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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Massachusetts Medical Society

Doing Business As
Same as Above

Number and street (or P O box if mail is not delivered to street address) | Room/suite
860 Winter Street

City or town, state or country, and ZIP + 4
Waltham, MA 024511411

D Employer identification number
04-2050773

E Telephone number
(781) 893-4610

G Gross receipts $ 193,360,588

F Name and address of Principal Officer
Corinne Broderick
860 Winter Street
Waltham, MA 024511411

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 9253

I Tax-exempt status ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www massmed org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1781

M State of legal domicile MA

Part I Summary

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

THE PURPOSE OF THE MASSACHUSETTS MEDICAL SOCIETY SHALL BE TO DO ALL THINGS AS MAY BE NECESSARY & APPROPRIATE TO ADVANCE MEDICAL KNOWLEDGE, TO DEVELOP & MAINTAIN THE HIGHEST PROFESSIONAL & ETHICAL STANDARDS OF MEDICAL PRACTICE & HEALTH CARE, & TO PROMOTE MEDICAL INSTITUTIONS FORMED ON LIBERAL PRINCIPLES FOR THE HEALTH, BENEFIT & WELFARE OF THE CITIZENS OF THE COMMONWEALTH

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	468
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	20,781,582
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-985,852

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	80,192,546	76,869,641
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,803,664	-14,330,434
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,886,005	22,608,297
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,882,215	85,147,504
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	988,231	878,498
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	43,607,150	44,707,376
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	58,944,637	57,614,669
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	103,540,018	103,200,543
19	Revenue less expenses Subtract line 18 from line 12	11,342,197	-18,053,039

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	243,546,767	195,508,110
21	Total liabilities (Part X, line 26)	91,299,926	111,597,191
22	Net assets or fund balances Subtract line 21 from line 20	152,246,841	83,910,919

Part II Signature Block

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

Please Sign Here

****** — Signature of officer — 2010-04-09 — Date

john w burns vice president, finance — Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ Tofias
350 Massachusetts Avenue
Cambridge, MA 02139

EIN ▶

Phone no ▶ (617) 761-0600

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The purpose of the Massachusetts medical society shall be to do all things as may be necessary & appropriate to advance medical knowledge, to develop & maintain the highest professional & ethical standards of medical practice & health care, & to promote medical institutions formed on liberal principles for the health, benefit & 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $)

Publishing Continued support for the implementation of the NEJM Remix project of online presence including deployment of nejm archive which contains text and page images back to 1812 Established online center to cover the h1n1 flu through research reports, news coverage, health policy, clinical guidance and archival materials Other continuing programs and achievements Publication of the new england journal of medicine and related print publications the provision of online services relative to the new england journal of medicine and its related publications maintaining the highest impact factor of any medical journal published

4b (Code) (Expenses $ including grants of $) (Revenue $)

Educational (CME) continuing medical education experienced a 73% increase in total attendees for the fiscal year ended May 31, 2009 The most significant change occured in the launch of the society's revamped website which included an improved and easier to use online cme section that enables expanded content and new delivery formats such as webinars and podcasts during the fiscal year, 56 different online courses were offered with 2,215 participants the program also received a four year recertification as a provider of cme from the accreditation council for continuing medical education

4c (Code) (Expenses $ including grants of $) (Revenue $)

membership the society's membership has increased by 16% over the four year fiscal period 2006 to 2009 to 22,045 members During fiscal year 2009, the society offered testimony in strong support of two professional liability bills that would create a task force to investigate defensive medical practices including its publication "the investigation of defensive medicine in massachusetts" other key areas of focus during fiscal year 2009 included federal health care overhaul advocacy litigation against the group insurance commission's physician tiering program public health efforts focused on obesity, violence prevention, tobacco cessation and seasonal and h1n1 flu updates physician focus tv special productions on hunger & obesity in addition to regular monthly broadcast installments continued monitoring of more than 1,000 health care-related bills on beacon hill

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ *Must equal Part IX, Line 25, column (B).*

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?	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? *If "Yes," complete Schedule C, Part II*	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	324		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	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	468		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 30		
b	Enter the number of voting members that are independent . .	1b 22		
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 organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

John W Burns
860 Winter Street
Waltham, MA 024511411
(781) 434-7516

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								2,779,266	0	372,342

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 76

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
brown rudnick berlack & Isreals 1 financial center boston, MA 02111	legal	604,857
deloitte tax llp 13943 collection center drive carol stream, IL 60693	tax	530,868
pricewaterhousecoopers po box 3026 boston, MA 02241	auditing	262,332
ed bernard 200 nashoba road concord, MA 01742	copywriting	256,740
rich snow 67 grand street croton on hudson, NY 10520	sales	224,966

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 11

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 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	publishing 511,120	72,345,657	72,345,657		
	b	educational fees 611,710	2,988,532	2,988,532		
	c	membership dues 900,099	1,535,452	1,535,452		
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 76,869,641				
	3	Investment income (including dividends, interest other similar amounts) ▶	4,319,675			4,319,675
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties	1,041,759			1,041,759
		(i) Real / (ii) Personal				
	6a	Gross Rents 784,956				
	b	Less rental expenses				
	c	Rental income or (loss) 784,956				
	d	Net rental income or (loss) ▶	784,956			784,956
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 89,562,975				
	b	Less cost or other basis and sales expenses 108,213,084				
	c	Gain or (loss) -18,650,109				
	d	Net gain or (loss) ▶	-18,650,109			-18,650,109
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 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 *Complete Schedule G if total exceeds $15,000* 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	Advertising 541,800	18,730,385		18,730,385	
	b	business services 561,000	1,575,322		1,575,322	
	c	forms and other income 323,100	161,050		161,050	
	d	All other revenue _____	314,825		314,825	
	e	**Total. Add lines 11a-11d** ▶ $ 20,781,582				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	85,147,504	76,869,641	20,781,582	-12,503,719

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	798,498			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	80,000			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,269,107			
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	31,677,200			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,869,114			
9 Other employee benefits	6,464,665			
10 Payroll taxes	2,427,290			
11 Fees for services (non-employees)				
a Management				
b Legal	125,597			
c Accounting	232,649			
d Lobbying	81,000			
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	952,221			
g Other	5,692,076			
12 Advertising and promotion	20,000			
13 Office expenses	2,812,875			
14 Information technology	1,615,618			
15 Royalties				
16 Occupancy	7,701,048			
17 Travel	1,422,898			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	1,172,718			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,437,064			
23 Insurance	567,491			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a publishing - other prod	18,977,998			
b publishing - marketing/	7,089,225			
c conferencing	2,352,038			
d publishing - editorial	1,595,626			
e dues & memberships	274,170			
f All other expenses	1,492,357			
25 **Total functional expenses.** Add lines 1 through 24f	103,200,543			
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		984,584	1	610,034
	2	Savings and temporary cash investments		14,415,179	2	3,009,676
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,059,013	4	7,416,613
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		5,886,000	7	5,428,500
	8	Inventories for sale or use		909,287	8	779,468
	9	Prepaid expenses and deferred charges		3,636,108	9	1,861,506
	10a	Land, buildings, and equipment cost basis	10a 93,887,631			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 37,916,448	55,309,611	10c	55,971,183
	11	Investments—publicly traded securities		149,988,010	11	119,722,463
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		25,000	12	25,000
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		2,333,975	15	683,667
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		243,546,767	16	195,508,110
Liabilities	17	Accounts payable and accrued expenses		9,300,322	17	8,500,048
	18	Grants payable			18	
	19	Deferred revenue		35,032,145	19	33,709,630
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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		45,690,526	23	42,883,284
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		1,276,933	25	26,504,229
	26	**Total liabilities.** *Add lines 17 through 25*		91,299,926	26	111,597,191
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		152,246,841	27	83,910,919
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		152,246,841	33	83,910,919
	34	Total liabilities and net assets/fund balances		243,546,767	34	195,508,110

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c	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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- 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," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Massachusetts Medical Society	04-2050773

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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 **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
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 Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) 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 c through i)?			
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 other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total 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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $	2,362,037
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***		
a	Current Year	2a $	552,607
b	Carryover from last year	2b $	20,908
c	Total	2c $	573,515
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $	590,509
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 (line 2c total minus 3 and 4)	5 $	-16,994

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	125,946,879				
b	Contributions	3,155				
c	Investment earnings or losses	-30,165,782				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	95,784,252				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		16,788,125		16,788,125
b Buildings		36,575,517	12,365,397	24,210,120
c Leasehold improvements		2,470,550	1,153,998	1,316,552
d Equipment		15,945,227	13,931,978	2,013,249
e Other		22,108,212	10,465,075	11,643,137
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				55,971,183

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
deferred compensation	342,756
unfunded pension liability	26,161,473
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	26,504,229

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,147,504
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	103,200,543
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,053,039
4	Net unrealized gains (losses) on investments	4	-23,168,522
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-27,492,989
9	Total adjustments (net) Add lines 4 - 8	9	-50,661,511
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-68,714,550

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

1	Total revenue, gains, and other support per audited financial statements			1	99,477,942
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	99,477,942
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	952,221		
b	Other (Describe in Part XIV)	4b	-15,282,659		
c	Add lines **4a** and **4b**			4c	-14,330,438
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	85,147,504

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	152,909,837
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	50,661,515		
e	Add lines **2a** through **2d**			2e	50,661,515
3	Subtract line **2e** from line **1**			3	102,248,322
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	952,221		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	952,221
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	103,200,543

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Board designated to ensure the long-term financial health of the society
Part XI, Line 8 - Other Adjustments		pension liability adjustment -25860482 unrealized loss on derivative instrument -1632507
Part XII, Line 4b - Other Adjustments		investment income, net of realized losses -15282659
Part XIII, Line 2d - Other Adjustments		unrealized loss on marketable securities 23168526 pension liability adjustment 25860482 unrealized loss on derivative instrument 1632507

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

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 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(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 in region
Europe	0	0	Unrelated Business		4,849,463
europe	0	0	Program Service	Sales of Subscriptions	
europe	0	0	Program Service	Sales of bulk reprints	
East asia and the pacific	0	0	Unrelated business		1,197,460
east asia and the pacific	0	0	program service	sales of subscriptions	
east asia and the pacific	0	0	program service	sales of bulk reprints	
north america	0	0	unrelated business		3,592,591
north america	0	0	program service	sales of subscriptions	
north america	0	0	program service	sales of bulk reprints	
Totals . . . . ▶					9,639,514

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country 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. Use Schedule F-1 (Form 990) 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)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
Schedule F, Part IV	Other Information	Part I, Line 3, Column (f), Accounting method for expenditures Expenditures are reported on an accrual basis

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2050773
Name: Massachusetts Medical Society

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(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
Boston lobster llc75 cambridge parkway suite w1206 cambridge, MA 02142			25,000		Not Applicable	Not Applicable	Kids clinic
Mass Insight Corporation18 tremont st suite 930 boston, MA 02108	04-3369687	501(c)(3)	7,500		Not Applicable	Not Applicable	Conference Support
United Way of Mass Bay51 sleeper st boston, MA 022101208	04-2382233	501(c)(3)	11,000		Not Applicable	Not Applicable	Community action
mitss830 boylston st suite 206 chestnut hill, MA 02467	68-0509491	501(c)(3)	10,000		Not Applicable	Not Applicable	health support
mms & alliance charitable fund860 winter street waltham, MA 024511411	22-3199624	501(c)(3)	55,100		Not Applicable	Not Applicable	community action
mms alliance860 winter street waltham, MA 024511411	23-7055291	501(c)(6)	25,500		Not Applicable	Not Applicable	health education
mass Society for medical research73 princeton st suite 311 north chelmsford, MA 01863	04-2770981	501(c)(3)	10,000		Not Applicable	Not Applicable	medical research
physician health services 860 winter street waltham, MA 024511411	22-3234975	501(c)(3)	498,000		Not Applicable	Not Applicable	abuse treatment

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 6

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
medical student grants	8	80,000		Not Applicable	Not Applicable

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Amounts listed in part II are general unrestricted contributions and not grants amounts qualifying as grants are reported in part III of schedule I 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 their decision

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Massachusetts Medical Society

Employer identification number
04-2050773

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
corinne broderick	(i)	372,772		82,437	35,328	23,552	514,089	188,346
	(ii)							
John W Burns	(i)	202,444		62,978	23,199	15,643	304,264	113,219
	(ii)							
Jeffrey M Drazen MD	(i)	446,389		79,052	40,386	18,023	583,850	
	(ii)							
Christopher R Lynch	(i)	301,717		57,887	28,644	26,777	415,025	
	(ii)							
robert s schwartz md	(i)	287,499		16,550	27,826	10,628	342,503	
	(ii)							
arthur p wilschek	(i)	168,658	104,448	20,350	19,367	26,516	339,339	
	(ii)							
gregory curfman md	(i)	290,988		39,850	29,012	22,442	382,292	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	first class rail travel was provided for dr curfman to attend a conference in new york city there was no available coach or business class seating available first class travel was permitted and approved in order for dr curfman to meet this obligation
	Part I, Line 4a	Part I, Line 4b Richard S Pieters, M D $5,208 contribution Richard V Aghababian, M D $14,583 contribution Deanna P Ricker, M D $5,208 contribution Corinne Broderick $15,500 contribution Jeffrey Drazen, M D $15,500 contribution John W Burns $15,500 contribution Gregory Curfman, M D $15,500 contribution

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Massachusetts Medical Society

Employer identification number
04-2050773

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
vanessa kenealy	family member of James Kenealy, M D , trustee	32,436	Independent contractor		No
Physicians insurance agency of massachusetts inc	for profit subsidiary	643,538	Rent & reimbursed expenses		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Massachusetts Medical Society

Employer identification number
04-2050773

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Bruce auerbach, m d has a business relationship w ith mms trustees, drs kenneth heisler, deanna ricker, erw in stuebner and ronald dunlap by sitting on the board of promutual bruce auerbach, m d has a family relationship w ith mms trustee robin s richman, m d as his w ife richard pieters, m d has a family relationship w ith mms alternate trustee edith m jolin, m d as his w ife alan w oodw ard, m d a trustee and stephen metz, m d an alternate trustee have a business relationship as directors of the massachusetts medical society and alliance charitable foundation svend bruun, m d an alternate trustee, judd kline, m d an alternate trustee and john burns, key employee, have a business relationship as directors of physician's insurance agency of massachusetts

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		district society members elect tw o of their numbers to serve as trustee and alternate, respectively, of the board of trustees the house of delegate members may override board of trustee action on prioritization of funding a house directive w ith a tw o-thirds vote of the delegates the organization's governing document is silent relative to distribution of the organization's profits, excess dues, or a share of the net assets upon the organization's dissolution

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		district society members elect tw o of their numbers to serve as trustee and alternate respectively of the board of trustees

Identifier	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 w ith a tw o-thirds vote of the delegates

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		form 990 and all related schedules are review ed by the tax advisory firm cbiz tofias in addition a slide presentation is made to the society's committee on finance w hich highlights the major provisions of the form and other general information in regard to the form 990 filing and the responsibilities of non-profit organizations an additional slide presentation is then presented to the society's board of trustees prior to the filing of Form 990 A complete copy of Form 990 and all related schedules as filed w ith the internal revenue service is provided to the members of the board of trustees in electronic form and available to them in a passw ord-protected section of the society's w ebsite board of trustee members are notified of this posting by email and provided a link to the passw ord-protected site prior to the filing of the form

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		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 (at the time of their annual review) that they continue to be in compliance w ith this policy board members are also required to read and sign a confirmation of compliance w ith 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 w ith 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 form the society's executive vice president must report in her annual report on overall board of trustees conflict of interest compliance rates determination and review for officers, directors and trustees relative to conflicts of interest are at the board of trustees level determination and review for employees, including key employees, are addressed through the society's executive vice president executive vice president conflicts are addressed through the society's president Actions and restictions relative to non-compliance w ith the policy are as follow s for trustees, the board shall determine by a majority vote of those present w hether 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, w hether the officer may continue to participate in the matter if these 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 manner

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The follow ing office/position compensation w as based on review and approval by the governing body and compensation committee, use of data as to comparable compensation for similarly qualified positions in functionally comparable positions at similarly situated organizations and w ith contemporaneous documentation and recordkeeping w ith respect to deliberations and decisions regarding the compensation agreement Executive vice president officers vice president of finance 2009 is the last year for w hich compensation review s w ere conducted

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the massachusetts medical society does not make its conflict of interest policy, financial statements, or governing documents available to the public except as disclosed w ithin its form 990

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Line 2 (5),(6)		Masspro (a w holly ow ned subsidiary of the massachusetts medical society) redeemed all of its outstanding stock from the massachusetts medical society in consideration for an unsecured promissory note w ith a face amount of $600,000 payable over an 11 year term and a 19% ow nership interest in its subsidiary VSI the transaction closed in june 2008 during fiscal year 2009, the massachusetts medical society recorded a reserve of $600,000 against the face value of the promissory note as the full amount w as determined to be uncollectable as of may 31, 2009 subsequent to fiscal year 2009, in june, the massachusetts medical society collected approximately $180,000 from masspro w hich w as recorded in fiscal year 2010

Identifier	Return Reference	Explanation
Form 990, Part IV, Line 12		The society prepares consolidated financial statements which include the accounts of affiliated entities The consolidated financial statements for massachusetts medical society and affiliates are audited by an independent accounting firm Stand-alone financial statements for massachusetts medical society are not issued

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b		The society prepares consolidated financial statements which include the accounts of affiliated entities The consolidated financial statements for massachusetts medical society and affiliates are audited by an independent accounting firm Stand-alone financial statements for massachusetts medical society are not issued

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Massachusetts Medical Society

Employer identification number
04-2050773

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
mms winter street llc 860 winter street waltham, MA 02451 04-3384431	property	DE	5,000,000	42,430,577	N/A
MMs Lot 2 LLC 860 winter street Waltham, MA 02451 04-3500736	property	DE	784,956	11,946,242	N/A

Part II Identification of Related Tax-Exempt Organizations

(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
Massachusetts medical society charitable and educational fund 860 winter street waltham, MA02451 04-6075905	medical student loans	MA	501(c)(3)	11, Type I	N/A
Physician health services inc 860 winter street waltham, MA02451 22-3234975	Outreach services	MA	501(c)(3)	11, Type I	N/A
Massachusetts medical society & alliance charitable foundation 860 winter street waltham, MA02451 22-3199624	grantmaking	MA	501(c)(3)	11, Type I	N/A
Massachusetts peer review organization inc 245 winter street waltham, MA02451 04-2920849	health care info	MA	501(c)(6)		N/A

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
Physician's insurance agency of massachusetts inc 860 winter street waltham, MA02451 04-3135954	insurance	MA	N/A	C	2,076,689	2,428,042	100 000 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	physician's insurance agency of massachusetts inc	A	89,324
(2)	physician's insurance agency of massachusetts inc	M	0
(3)	physician's insurance agency of massachusetts inc	P	393,708
(4)	physician's insurance agency of massachusetts inc	N	160,506
(5)	Massachusetts peer review organization inc (see sch o for detail)	Q	600,000
(6)	massachusetts peer review organization inc (see sch o for detail)	R	0

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2050773
Name: Massachusetts Medical Society

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	physician's insurance agency of massachusetts inc	A	89,324
(2)	physician's insurance agency of massachusetts inc	M	0
(3)	physician's insurance agency of massachusetts inc	P	393,708
(4)	physician's insurance agency of massachusetts inc	N	160,506
(5)	Massachusetts peer review organization inc (see sch o for detail)	Q	600,000
(6)	massachusetts peer review organization inc (see sch o for detail)	R	0

Additional Data

Software ID:
Software Version:
EIN: 04-2050773
Name: Massachusetts Medical Society

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
bruce s auerbach MD , President	20 00	X		X				93,133	0	0
Mario E Motta MD , President-elect	12 00	X		X				0	0	0
Alice AT Coombs MD , Vice President	12 00	X		X				34,405	0	0
Richard V Aghababian M , Secretary-Treasurer	12 00	X		X				10,417	0	14,583
Deanna P Ricker MD , Assistant Secretary-Trea	4 00	X		X				2,083	0	5,208
James S Gessener MD , Chair, Finance	30	X						0	0	0
B Dale Magee MD MS , Immediate Past President	30	X						72,917	0	0
Mary Kay Albert , Alliance President	30	X						0	0	0
Anna A Manatis MD , Trustee	30	X						0	0	0
Rebecca L Johnson MD , Trustee	30	X						0	0	0
Kathleen A Hoye MD , Trustee	30	X						0	0	0
Barry Steinberg MD , trustee	30	X						0	0	0
Hubert I Caplan MD , trustee	30	X						0	0	0
Vincent J Russo MD , trustee	30	X						0	0	0
Alain A Chaoui MD , trustee	30	X						0	0	0
william f doyle md , trustee	30	X						0	0	0
mark s sherman md , trustee	30	X						0	0	0
james r ralph md , trustee	30	X						0	0	0
robin s richman md , trustee	30	X						0	0	0
alan c woodward md , trustee	30	X						0	0	0
purnima r sangal md , trustee	30	X						0	0	0
james fx kenealy md , trustee	30	X						0	0	0
stuart b mushlin md , trustee	30	X						0	0	0
ronald dunlap md , trustee	30	X						0	0	0
charles t smallwood jr , trustee	30	X						0	0	0
cyrus c hopkins md , trustee	30	X						0	0	0
james b broadhurst md , trustee	30	X						0	0	0
robert b coit md , trustee	30	X						0	0	0
Kenneth A Heisler MD , aLTERNATE trustee	30	X						0	0	0
erwin a stuebner jr , altERNATE trustee	30	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
asha p wallace md , altERNATE trustee	30	X						0	0	0
nasir a khan md , altERNATE trustee	30	X						0	0	0
william a cook md , altERNATE trustee	30	X						0	0	0
keith c nobil md , altERNATE trustee	30	X						0	0	0
douglas p fusonie md , altERNATE trustee	30	X						0	0	0
stephen a metz md , altERNATE trustee	30	X						0	0	0
katherine j atkinson m , altERNATE trustee	30	X						0	0	0
corole e allen md , altERNATE trustee	30	X						0	0	0
thomas a lamattina md , altERNATE trustee	30	X						0	0	0
joseph c bergeron md , altERNATE trustee	30	X						0	0	0
judd l kline md , altERNATE trustee	30	X						0	0	0
francis x rockett md , altERNATE trustee	30	X						0	0	0
ann loudermilk md , altERNATE trustee	30	X						0	0	0
edith m jolin md , altERNATE trustee	30	X						0	0	0
charles a welch md , altERNATE trustee	30	X						0	0	0
lynda m young md , altERNATE trustee	30	X						0	0	0
svend w bruun jr md , altERNATE trustee	30	X						0	0	0
JESSE M EHRENFELD MD , Resident	30	X						0	0	0
MATTHEW J GRIERSON , Student	30	X						0	0	0
manish k sethi md , alternate resident	30	X						0	0	0
john m fallon md , alternate student	30	X						0	0	0
corinne broderick , executive vice president	50 00	X		X				455,209	0	58,880
Lee S Perrin MD , Speaker	3 00			X				25,000	0	0
Richard S Pieters MD , Vice Speaker	3 00			X				7,292	0	5,208
John W Burns , Vice President, Finance	50 00			X				265,422	0	38,842
Jeffrey M Drazen MD , Editor-in-chief	50 00					X		525,441	0	58,409
Christopher R Lynch , Vice president, publishi	50 00					X		359,604	0	55,421
robert s schwartz md , deputy editor	50 00					X		304,049	0	38,454
arthur p wilschek , ex dir worldwide ad sa	50 00					X		293,456	0	45,883
gregory curfman md , executive editor	50 00					X		330,838	0	51,454