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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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)

860 WINTER STREET

Room/suite

City or town, state or country, and ZIP + 4

WALTHAM, MA 024511411

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

J Website:

WWW.MASSMED.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1781

M State of legal domicile

MA

| Part I                                                                                                               | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
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| Activities & Governance                                                                                              | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE PURPOSE OF THE MASSACHUSETTS MEDICAL SOCIETY SHALL BE TO DO ALL THINGS AS MAY BE NECESSARY AND APPROPRIATE TO ADVANCE MEDICAL KNOWLEDGE, TO DEVELOP AND MAINTAIN THE HIGHEST PROFESSIONAL AND ETHICAL STANDARDS OF MEDICAL PRACTICE AND HEALTH CARE, AND TO PROMOTE MEDICAL INSTITUTIONS FORMED ON LIBERAL PRINCIPLES FOR THE HEALTH, BENEFIT AND WELFARE OF THE CITIZENS OF THE COMMONWEALTH</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
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|                                                                                                                      | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
|                                                                                                                      | <table><tr><td><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div></td><td><div><div>3</div><div></div></div></td><td><div><div>30</div><div></div></div></td></tr><tr><td><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div></td><td><div><div>4</div><div></div></div></td><td><div><div>23</div><div></div></div></td></tr><tr><td><div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div></td><td><div><div>5</div><div></div></div></td><td><div><div>434</div><div></div></div></td></tr><tr><td><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div></td><td><div><div>6</div><div></div></div></td><td><div><div>0</div><div></div></div></td></tr><tr><td><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div></td><td><div><div>7a</div><div></div></div></td><td><div><div>26,169,227</div><div></div></div></td></tr><tr><td><div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div></td><td><div><div>7b</div><div></div></div></td><td><div><div>680,042</div><div></div></div></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                          | <div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div> | <div><div>3</div><div></div></div>                         | <div><div>30</div><div></div></div>            | <div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div> | <div><div>4</div><div></div></div>           | <div><div>23</div><div></div></div>          | <div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>       | <div><div>5</div><div></div></div>           | <div><div>434</div><div></div></div>         | <div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>                        | <div><div>6</div><div></div></div>           | <div><div>0</div><div></div></div>           | <div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>             | <div><div>7a</div><div></div></div>          | <div><div>26,169,227</div><div></div></div>  | <div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div> | <div><div>7b</div><div></div></div>         | <div><div>680,042</div><div></div></div>    |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>                  | <div><div>3</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div>30</div><div></div></div>                                                                 |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>      | <div><div>4</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div>23</div><div></div></div>                                                                 |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>       | <div><div>5</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div>434</div><div></div></div>                                                                |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>                                 | <div><div>6</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div>0</div><div></div></div>                                                                  |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>              | <div><div>7a</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div><div>26,169,227</div><div></div></div>                                                         |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>                    | <div><div>7b</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div><div>680,042</div><div></div></div>                                                            |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| Revenue                                                                                                              | <table><tr><td><div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div></td><td><div><div>Prior Year</div><div>0</div></div></td><td><div><div>Current Year</div><div>0</div></div></td></tr><tr><td><div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div></td><td><div><div>76,029,332</div><div></div></div></td><td><div><div>76,929,587</div><div></div></div></td></tr><tr><td><div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div></td><td><div><div>9,348,802</div><div></div></div></td><td><div><div>13,210,144</div><div></div></div></td></tr><tr><td><div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div></td><td><div><div>24,598,686</div><div></div></div></td><td><div><div>28,805,565</div><div></div></div></td></tr><tr><td><div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div></td><td><div><div>109,976,820</div><div></div></div></td><td><div><div>118,945,296</div><div></div></div></td></tr><tr><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>                     | <div><div>Prior Year</div><div>0</div></div>               | <div><div>Current Year</div><div>0</div></div> | <div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>                                  | <div><div>76,029,332</div><div></div></div>  | <div><div>76,929,587</div><div></div></div>  | <div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>                     | <div><div>9,348,802</div><div></div></div>   | <div><div>13,210,144</div><div></div></div>  | <div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div> | <div><div>24,598,686</div><div></div></div>  | <div><div>28,805,565</div><div></div></div>  | <div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div> | <div><div>109,976,820</div><div></div></div> | <div><div>118,945,296</div><div></div></div> |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>                                      | <div><div>Prior Year</div><div>0</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <div><div>Current Year</div><div>0</div></div>                                                      |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
| <div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>                                       | <div><div>76,029,332</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div><div>76,929,587</div><div></div></div>                                                         |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
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| Expenses                                                                                                             | <table><tr><td><div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div></td><td><div><div>903,031</div><div></div></div></td><td><div><div>1,468,743</div><div></div></div></td></tr><tr><td><div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div></td><td><div><div>0</div><div></div></div></td><td><div><div>0</div><div></div></div></td></tr><tr><td><div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div></td><td><div><div>47,425,722</div><div></div></div></td><td><div><div>46,451,625</div><div></div></div></td></tr><tr><td><div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div></td><td><div><div>0</div><div></div></div></td><td><div><div>0</div><div></div></div></td></tr><tr><td><div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) <input type="text"/></div></div></td><td></td><td></td></tr><tr><td><div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div></td><td><div><div>49,911,967</div><div></div></div></td><td><div><div>51,403,194</div><div></div></div></td></tr><tr><td><div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div></td><td><div><div>98,240,720</div><div></div></div></td><td><div><div>99,323,562</div><div></div></div></td></tr><tr><td><div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div></td><td><div><div>11,736,100</div><div></div></div></td><td><div><div>19,621,734</div><div></div></div></td></tr></table> | <div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div> | <div><div>903,031</div><div></div></div>                   | <div><div>1,468,743</div><div></div></div>     | <div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>                | <div><div>0</div><div></div></div>           | <div><div>0</div><div></div></div>           | <div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div> | <div><div>47,425,722</div><div></div></div>  | <div><div>46,451,625</div><div></div></div>  | <div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>           | <div><div>0</div><div></div></div>           | <div><div>0</div><div></div></div>           | <div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) <input type="text"/></div></div>    |                                              |                                              | <div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>   | <div><div>49,911,967</div><div></div></div> | <div><div>51,403,194</div><div></div></div> | <div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div> | <div><div>98,240,720</div><div></div></div> | <div><div>99,323,562</div><div></div></div> | <div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div> | <div><div>11,736,100</div><div></div></div> | <div><div>19,621,734</div><div></div></div> |
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| <div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>                    | <div><div>0</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div>0</div><div></div></div>                                                                  |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
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| Net Assets or Fund Balances                                                                                          | <table><tr><td></td><td><div><div>Beginning of Current Year</div><div></div></div></td><td><div><div>End of Year</div><div></div></div></td></tr><tr><td><div><div>20</div><div>Total assets (Part X, line 16)</div></div></td><td><div><div>217,129,606</div><div></div></div></td><td><div><div>255,147,372</div><div></div></div></td></tr><tr><td><div><div>21</div><div>Total liabilities (Part X, line 26)</div></div></td><td><div><div>115,484,407</div><div></div></div></td><td><div><div>116,579,592</div><div></div></div></td></tr><tr><td><div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div></td><td><div><div>101,645,199</div><div></div></div></td><td><div><div>138,567,780</div><div></div></div></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | <div><div>Beginning of Current Year</div><div></div></div> | <div><div>End of Year</div><div></div></div>   | <div><div>20</div><div>Total assets (Part X, line 16)</div></div>                                               | <div><div>217,129,606</div><div></div></div> | <div><div>255,147,372</div><div></div></div> | <div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>                                               | <div><div>115,484,407</div><div></div></div> | <div><div>116,579,592</div><div></div></div> | <div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>                | <div><div>101,645,199</div><div></div></div> | <div><div>138,567,780</div><div></div></div> |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
|                                                                                                                      | <div><div>Beginning of Current Year</div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div><div>End of Year</div><div></div></div>                                                        |                                                            |                                                |                                                                                                                 |                                              |                                              |                                                                                                                      |                                              |                                              |                                                                                                             |                                              |                                              |                                                                                                                     |                                              |                                              |                                                                                                   |                                             |                                             |                                                                                                             |                                             |                                             |                                                                                        |                                             |                                             |
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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.

Sign Here

\*\*\*\*\*

Signature of officer

2012-04-12

Date

CORINNE BRODERICK EXECUTIVE VICE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CRAIG KLEIN

Preparer's signature

CRAIG KLEIN

Date

Check if self-employed

☐

PTIN

Firm's name

CBIZ TOFIAS

Firm's EIN

Firm's address

500 BOYLSTON STREET

BOSTON, MA 02116

Phone no

(617) 761-0600

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ ☒

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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 THE LAUNCHING OF THE NEJM ARCHIVE DREW POSITIVE RESPONSES FROM THE LIBRARY COMMUNITY THE NUMBER OF REGISTRANTS FOR JOURNAL WATCH, A DAILY CLINICAL EMAIL BULLETIN FOR PHYSICIANS REACHED 150,000 AS OF APRIL 2011 NEJM'S INTERACTIVE MEDICAL CASES WON AN EXCELLENCE IN INTERACTIVE INNOVATION AWARD FROM THE MASSACHUSETTS INTERACTIVE TECHNOLOGY EXCHANGE MORE THAN 88,000 INTERACTIVE CASES HAVE BEEN COMPLETED SINCE THIS FEATURE WAS LAUNCHED LESS THAN TWO YEARS AGO MEDICAL MARKETING AND MEDIA MAGAZINE NAMED THE NEW ENGLAND JOURNAL OF MEDICINE ITS "MEDIA BRAND OF THE YEAR" THE NEJM IMAGE CHALLENGE APP FOR THE IPHONE AND IPOD TOUCH WENT LIVE IN DECEMBER 2010 THE APP RANDOMLY SELECTS CHALLENGING CLINICAL PHOTOS PUBLISHED IN NEJM, LETTING USERS TEST THEIR DIAGNOSTIC SKILLS WITH IMMEDIATE FEEDBACK CONTINUED PUBLICATION OF THE NEW ENGLAND JOURNAL OF MEDICINE AND RELATED MEDICAL PUBLICATIONS IN BOTH PRINT AND ELECTRONIC FORMATS

4b

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

EDUCATIONAL THE SOCIETY HOSTED A NUMBER OF IN DEPTH EDUCATION PROGRAMS AND WEBINARS ON PAYMENT AND DELIVERY REFORMS, PROVIDING PHYSICIANS WITH TOOLS TO START ASSESSING THEIR OPTIONS THE SOCIETY EXPANDED ITS EFFORTS TO DEVELOP QUALITY, JOINTLY SPONSORED LIVE, AND ONLINE ACTIVITIES, RESULTING IN AN INCREASE IN PARTICIPATION IN PARTNERED EVENTS THIS EFFORT SAW A 35% INCREASE IN LIVE CME ACTIVITIES, 49% INCREASE IN EVENT ATTENDEES, 59% INCREASE IN ONLINE CME ACTIVITIES AND A 55% INCREASE IN TOTAL EXAMS COMPLETED CME ACTIVITIES INCLUDED TOPICS ON STRATEGIC PAYMENT REFORM, APOLOGY, ADVANCE DIRECTIVES, EMAIL COMMUNICATIONS WITH PATIENTS AND ACCOUNTABLE CARE IN ADDITION TO THE DELIVERY OF EDUCATIONAL ACTIVITIES, THE SOCIETY CURRENTLY ACCREDITS 58 INTRASTATE CME PROVIDERS PUBLIC HEALTH ACTIVITIES WERE FOCUSED ON THE APPROACH TO THE TREATMENT OF VIRAL RESPIRATORY INFECTIONS IN PARTNERSHIPS, THE SOCIETY PRODUCED AND AIRED PATIENT EDUCATION TV ADS AND SENT TOOLKITS TO ALL MASSACHUSETTS PRACTICING PHYSICIANS

4c

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

MEMBERSHIP AS OF MAY 31, 2011 SOCIETY MEMBERSHIP TOTALED 23,274 MEMBERS, A 1.4% INCREASE OVER THE PREVIOUS YEAR SOCIETY SUCCESS IN GROUP ENROLLMENT PROMPTED THE AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES TO RECOGNIZE MMS WITH A 2011 PROFILES IN EXCELLENCE AWARD NEW TOOLS AND RESOURCES WERE OFFERED TO ASSIST PHYSICIANS WITH THEIR CHANGING PRACTICE NEEDS INCLUDING AN EXPANDING LINEUP OF CONTINUING MEDICAL EDUCATION ACTIVITIES, WHITE PAPERS ABOUT ALTERNATIVE PAYMENT AND DELIVERY MODELS, MAXIMIZING OFFICE WORKFLOW, AND HOSTING AND TRANSFERRING EHR'S, EMAIL NEWSLETTERS FOCUSED TO UPDATES ON GOVERNMENT STIMULUS FUNDING, MEANINGFUL USE REQUIREMENTS, AND ALL ASPECTS OF HEALTH INFORMATION TECHNOLOGY AND NUMEROUS ENHANCEMENTS TO MEMBER COMMUNICATION THROUGH SOCIAL MEDIA

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses

\$

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                       | Yes | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                         | 1   | No  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? . . . . .                                                                                                                                          | 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                       | 4   |     |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         | 5   | Yes |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                       | 10  | Yes |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                     |     |     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                              | 11b | No  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                              | 11c | No  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                               | 11d | No  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                              | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.     | 11f | Yes |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                           | 12a | No  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              | 12b | Yes |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                  | 13  | No  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                             | 14a | 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 United States? If "Yes," complete Schedule F, Parts I and IV . . . . .           | 14b | Yes |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV . . . . .                             | 15  | No  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . . .                                 | 16  | No  |
| 17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                     | 17  | No  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                           | 18  | No  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                     | 19  | No  |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                       | 20a | No  |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                  | 20b |     |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                        |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                       | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .            | 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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                  | 25a |     |    |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                          |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                               | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                            | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                              | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                              | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                    | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                  | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                     | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                    | 35  | Yes |    |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                           |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                       | 36  |     |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                         | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                           | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                              |            |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                              |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                              |            |           |
|                                                                                                 |                                                                                                                                                                                                                                                                              | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | <b>1a</b>  | 324       |
| <b>b</b>                                                                                        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | <b>1b</b>  | 0         |
| <b>c</b>                                                                                        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | <b>1c</b>  | Yes       |
| <b>2a</b>                                                                                       | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.                                                                                         | <b>2a</b>  | 434       |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                      | <b>2b</b>  | Yes       |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | <b>3a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | <b>3b</b>  | Yes       |
| <b>4a</b>                                                                                       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | <b>4a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country: <u>UK, CA, NL</u><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                         |            |           |
| <b>5a</b>                                                                                       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | <b>5a</b>  | No        |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | <b>5b</b>  | No        |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            | <b>5c</b>  |           |
| <b>6a</b>                                                                                       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  | <b>6a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | <b>6b</b>  | Yes       |
| <b>7</b>                                                                                        | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |            |           |
| <b>a</b>                                                                                        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              | <b>7a</b>  |           |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | <b>7b</b>  |           |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | <b>7c</b>  |           |
| <b>d</b>                                                                                        | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | <b>7d</b>  |           |
| <b>e</b>                                                                                        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | <b>7e</b>  |           |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | <b>7f</b>  |           |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | <b>7g</b>  |           |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | <b>7h</b>  |           |
| <b>8</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |           |
| <b>9</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |            |           |
| <b>a</b>                                                                                        | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | <b>9a</b>  |           |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | <b>9b</b>  |           |
| <b>10</b>                                                                                       | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |            |           |
| <b>a</b>                                                                                        | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | <b>10a</b> |           |
| <b>b</b>                                                                                        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | <b>10b</b> |           |
| <b>11</b>                                                                                       | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |            |           |
| <b>a</b>                                                                                        | Gross income from members or shareholders.                                                                                                                                                                                                                                   | <b>11a</b> |           |
| <b>b</b>                                                                                        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 | <b>11b</b> |           |
| <b>12a</b>                                                                                      | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | <b>12a</b> |           |
| <b>b</b>                                                                                        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | <b>12b</b> |           |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |            |           |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | <b>13a</b> |           |
| <b>b</b>                                                                                        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | <b>13b</b> |           |
| <b>c</b>                                                                                        | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | <b>13c</b> |           |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | <b>14a</b> | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | <b>14b</b> |           |

Part VI

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

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                               |    |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                                                                               |    | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 1a | 30  |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 1b | 23  |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2  | Yes |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3  |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4  |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .                                                                                                          | 5  |     | No |
| 6  | 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 |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O . . . . .        | 9  |     | No |

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

|     |                                                                                                                                                                                                                                                                                                          |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                          |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | 10a | 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? . . . . .                                                                             | 10b | Yes |    |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                             | 11a | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                   |     |     |    |
| 12a | 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 . . . . .<br>If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions )                                                                                                                                                     | 15b | Yes |    |
| 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> 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 ▶<br>JOHN W BURNS<br>MASSACHUSETTS MEDICAL SOCIETY 860<br>WALTHAM,MA 02451<br>(781) 434-7516                                                                                                                                |

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

## Part VII

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| See Additional Data Table                                      |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | 3,285,620                                                            | 0                                                                         | 499,219                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **77**

|   |                                                                                                                                                                                                                                               | Yes | No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3   | No  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4   | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 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)<br>Name and business address                                                                                                                                                   | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| COLLABORATIVE CONSULTING LLC<br>70 BLANCHARD RD STE 500<br>BURLINGTON, MA 01803                                                                                                    | INFORMATION TECHNOLOGY         | 1,495,220           |
| DELOITTE TAX LLP<br>PO BOX 2079<br>CAROL STREAM, IL 601322079                                                                                                                      | TAX CONSULTING                 | 279,716             |
| PRICEWATERHOUSECOOPERS<br>PO BOX 7247-8001<br>PHILADELPHIA, PA 191708001                                                                                                           | ACCOUNTING/AUDIT               | 226,550             |
| JOHN K INGLEHART<br>10200 ADDISON CT<br>BETHESDA, MD 20817                                                                                                                         | EDITORIAL                      | 150,000             |
| JOSEPH M GRANT<br>136 GARDINER RD<br>QUINCY, MA 02169                                                                                                                              | LEGISLATIVE                    | 140,000             |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>7</b> |                                |                     |

Part VIII

Statement of Revenue

|                                                                       |                                                                                                                                |                                                                                         | (A)            | (B)                                | (C)                        | (D)                                                       |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------|------------------------------------|----------------------------|-----------------------------------------------------------|
|                                                                       |                                                                                                                                |                                                                                         | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 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                                                                                                        | 2a                                                                                      |                | Business Code                      |                            |                                                           |
| PUBLISHING                                                            |                                                                                                                                | 511120                                                                                  | 72,484,241     | 72,484,241                         |                            |                                                           |
| b EDUCATIONAL FEES                                                    |                                                                                                                                | 611710                                                                                  | 2,981,153      | 2,981,153                          |                            |                                                           |
| c MEMBERSHIP DUES                                                     |                                                                                                                                | 900099                                                                                  | 1,464,193      | 1,464,193                          |                            |                                                           |
| d                                                                     |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| e                                                                     |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| f All other program service revenue                                   |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| g Total. Add lines 2a-2f . . . . .                                    |                                                                                                                                |                                                                                         | 76,929,587     |                                    |                            |                                                           |
| Other Revenue                                                         |                                                                                                                                | 3 Investment income (including dividends, interest and other similar amounts) . . . . . |                |                                    | 3,911,536                  |                                                           |
|                                                                       | 4 Income from investment of tax-exempt bond proceeds . . . . .                                                                 |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | 5 Royalties . . . . .                                                                                                          |                                                                                         |                | 1,762,058                          |                            | 1,762,058                                                 |
|                                                                       |                                                                                                                                |                                                                                         | (i) Real       | (ii) Personal                      |                            |                                                           |
|                                                                       | 6a Gross Rents                                                                                                                 |                                                                                         | 874,280        |                                    |                            |                                                           |
|                                                                       | b Less rental expenses                                                                                                         |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | c Rental income or (loss)                                                                                                      |                                                                                         | 874,280        |                                    |                            |                                                           |
|                                                                       | d Net rental income or (loss) . . . . .                                                                                        |                                                                                         |                | 874,280                            |                            | 874,280                                                   |
|                                                                       |                                                                                                                                |                                                                                         | (i) Securities | (ii) Other                         |                            |                                                           |
|                                                                       | 7a Gross amount from sales of assets other than inventory                                                                      |                                                                                         | 92,977,791     | 1,491                              |                            |                                                           |
|                                                                       | b Less cost or other basis and sales expenses                                                                                  |                                                                                         | 83,680,674     |                                    |                            |                                                           |
|                                                                       | c Gain or (loss)                                                                                                               |                                                                                         | 9,297,117      | 1,491                              |                            |                                                           |
|                                                                       | d Net gain or (loss) . . . . .                                                                                                 |                                                                                         |                | 9,298,608                          |                            | 9,298,608                                                 |
|                                                                       | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | a                                                                                                                              |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | b Less direct expenses . . . . . b                                                                                             |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | c Net income or (loss) from fundraising events . . . . .                                                                       |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | 9a Gross income from gaming activities See Part IV, line 19 . . . . . a                                                        |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | b Less direct expenses . . . . . b                                                                                             |                                                                                         |                |                                    |                            |                                                           |
|                                                                       | c Net income or (loss) from gaming activities . . . . .                                                                        |                                                                                         |                |                                    |                            |                                                           |
| 10a Gross sales of inventory, less returns and allowances . . . . . a |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| b Less cost of goods sold . . . . . b                                 |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| c Net income or (loss) from sales of inventory . . . . .              |                                                                                                                                |                                                                                         |                |                                    |                            |                                                           |
| Miscellaneous Revenue                                                 |                                                                                                                                | Business Code                                                                           |                |                                    |                            |                                                           |
| 11a ADVERTISING                                                       |                                                                                                                                | 541800                                                                                  | 23,591,367     |                                    | 23,591,367                 |                                                           |
| b BUSINESS SERVICES                                                   |                                                                                                                                | 561000                                                                                  | 2,116,595      |                                    | 2,116,595                  |                                                           |
| c FORMS AND OTHER INCOME                                              |                                                                                                                                | 323100                                                                                  | 174,210        |                                    | 174,210                    |                                                           |
| d All other revenue . . . . .                                         |                                                                                                                                |                                                                                         | 287,055        |                                    | 287,055                    |                                                           |
| e Total. Add lines 11a-11d . . . . .                                  |                                                                                                                                |                                                                                         | 26,169,227     |                                    |                            |                                                           |
| 12 Total revenue. See Instructions . . . . .                          |                                                                                                                                |                                                                                         | 118,945,296    | 76,929,587                         | 26,169,227                 | 15,846,482                                                |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                          | 1,383,743             | 1,383,743                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                            | 85,000                | 85,000                          |                                        |                             |
| 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 . . . . .                                                                                                                                                    | 2,561,174             | 2,561,174                       |                                        |                             |
| 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                                                                                                                                                                                                              | 31,009,961            | 31,009,961                      |                                        |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                               | 4,282,494             | 4,282,494                       |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 6,177,704             | 6,177,704                       |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 2,420,292             | 2,420,292                       |                                        |                             |
| a                                                                              | Fees for services (non-employees)<br>Management . . . . .                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 51,446                | 51,446                          |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 257,250               | 257,250                         |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 81,000                | 81,000                          |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17 . . . . .                                                                                                                                                                      |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 890,056               | 890,056                         |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                       | 7,719,602             | 7,719,602                       |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 56,940                | 56,940                          |                                        |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 2,418,637             | 2,418,637                       |                                        |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 1,794,832             | 1,794,832                       |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 7,535,195             | 7,535,195                       |                                        |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 1,336,438             | 1,336,438                       |                                        |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 804,256               | 804,256                         |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 3,354,639             | 3,354,639                       |                                        |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 565,735               | 565,735                         |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | PUBLISHING - OTHER PROD                                                                                                                                                                                                               | 13,103,778            | 13,103,778                      |                                        |                             |
| b                                                                              | PUBLISHING - MARKETING/                                                                                                                                                                                                               | 6,637,219             | 6,637,219                       |                                        |                             |
| c                                                                              | CONFERENCING                                                                                                                                                                                                                          | 2,668,179             | 2,668,179                       |                                        |                             |
| d                                                                              | PUBLISHING - EDITORIAL                                                                                                                                                                                                                | 1,812,250             | 1,812,250                       |                                        |                             |
| e                                                                              | DUES & MEMBERSHIPS                                                                                                                                                                                                                    | 295,293               | 295,293                         |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    | 20,449                | 20,449                          |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 99,323,562            | 99,323,562                      | 0                                      | 0                           |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)               |             | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------|-------------------|-------------|-------------|
|                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                     |     |            |             | Beginning of year |             | End of year |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                 |     |            |             | 4,658,726         | 1           | 4,438,585   |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                    |     |            |             | 2,467,041         | 2           | 5,665,770   |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                        |     |            |             |                   | 3           |             |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                  |     |            |             | 10,127,365        | 4           | 11,002,188  |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                        |     |            |             |                   | 5           |             |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . . |     |            |             |                   | 6           |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                           |     |            |             | 5,565,250         | 7           | 5,542,250   |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                               |     |            |             | 651,996           | 8           | 906,661     |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                     |     |            |             | 1,661,221         | 9           | 2,751,813   |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                   | 10a | 96,908,370 |             |                   |             |             |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                             | 10b | 42,982,452 | 55,856,320  | 10c               | 53,925,918  |             |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                    |     |            |             | 134,384,616       | 11          | 169,236,122 |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                         |     |            |             | 25,000            | 12          | 25,000      |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                          |     |            |             |                   | 13          |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                                                                                                                                         |     |            |             |                   | 14          |             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                         |     |            |             | 1,732,071         | 15          | 1,653,065   |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                                                                                                                                                     |     |            | 217,129,606 | 16                | 255,147,372 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                     |     |            |             | 10,575,219        | 17          | 9,449,719   |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                                                                                                                                            |     |            |             |                   | 18          |             |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                                                                                                                                          |     |            |             | 34,051,894        | 19          | 36,073,700  |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                               |     |            |             |                   | 20          |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                      |     |            |             |                   | 21          |             |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                       |     |            |             |                   | 22          |             |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                            |     |            |             | 39,964,392        | 23          | 36,925,778  |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                              |     |            |             |                   | 24          |             |
|                             | 25                                                                                                                                        | Other liabilities Complete Part X of Schedule D . . . . .                                                                                                                                                                                                                                           |     |            |             | 30,892,902        | 25          | 34,130,395  |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                |     |            |             | 115,484,407       | 26          | 116,579,592 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                     |     |            |             |                   |             |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                   |     |            |             | 101,645,199       | 27          | 138,567,780 |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                         |     |            |             |                   | 28          |             |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                         |     |            |             |                   | 29          |             |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                     |     |            |             |                   |             |             |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                        |     |            |             |                   | 30          |             |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                           |     |            |             |                   | 31          |             |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                          |     |            |             |                   | 32          |             |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                         |     |            |             | 101,645,199       | 33          | 138,567,780 |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                            |     |            |             | 217,129,606       | 34          | 255,147,372 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |             |
|---|---------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 118,945,296 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 99,323,562  |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 19,621,734  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 101,645,199 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | 17,300,847  |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 138,567,780 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Additional Data

Software ID:

Software Version:

EIN: 04-2050773

Name: MASSACHUSETTS MEDICAL SOCIETY

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

| (A)<br>Name and Title                            | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        |         | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                  |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |         |                                                                                   |                                                                                            |                                                                                                                 |
| MARIO E MOTTA MD<br>MMS IMMEDIATE PAST PRESIDENT | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| ALICE A COOMBS MD<br>PRESIDENT                   | 20 00                                  | X                                         |                       | X       |              |                                 |        | 133,333 | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| JESSE M EHRENFELD MD<br>VICE SPEAKER             | 3 00                                   | X                                         |                       | X       |              |                                 |        | 12,525  | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| PETER B KANG MD<br>ASST SECRETARY-TREASURER      | 4 00                                   | X                                         |                       | X       |              |                                 |        | 7,292   | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| RICHARD S PIETERS MD<br>SPEAKER                  | 3 00                                   | X                                         |                       | X       |              |                                 |        | 25,000  | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| DEANNA P RICKER MD<br>SECRETARY-TREASURER        | 12 00                                  | X                                         |                       | X       |              |                                 |        | 4,292   | 0                                                                                 | 16,500                                                                                     |                                                                                                                 |
| BRUCE S AUERBACH MD<br>TRUSTEE                   | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| RICHARD V AGHABABIAN MD<br>VICE PRESIDENT        | 12 00                                  | X                                         |                       | X       |              |                                 |        | 23,083  | 0                                                                                 | 16,500                                                                                     |                                                                                                                 |
| LT ALEXANDER DING MD<br>TRUSTEE                  | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| JAMES S GESSENER MD<br>TRUSTEE                   | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| SWETLANA LOBACHOVA MD<br>TRUSTEE                 | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| MARIE CHRISTINE RETI<br>TRUSTEE                  | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| LYNDA M YOUNG MD<br>PRESIDENT-ELECT              | 12 00                                  | X                                         |                       | X       |              |                                 |        | 48,083  | 0                                                                                 | 16,500                                                                                     |                                                                                                                 |
| JAMES B BROADHURST MD<br>TRUSTEE                 | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| HUBERT I CAPLAN MD<br>TRUSTEE                    | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| WILLIAM F DOYLE MD<br>TRUSTEE                    | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| HEIDI J FOLEY MD<br>TRUSTEE                      | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| EDITH M JOLIN MD<br>TRUSTEE                      | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| ANNA A MANATIS MD<br>TRUSTEE                     | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| JAMES R RALPH MD<br>TRUSTEE                      | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| VINCENT J RUSSO MD<br>TRUSTEE                    | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| ALAIN A CHAOUI MD<br>TRUSTEE                     | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| RONALD W DUNLAP MD<br>TRUSTEE                    | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| REBECCA L JOHNSON MD<br>TRUSTEE                  | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |
| JUDD L KLINE MD<br>TRUSTEE                       | 30                                     | X                                         |                       |         |              |                                 |        | 0       | 0                                                                                 | 0                                                                                          |                                                                                                                 |

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

| (A)<br>Name and Title                       | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                             |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| STUART B MUSHLIN MD<br>TRUSTEE              | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ROBIN S RICHMAN MD<br>TRUSTEE               | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| PURNIMA R SANGAL MD<br>TRUSTEE              | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MARK M SHERMAN MD<br>TRUSTEE                | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CHARLES A WELCH MD<br>TRUSTEE               | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| GEORGE ABRAHAM MD<br>ALTERNATE TRUSTEE      | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JOSEPH C BERGERON MD<br>ALTERNATE TRUSTEE   | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MARYANNE C BOMBAUGH MD<br>ALTERNATE TRUSTEE | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| WILLIAM A COOK MD<br>ALTERNATE TRUSTEE      | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DANIEL M FREN DL<br>ALTERNATE TRUSTEE       | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CYRUS C HOPKINS MD<br>ALTERNATE TRUSTEE     | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| BARRY STEINBERG MD<br>TRUSTEE               | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ALAN C WOODWARD MD<br>TRUSTEE               | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CAROLE E ALLEN MD<br>ALTERNATE TRUSTEE      | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MARK A BIGDA MD<br>ALTERNATE TRUSTEE        | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| SVEND W BRUUN JR MD<br>ALTERNATE TRUSTEE    | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JULIA F EDELMAN MD<br>ALTERNATE TRUSTEE     | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| KATHERINE L HARVEY MD<br>ALTERNATE TRUSTEE  | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JAMES FX KENEALY MD<br>ALTERNATE TRUSTEE    | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| NASIR A KHAN MD<br>ALTERNATE TRUSTEE        | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| THOMAS A LAMATTINA MD<br>ALTERNATE TRUSTEE  | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| FRANCIS X ROCKETT MD<br>ALTERNATE TRUSTEE   | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ERWIN A STUEBNER JR MD<br>ALTERNATE TRUSTEE | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JOHN JOSEPH WALSH MD<br>ALTERNATE TRUSTEE   | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CLAUDIA L KOPPELMAN MD<br>ALTERNATE TRUSTEE | 30                                     | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |

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

| (A)<br>Name and Title                                   | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                         |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| KEITH C NOBIL MD<br>ALTERNATE TRUSTEE                   | 30                            | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| B HOAGLAND ROSANIA MD<br>ALTERNATE TRUSTEE              | 30                            | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| ASHA P WALLACE MD<br>ALTERNATE TRUSTEE                  | 30                            | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CORINNE BRODERICK<br>EXECUTIVE VICE PRESIDENT           | 50 00                         |                                        |                       | X       |              |                              |        | 436,952                                                              | 0                                                                         | 63,962                                                                                        |
| JOHN W BURNS<br>VICE PRESIDENT, FINANCE                 | 50 00                         |                                        |                       | X       |              |                              |        | 253,417                                                              | 0                                                                         | 43,237                                                                                        |
| JEFFREY M DRAZEN MD<br>EDITOR-IN-CHIEF                  | 50 00                         |                                        |                       |         | X            |                              |        | 511,496                                                              | 0                                                                         | 62,604                                                                                        |
| CHRISTOPHER R LYNCH<br>VICE PRESIDENT, PUBLISHING       | 50 00                         |                                        |                       |         | X            |                              |        | 350,387                                                              | 0                                                                         | 61,049                                                                                        |
| GREGORY D CURFMAN MD<br>EXECUTIVE EDITOR                | 50 00                         |                                        |                       |         |              | X                            |        | 345,947                                                              | 0                                                                         | 58,551                                                                                        |
| ROBERT S SCHWARTZ MD<br>DEPUTY EDITOR                   | 50 00                         |                                        |                       |         |              | X                            |        | 286,117                                                              | 0                                                                         | 0                                                                                             |
| EDWARD D CAMPION<br>SENIOR DEPUTY EDITOR                | 50 00                         |                                        |                       |         |              | X                            |        | 291,510                                                              | 0                                                                         | 57,541                                                                                        |
| ARTHUR P WILSCHEK<br>EXECUTIVE DIRECTOR, GLOBAL SALES   | 50 00                         |                                        |                       |         |              | X                            |        | 283,479                                                              | 0                                                                         | 52,177                                                                                        |
| THEODORE J BLIZZARD<br>VICE PRESIDENT, INFORMATION TECH | 50 00                         |                                        |                       |         |              | X                            |        | 272,707                                                              | 0                                                                         | 50,598                                                                                        |

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

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

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | 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 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> 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 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

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

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

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

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

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

|          |                                                                                                                                                                                                                                            |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  | 2,331,634 |
| <b>2</b> | Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).                                                                       |           |           |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> | 620,107   |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> | 109,296   |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> | 729,403   |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  | 816,072   |
| <b>4</b> | 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? | <b>4</b>  |           |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  | -86,669   |

**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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

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

8

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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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 . . . . .                     | 107,509,330     | 95,784,252    | 125,946,879       |                     |                    |
| b Contributions . . . . .                                  | 2,347,222       |               | 3,155             |                     |                    |
| c Investment earnings or losses . . . . .                  | 25,541,611      | 11,725,078    | -30,165,782       |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| g End of year balance . . . . .                            | 135,398,163     | 107,509,330   | 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 ▶ 0 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

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) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                            |                                      | 16,788,124                     |                              | 16,788,124     |
| b Buildings . . . . .                                                                        |                                      | 36,733,393                     | 14,759,618                   | 21,973,775     |
| c Leasehold improvements . . . . .                                                           |                                      | 2,470,550                      | 1,581,882                    | 888,668        |
| d Equipment . . . . .                                                                        |                                      | 15,428,263                     | 13,937,958                   | 1,490,305      |
| e Other . . . . .                                                                            |                                      | 25,488,040                     | 12,702,994                   | 12,785,046     |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                |                              | 53,925,918     |

Schedule D (Form 990) 2010



| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------|
| 1                                                                                   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 118,945,296 |
| 2                                                                                   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 99,323,562  |
| 3                                                                                   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 19,621,734  |
| 4                                                                                   | Net unrealized gains (losses) on investments                                    | 19,386,858  |
| 5                                                                                   | Donated services and use of facilities                                          |             |
| 6                                                                                   | Investment expenses                                                             |             |
| 7                                                                                   | Prior period adjustments                                                        |             |
| 8                                                                                   | Other (Describe in Part XIV)                                                    | -2,086,011  |
| 9                                                                                   | Total adjustments (net) Add lines 4 - 8                                         | 17,300,847  |
| 10                                                                                  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 36,922,581  |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |             |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------|
| 1                                                                                          | Total revenue, gains, and other support per audited financial statements . . . . .         | 137,441,659 |
| 2                                                                                          | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |             |
| a                                                                                          | Net unrealized gains on investments . . . . .                                              | 19,386,858  |
| b                                                                                          | Donated services and use of facilities . . . . .                                           |             |
| c                                                                                          | Recoveries of prior year grants . . . . .                                                  |             |
| d                                                                                          | Other (Describe in Part XIV) . . . . .                                                     |             |
| e                                                                                          | Add lines 2a through 2d . . . . .                                                          | 19,386,858  |
| 3                                                                                          | Subtract line 2e from line 1 . . . . .                                                     | 118,054,801 |
| 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 . . . . .                 | 890,056     |
| b                                                                                          | Other (Describe in Part XIV) . . . . .                                                     | 439         |
| c                                                                                          | Add lines 4a and 4b . . . . .                                                              | 890,495     |
| 5                                                                                          | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 118,945,296 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |             |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------|
| 1                                                                                             | Total expenses and losses per audited financial statements . . . . .                        | 100,519,078 |
| 2                                                                                             | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |             |
| a                                                                                             | Donated services and use of facilities . . . . .                                            |             |
| b                                                                                             | Prior year adjustments . . . . .                                                            |             |
| c                                                                                             | Other losses . . . . .                                                                      |             |
| d                                                                                             | Other (Describe in Part XIV) . . . . .                                                      | 2,086,011   |
| e                                                                                             | Add lines 2a through 2d . . . . .                                                           | 2,086,011   |
| 3                                                                                             | Subtract line 2e from line 1 . . . . .                                                      | 98,433,067  |
| 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 . . . . .                  | 890,056     |
| b                                                                                             | Other (Describe in Part XIV) . . . . .                                                      | 439         |
| c                                                                                             | Add lines 4a and 4b . . . . .                                                               | 890,495     |
| 5                                                                                             | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 99,323,562  |

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS      | PART V, LINE 4   | BOARD DESIGNATED TO ENSURE THE LONG TERM FINANCIAL HEALTH OF THE SOCIETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X           | THE SOCIETY FOLLOWS THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THAT PROVIDES CRITERIA FOR THE RECOGNITION, MEASUREMENT, PRESENTATION, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS. THIS AMENDMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. A TAX BENEFIT FROM SUCH UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE BASED ON TECHNICAL MERITS. BASED ON ITS ANALYSIS AND REVIEW OF ALL OPEN TAX YEARS (FISCAL 2009 THROUGH 2010), AND THE CURRENT YEAR TO BE FILED, THE SOCIETY DETERMINED THAT THE APPLICATION OF THIS GUIDANCE DOES NOT HAVE A MATERIAL IMPACT ON THE SOCIETY'S FINANCIAL POSITION, RESULTS OF OPERATIONS, OR CASH FLOWS. |
| PART XI, LINE 8 - OTHER ADJUSTMENTS                 |                  | PENSION LIABILITY ADJUSTMENT -1,854,961<br>UNREALIZED LOSS ON DERIVATIVE INSTRUMENT - 231,050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PART XII, LINE 4B - OTHER ADJUSTMENTS               |                  | OTHER 439                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS              |                  | PENSION LIABILITY ADJUSTMENT 1,854,961<br>UNREALIZED LOSS ON DERIVATIVE INSTRUMENT 231,050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS              |                  | OTHER 439                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

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

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 V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
|--------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND)     | 0                                   | 0                                                                      | UNRELATED BUSINESS                                                                                                                          |                                                                                                    | 3,955,891                                               |
| EUROPE (INCLUDING ICELAND & GREENLAND)     | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | SUBSCRIPTION SALES                                                                                 |                                                         |
| EUROPE (INCLUDING ICELAND & GREENLAND)     | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | BULK REPRINT SALES                                                                                 |                                                         |
| EAST ASIA AND THE PACIFIC                  | 0                                   | 0                                                                      | UNRELATED BUSINESS                                                                                                                          |                                                                                                    | 1,141,238                                               |
| EAST ASIA AND THE PACIFIC                  | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | SUBSCRIPTION SALES                                                                                 |                                                         |
| EAST ASIA AND THE PACIFIC                  | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | BULK REPRINT SALES                                                                                 |                                                         |
| NORTH AMERICA                              | 0                                   | 0                                                                      | UNRELATED BUSINESS                                                                                                                          |                                                                                                    | 1,214,798                                               |
| NORTH AMERICA                              | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | SUBSCRIPTION SALES                                                                                 |                                                         |
| NORTH AMERICA                              | 0                                   | 0                                                                      | PROGRAM SERVICE                                                                                                                             | BULK REPRINT SALES                                                                                 |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                         |
| 3a Sub-total                               | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 6,311,927                                               |
| b Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                       |
| c Totals (add lines 3a and 3b)             | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 6,311,927                                               |

**1**

(i) Method of valuation (book, FMV, appraisal, other)

**Schedule F (Form 990) 2010**

**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 Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Part V**   **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| Identifier                               | Return Reference | Explanation                                                    |
|------------------------------------------|------------------|----------------------------------------------------------------|
| METHOD USED TO ACCCOUNT FOR EXPENDITURES |                  | SCHEDULE F, PART I, LINE 3   ACCOUNTING METHOD   ACCRUAL BASIS |

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶

| 1 (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) MMS & ALLIANCE CHARITABLE FOUNDATION860 WINTER ST WALTHAM, MA 024511411 | 22-3199624 | 501(C)(3)                          | 185,500                  | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | COMMUNITY ACTION                   |
| (2) PHYSICIAN HEALTH SERVICES860 WINTER ST WALTHAM, MA 024511411            | 22-3234975 | 501(C)(3)                          | 498,000                  | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | ABUSE TREATMENT                    |
| (3) MASS MEDICAL BENEVOLENT SOC860 WINTER ST WALTHAM, MA 024511411          | 23-7089741 | 501(C)(3)                          | 50,000                   | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | FINANCIAL RELIEF                   |
| (4) MASS MEDICAL SOCIETY ALLIANCE860 WINTER ST WALTHAM, MA 024511411        | 23-7055291 | 501(C)(6)                          | 25,000                   | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | HEALTH EDUCATION                   |
| (5) AMA FOUNDATION 9050 PAYSHPERE CR CHICAGO,IL 60674                       | 36-6080517 | 501(C)(3)                          | 14,000                   | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | MEDICAL EDUCATION                  |
| (6) MA SOC FOR MEDICAL RESEARCH73 PRINCETON ST N CHELMSFORD,MA 01863        | 04-2770981 | 501(C)(3)                          | 7,500                    | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | MEDICAL RESEARCH                   |
| (7) AMERICAN MEDICAL ASSOCIATION515 N STATE ST CHICAGO,IL 60654             | 36-0727175 | 501(C)(6)                          | 6,250                    | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | PHYSICIAN PRACTICE                 |
| (8) AMERICAN HEART ASSOCIATION20 SPEEN ST FRAMINGHAM,MA 01701               | 13-5613797 | 501(C)(3)                          | 5,370                    | 0                                 | NOT APPLICABLE                                        | NOT APPLICABLE                         | HEART EDUCATION                    |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                    |

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" to 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 |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) MEDICAL STUDENT GRANTS     | 8                       | 80,000                  | 0                                | 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.

| 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 |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number  
  
04-2050773

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
| 1a | Check the appropriate 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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |    |
| 1b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| 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.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                                                            |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                             | Yes |    |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| 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:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| 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:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation |                                                |                         |                                 |                                                            |
| (1) CORINNE BRODERICK    | (i)  | 406,913                                            | 0                                   | 30,039                              | 35,834                                         | 28,128                  | 500,914                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (2) JOHN W BURNS         | (i)  | 235,798                                            | 0                                   | 17,619                              | 22,696                                         | 20,541                  | 296,654                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (3) JEFFREY M DRAZEN MD  | (i)  | 475,908                                            | 0                                   | 35,588                              | 40,664                                         | 21,940                  | 574,100                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (4) CHRISTOPHER R LYNCH  | (i)  | 318,187                                            | 0                                   | 32,200                              | 29,623                                         | 31,426                  | 411,436                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (5) GREGORY D CURFMAN MD | (i)  | 345,247                                            | 0                                   | 700                                 | 31,517                                         | 27,034                  | 404,498                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (6) ROBERT S SCHWARTZ MD | (i)  | 0                                                  | 0                                   | 286,117                             | 0                                              | 0                       | 286,117                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (7) EDWARD D CAMPION     | (i)  | 285,810                                            | 0                                   | 5,700                               | 27,357                                         | 30,184                  | 349,051                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (8) ARTHUR P WILSCHEK    | (i)  | 179,659                                            | 97,120                              | 6,700                               | 19,926                                         | 32,251                  | 335,656                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (9) THEODORE J BLIZZARD  | (i)  | 253,387                                            | 0                                   | 19,320                              | 24,257                                         | 26,341                  | 323,305                         | 0                                                          |
|                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| ( 10 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 11 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 12 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 13 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 14 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 15 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 16 )                   |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**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 4A  | ROBERT SCHWARTZ, M D RECEIVED A SEVERANCE PAYMENT OF \$286,117 FROM A VOLUNTARY SEPARATION OF SERVICE |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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).

Complete if the organization 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.

Complete if the organization 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? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|                                           | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$                      |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.**

Complete if the organization 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 |
| (1) VANESSA P KENEALY                                 | SEE BELOW                                                       | 36,867                    | SEE BELOW                      |                                         | No |
| (2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC | SEE BELOW                                                       | 575,607                   | SEE BELOW                      |                                         | No |
|                                                       |                                                                 |                           |                                |                                         |    |
|                                                       |                                                                 |                           |                                |                                         |    |
|                                                       |                                                                 |                           |                                |                                         |    |
|                                                       |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier          | Return Reference | Explanation                                                                                                                                                             |
|---------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART IV, COLUMN (B) |                  | VENESSA P KENEALY IS A FAMILY MEMBER OF JAMES KENEALY, M D , TRUSTEE PHYSICIAN'S INSURANCE AGENCY OF MA IS A FOR PROFIT SUBSIDIARY OF THE MASSACHUSETTS MEDICAL SOCIETY |
| PART IV, COLUMN (D) |                  | VENESSA P KENEALY PAYMENT FOR INDEPENDENT CONTRACTOR SERVICESPHYSICIAN'S INSURANCE AGENCY OF MA RECEIPT OF RENT AND REIMBURSED EXPENSES                                 |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

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

| Identifier                                    | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2 |                  | MMS TRUSTEE BRUCE AUERBACH, M D IS MARRIED TO MMS TRUSTEE ROBIN S RICHMAN SPEAKER RICHARD PIETERS, M D IS MARRIED TO MMS TRUSTEE EDITH JOLIN, M D MMS TRUSTEES DRS BRUCE AUERBACH, DEANNA RICKER, AND RONALD DUNLAP SERVE ON THE BOARD OF COVERYS ALONG WITH ALTERNATE TRUSTEES DR MARYANNE BOMBAUGH AND EDWIN STUEBNER ALTERNATE TRUSTEES SVEND BRUUN, M D AND JUD KLINE, M D , HAVE A BUSINESS RELATIONSHIP WITH OFFICER JOHN BURNS 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 TWO OF THEIR MEMBERS TO SERVE AS TRUSTEE AND ALTERNATE, RESPECTIVELY , OF THE BOARD OF TRUSTEES |

| Identifier                               | Return<br>Reference | Explanation                                                                                                                      |
|------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI,<br>SECTION A, LINE 7A |                     | DISTRICT SOCIETY MEMBERS ELECT TWO OF THEIR NUMBERS TO SERVE AS TRUSTEE AND<br>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 WITH A TWO-THIRDS VOTE OF THE DELEGATES |

| Identifier                                     | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11 |                  | FORM 990 AND ALL RELATED SCHEDULES ARE REVIEWED BY THE SOCIETY'S TAX ADVISORS AT CBIZ TOFIAS. IN ADDITION A SLIDE PRESENTATION IS MADE TO THE SOCIETY'S COMMITTEE ON FINANCE WHICH HIGHLIGHTS THE MAJOR PROVISIONS OF THE FORM AND OTHER GENERAL INFORMATION IN REGARD TO THE FORM 990 FILING AND THE RESPONSIBILITIES OF NON-PROFIT ORGANIZATIONS. AN ADDITIONAL SLIDE PRESENTATION IS THEN PRESENTED TO THE SOCIETY'S BOARD OF TRUSTEES PRIOR TO ITS FORM 990 FILING. A COMPLETE COPY OF FORM 990 AND ALL RELATED SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE IS PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES IN ELECTRONIC FORM IN A SECURED SECTION OF THE SOCIETY'S WEBSITE PRIOR TO FILING. BOARD OF TRUSTEE MEMBERS ARE NOTIFIED OF THIS POSTING BY E-MAIL AND PROVIDED A LINK TO THE SECURED SITE PRIOR TO FILING OF THE FORM. |

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

| Identifier | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE FOLLOWING OFFICE/POSITION COMPENSATION WAS 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 WITH CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENT EXECUTIVE VICE PRESIDENT VICE PRESIDENT OF FINANCE VICE PRESIDENT OF PUBLISHING EDITOR-IN-CHIEF OFFICERS APRIL 2011 IS THE LAST DATE FOR WHICH COMPENSATION REVIEWS WERE CONDUCTED FOR THE EXECUTIVE VICE PRESIDENT AND VICE PRESIDENT OF FINANCE POSITIONS AND JANUARY 2009 FOR THE VICE PRESIDENT OF PUBLISHING, EDITOR-IN-CHIEF AND OFFICER POSITIONS |

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

| Identifier                             | Return Reference          | Explanation                                                                                                                                                                             |
|----------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 19,386,858 PENSION LIABILITY ADJUSTMENT - 1,854,961 UNREALIZED LOSS ON DERIVATIVE INSTRUMENT -231,050 TOTAL TO FORM 990, PART XI, LINE 5 17,300,847 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number  
04-2050773

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) MMS WINTER STREET LLC<br>860 WINTER STREET<br>WALTHAM, MA 024511411<br>04-3384431 | PROPERTY                | DE                                               | 5,000,000           | 40,652,140                | N/A                              |
| (2) MMS LOT 2 LLC<br>860 WINTER STREET<br>WALTHAM, MA 024511411<br>04-3500736         | PROPERTY                | DE                                               | 784,956             | 11,756,043                | N/A                              |
|                                                                                       |                         |                                                  |                     |                           |                                  |
|                                                                                       |                         |                                                  |                     |                           |                                  |
|                                                                                       |                         |                                                  |                     |                           |                                  |
|                                                                                       |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| (1) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND<br><br>860 WINTER STREET<br><br>WALTHAM, MA 024511411<br>04-6075905  | MEDICAL STUDENT LOANS   | MA                                               | 501(C)(3)                  | 11, TYPE I                                          | N/A                              | Yes                                               |    |
| (2) PHYSICIAN HEALTH SERVICES INC<br><br>860 WINTER STREET<br><br>WALTHAM, MA 024511411<br>22-3234975                                  | OUTREACH SERVICES       | MA                                               | 501(C)(3)                  | 11, TYPE I                                          | N/A                              | Yes                                               |    |
| (3) MASSACHUSETTS MEDICAL SOCIETY & ALLIANCE CHARITABLE FOUNDATION<br><br>860 WINTER STREET<br><br>WALTHAM, MA 024511411<br>22-3199624 | GRANTMAKING             | MA                                               | 501(C)(3)                  | 11, TYPE I                                          | N/A                              | Yes                                               |    |
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                                   |    |

Part III

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

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

Part IV

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

| (a)<br>Name, address, and EIN of related organization                                                               | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------|
| (1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS<br>INC<br>860 WINTER STREET<br>WALTHAM, MA024511411<br>04-3135954 | INSURANCE               | MA                                                        | N/A                                 | C                                                      | 2,489,506                    | 3,190,032                                | 100 000 %                      |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                                     |                         |                                                           |                                     |                                                        |                              |                                          |                                |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c No

1d Yes

1e No

1f No

1g No

1h No

1i Yes

1j No

1k Yes

1l No

1m Yes

1n Yes

1o No

1p Yes

1q No

1r No

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)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1)                               |                                 |                        |                                                 |
| See Additional Data Table         |                                 |                        |                                                 |
| (2)                               |                                 |                        |                                                 |
| (3)                               |                                 |                        |                                                 |
| (4)                               |                                 |                        |                                                 |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

Software ID:

Software Version:

EIN: 04-2050773

Name: MASSACHUSETTS MEDICAL SOCIETY

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

| (a)<br>Name of other organization                                    | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) | (d)<br>Method of determining amount<br>involved |
|----------------------------------------------------------------------|---------------------------------|--------------------------------|-------------------------------------------------|
| (1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC                | A                               | 89,324                         | FAIR MARKET<br>VALUE                            |
| (2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC                | N                               | 174,210                        | COST                                            |
| (3) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC                | P                               | 312,073                        | COST                                            |
| (4) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND    | A                               | 139,713                        | PROMISSORY NOTE                                 |
| (5) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND    | D                               | 5,599,441                      | PROMISSORY NOTE                                 |
| (6) MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION | B                               | 185,500                        | FAIR MARKET<br>VALUE                            |
| (7) PHYSICIAN HEALTH SERVICES INC                                    | B                               | 498,000                        | FAIR MARKET<br>VALUE                            |
| (8) PHYSICIAN HEALTH SERVICES INC                                    | P                               | 146,037                        | COST                                            |