net assets or fund balances (see the instructions for Part I)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5b)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $15,000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5b, 6d, 7c, and 8

Expenses

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

2017.02050 THE MASTOCYTOSIS SOCIETY IN 12542

Form 990-EZ (2017)
### Part II Balance Sheets (see the instructions for Part II)

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings, and investments</td>
<td></td>
</tr>
<tr>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>Other assets (describe in Schedule O)</td>
<td>343,287</td>
</tr>
<tr>
<td>Total assets</td>
<td>343,287</td>
</tr>
<tr>
<td>Total liabilities (describe in Schedule O)</td>
<td>8,781</td>
</tr>
<tr>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>334,506</td>
</tr>
</tbody>
</table>

### 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 (X)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization’s primary exempt purpose? SEE SCHEDULE O

THE ANNUAL MEETING BRINGS TOGETHER MEDICAL PROFESSIONALS AND MEMBERS TO LEARN HOW TO DEAL WITH THE MAST CELL ISSUE

<table>
<thead>
<tr>
<th>Grants $</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. If this amount includes foreign grants, check here</td>
<td>28a</td>
</tr>
<tr>
<td>2.584</td>
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</tbody>
</table>

HAVE REPRESENTATIVES PRESENTING INFORMATION TO PHYSICIANS ATTENDING AAAAI, ACAAI, PEDIATRIC AND ASH CONFERENCES

<table>
<thead>
<tr>
<th>Grants $</th>
<th></th>
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<tbody>
<tr>
<td>1. If this amount includes foreign grants, check here</td>
<td>29a</td>
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<td>41,725</td>
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</tbody>
</table>

OTHER PROGRAM SERVICES (DETAILED IN SCHEDULE O)

<table>
<thead>
<tr>
<th>Grants $</th>
<th></th>
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<tbody>
<tr>
<td>1. If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
<tr>
<td>31a</td>
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</tbody>
</table>

Total program service expenses (add lines 28a through 31a) 32 |

44,309

### Part IV List of Officers, Directors, Trustees, and Key Employees

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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALERIE SLES</td>
<td>CHAIRMAN</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
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<tr>
<td>RITA BARLOW</td>
<td>VICE-CHAIRMAN</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
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<tr>
<td>PATRICIA BRAGGIO</td>
<td>DIRECTOR</td>
<td>0.00</td>
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<tr>
<td>GAIL BARBARA</td>
<td>SECRETARY</td>
<td>20.00</td>
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<td>0</td>
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<tr>
<td>BONNIE SICA</td>
<td>TREASURER</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
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<tr>
<td>STACY SHELDON</td>
<td>BOARD MEMBER</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
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<tr>
<td>JAN HEMPHSTEAD</td>
<td>BOARD MEMBER</td>
<td>20.00</td>
<td>0</td>
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<tr>
<td>COURTNEY RABB</td>
<td>BOARD MEMBER</td>
<td>20.00</td>
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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: 33  
No: 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). 

Yes: 34  
No: X

35a 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)? 

Yes: 35a  
No: X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 

Yes: 35b  
No: N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 

Yes: 35c  
No: X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 

Yes: 36  
No: X

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

Yes: 37a  
No: X

b Did the organization file a Schedule E for this year? 

Yes: 37b  
No: X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any other organization? If "Yes," complete Schedule L, Part II and enter the total amount involved. 

Yes: 38a  
No: N/A

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

a. Initiation fees and capital contributions included on line 9, 

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

c. Amount of gross receipts from activities, if any, not included on line 9, 

d. Amount of gross receipts shown on any prior return, 

e. Amount of gross receipts excluded from gross receipts shown on line 9, if any, 

Yes: 39  
No: N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4947. 

Yes: 40a  
No: N/A

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 C, Part II. 

Yes: 40b  
No: X

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. 

Yes: 40c  
No: N/A

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

Yes: 40d  
No: N/A

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. 

Yes: 40e  
No: X

41 List the states with which any return is filed. 

MD, CA, FL, MA, NY

42a The organization's books are in care of: 

VALERIE SLEE  
Telephone no: (508) 842-3080 
Located at: PO BOX 416, STERLING, MA 01564

Yes: 42a  
No: X

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)? 

Yes: 42b  
No: X

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). 

Yes: 42c  
No: X

43 Section 4947(a)(1) non-exempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 

Yes: 43  
No: N/A

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

Yes: 44a  
No: X

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. 

Yes: 44b  
No: X

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

Yes: 44c  
No: X

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. 

Yes: 44d  
No: X

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

Yes: 45a  
No: X

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). 

Yes: 45b  
No: X
48 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
   [ ] Yes    [X] No

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
   [ ] Yes    [X] No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
   [X] Yes    [ ] No

49a Did the organization make any transfers to an exempt non-charitable related organization?
   [ ] Yes    [X] No

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.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Recognized compensation (Form 1099-MISC)</th>
<th>(d) Health benefits, contributions to employees’ taxable qualified retirement plans, or compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

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.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
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</table>

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
   [X] 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.

Valerie Slee, Chair - Board of Directors

Signature or Corporate Seal

Date

Paid Preparer Use Only

Print or type preparer’s name

[ ] Preparer’s signature

Tax Year

Check [ ] if self-employed

PTIN

90332603

Firm’s EIN

04-3027605

Firm’s address

1330 Boylston Street

CHESTNUT HILL, MA 02467-2111

Phone no. (617) 731-1222

May the IRS discuss this return with the preparer shown above? See instructions

[ ] Yes    [ ] No

Form 990-EZ (2017)