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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

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) | Room/suite
860 WINTER STREET

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

D Employer identification number
04-2050773

E Telephone number
(781) 893-4610

G Gross receipts $ 194,487,880

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

1 Briefly describe the organization's mission or most significant activities
THE PURPOSE OF THE MASSACHUSETTS MEDICAL SOCIETY SHALL BE TO DO ALL THINGS AS MAY BE NECESSARY 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 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	422
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	21,795,233
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-3,504,510

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	76,929,587	84,747,165
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,210,144	8,942,677
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,805,565	24,848,524
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,945,296	118,538,366
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,468,743	1,181,978
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,451,625	49,793,546
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,403,194	55,967,936
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	99,323,562	106,943,460
	19 Revenue less expenses Subtract line 18 from line 12	19,621,734	11,594,906

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	255,147,372	248,779,761
	21 Total liabilities (Part X, line 26)	116,579,592	130,761,313
	22 Net assets or fund balances Subtract line 21 from line 20	138,567,780	118,018,448

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

****** | 2013-04-11
Signature of officer | Date

CORINNE BRODERICK EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CRAIG KLEIN	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00734640
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ TOFIAS, 500 BOYLSTON STREET, BOSTON, MA 02116			EIN ▶ 26-3753134; Phone no ▶ (617) 761-0600

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

Part III **Statement of Program Service Accomplishments**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 NEW ENGLAND JOURNAL OF MEDICINE RELEASED THE DOCUMENTARY FILM, GETTING BETTER 200 YEARS OF MEDICINE, A THREE PART 45 MINUTE DOCUMENTARY THAT EXPLORES THE EVOLUTION OF KNOWLEDGE IN MEDICINE AND SOME OF THE REMARKABLE ADVANCES REPORTED IN NEJM THE NEJM IPAD EDITION WAS UNVEILED WHICH COMBINES ALL PRINT NEJM CONTENT WITH AUDIO SHARE, SEARCH AND NOTATION FEATURES IN AN INTEGRATED EASY-TO-NAVIGATE FORMAT THE NEJM 200TH ANNIVERSARY SYMPOSIUM, 'DIALOGUES IN MEDICINE PHYSICIANS AND PATIENTS ON 200 YEARS OF PROGRESS' WAS CONDUCTED AT HARVARD MEDICAL SCHOOL CONTINUED PUBLICATIONS OF THE NEW ENGLAND MEDICINE AND RELATED PUBLICATIONS IN BOTH PRINT AND ELECTRONIC FORMAT, BOTH DOMESTICALLY AND INTERNATIONALLY 1 8 MILLION NEJM ORG REGISTERED USERS, 327,000 NEJM FACEBOOK FRIENDS AND 79,000 TWITTER FOLLOWERS

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

EDUCATIONAL THE SOCIETY HAS SO FAR ACCREDITED MORE THAN 50 HOSPITALS AND SPECIALTY SOCIETIES PROVIDING CME IN MASSACHUSETTS AND CONTIGUOUS STATES THERE HAVE BEEN 1,000 LIVE, WEBINAR, ONLINE, ENDURING MATERIAL AND JOURNAL BASED CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES OFFERED, WITH 150,000 PLUS PHYSICIAN PARTICIPANTS FROM ALL OVER THE UNITED STATES IN 2012 NEW COURSES WERE OFFERED ON TOPICS INCLUDING ELECTRONIC MEDICAL RECORDS, UNINTENDED CONSEQUENCES OF DNRS, DISCUSSING END-OF-LIFE CARE WITH PATIENTS, PREVENTING PRESCRIPTION DRUG ABUSE AND ADVANCE DIRECTIVES IN JOINT SPONSORSHIP WITH THE ANSWERPAGE COM, OFFERED SOCRATIC-STYLE QUESTION AND ANSWER CONTENT IN PAIN MEDICINE, OPIOID PRESCRIBING, PALLIATIVE CARE, RISK MANAGEMENT, HOSPITAL MEDICINE, PERIOPERATIVE MEDICINE, ANESTHESIOLOGY AND CLINICAL STATISTICS

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

MEMBERSHIP 2012 BROUGHT MEMBERSHIP TOTALS TO 24,074 THE HIGHEST NUMBER EVER RECORDED RATES OF NEW MEMBERS UNDER 40 YEARS OF AGE ROSE BY 7 4 PERCENT FEMALE PHYSICIAN MEMBERSHIP GREW BY 6 3 PERCENT MASSACHUSETTS PHYSICIAN MEMBERSHIP WAS UP NEARLY 5 PERCENT AND IN STATE AMA PHYSICIANS ROSE 13 3 PERCENT MMS CHAMPIONED THE DISCLOSURE, APOLOGY AND OFFER APPROACH TO MEDICAL MALPRACTICE CASES IN THE COMMONWEALTH MMS SUCCESSFULLY INFLUENCED THE OUTCOME OF DEBATE ON A BILL EXPANDING THE STATE'S PRESCRIPTION MONITORING PROGRAM DATABASE THE SOCIETY CONTINUED TO BE ACTIVELY INVOLVED IN SUPPORTING AND IMPLEMENTING THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT THE SOCIETY WAS ALSO ACTIVELY INVOLVED IN A PROPOSAL TO REPEAL THE FLAWED SGR (SUSTAINED GROWTH RATE) FORMULA AS WELL AS ADVOCACY ON MEDICARE AND GEOGRAPHIC VARIATIONS AS APPLIES TO MEDICARE PHYSICIAN PAYMENT FORMULA

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part 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, Part 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*	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? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	323		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	422			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ UK , CA , NL See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

JOHN W BURNS
MASSACHUSETTS MEDICAL SOCIETY 860
WALTHAM,MA 02451
(781)434-7516

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,543,175	0	563,862

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 83

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COLLABORATIVE CONSULTING LLC 70 BLANCHARD RD STE 500 BURLINGTON, MA 01803	INFORMATION TECHNOLOGY	1,530,085
ERNST & YOUNG LLP 200 PLAZA DR SECAUCUS, NJ 07094	ACCOUNTING SYSTEMS	372,175
DELOITTE TAX LLP PO BOX 2079 CAROL STREAM, IL 601322079	TAX CONSULTING	337,358
PRICEWATERHOUSECOOPERS PO BOX 7247-8001 PHILADELPHIA, PA 191708001	ACCOUNTING/AUDIT	244,760
JOHN K INGLEHART 10200 ADDISON CT BETHESDA, MD 20817	EDITORIAL	151,500

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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		Business Code				
	2a	PUBLISHING 511120	79,545,892	79,545,892		
	b	EDUCATIONAL FEES 611710	3,704,198	3,704,198		
	c	MEMBERSHIP DUES 900099	1,497,075	1,497,075		
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	84,747,165			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	4,085,645			4,085,645
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	2,179,011			2,179,011

		(i) Real	(ii) Personal				
	6a	Gross rents	874,280				
	b	Less rental expenses	0				
	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	80,806,546				
	b	Less cost or other basis and sales expenses	75,949,514				
	c	Gain or (loss)	4,857,032				
	d	Net gain or (loss) . . . . . ▶		4,857,032			4,857,032
Other Revenue	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	19,343,832		19,343,832	
	b	BUSINESS SERVICES	561000	2,007,851		2,007,851	
	c	FORMS AND OTHER INCOME	323100	182,344		182,344	
	d	All other revenue		261,206		261,206	
	e	**Total.** Add lines 11a–11d . . . . . ▶		21,795,233			
	12	**Total revenue.** See Instructions . . . ▶		118,538,366	84,747,165	21,795,233	11,995,968

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,096,978			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	85,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,819,233			
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	32,225,371			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,939,616			
9	Other employee benefits	7,188,754			
10	Payroll taxes	2,620,572			
11	Fees for services (non-employees)				
a	Management				
b	Legal	107,617			
c	Accounting	220,000			
d	Lobbying	97,000			
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	902,778			
g	Other	8,706,218			
12	Advertising and promotion	19,605			
13	Office expenses	2,366,192			
14	Information technology	2,064,605			
15	Royalties				
16	Occupancy	7,273,693			
17	Travel	1,524,700			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,305,538			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,872,200			
23	Insurance	492,061			
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	14,195,698			
b	PUBLISHING - MARKETING/	6,822,163			
c	CONFERENCING	2,618,893			
d	PUBLISHING - EDITORIAL	1,319,508			
e					
f	All other expenses	2,059,467			
25	**Total functional expenses.** Add lines 1 through 24f	106,943,460			
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,438,585	1	3,177,757
	2	Savings and temporary cash investments		5,665,770	2	7,300,111
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,002,188	4	9,560,468
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,542,250	7	5,369,000
	8	Inventories for sale or use		906,661	8	559,332
	9	Prepaid expenses and deferred charges		2,751,813	9	2,791,059
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 98,926,041			
	b	Less accumulated depreciation	10b 46,807,143	53,925,918	10c	52,118,898
	11	Investments—publicly traded securities		169,236,122	11	166,182,737
	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		1,653,065	15	1,695,399
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		255,147,372	16	248,779,761
Liabilities	17	Accounts payable and accrued expenses		9,449,719	17	9,278,094
	18	Grants payable			18	
	19	Deferred revenue		36,073,700	19	35,755,417
	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		36,925,778	23	33,758,790
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		34,130,395	25	51,969,012
	26	**Total liabilities.** Add lines 17 through 25		116,579,592	26	130,761,313
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		138,567,780	27	118,018,448
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		138,567,780	33	118,018,448
	34	Total liabilities and net assets/fund balances		255,147,372	34	248,779,761

Part XI Reconcilliation 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	118,538,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,943,460
3	Revenue less expenses Subtract line 2 from line 1	3	11,594,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	138,567,780
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-32,144,238
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	118,018,448

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		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 . .	3b		

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

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, line 35c (Proxy Tax), then

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

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

Part I-A 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 on behalf of or in opposition to candidates for public office 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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 **Form 1120-POL** for this year? ☐ Yes ☐ 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	2,404,046
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	622,286
b	Carryover from last year	2b	
c	Total	2c	622,286
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	841,416
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-219,130

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ▶ $ _____

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	135,398,163	107,509,330	95,784,252	125,946,879	
b Contributions	1,618,575	2,347,222		3,155	
c Investment earnings or losses	-5,644,840	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	131,371,898	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 ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,788,125		16,788,125
b Buildings		37,902,825	15,970,688	21,932,137
c Leasehold improvements		2,524,823	1,771,239	753,584
d Equipment		15,761,575	14,446,581	1,314,994
e Other		25,948,693	14,618,635	11,330,058
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				52,118,898

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	556,259
UNFUNDED PENSION LIABILITY	48,535,070
DEFERRED TAX LIABILITY	382,269
DERIVATIVE INSTRUMENT LIABILITY	2,495,414
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	51,969,012

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	118,538,366
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	106,943,460
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,594,906
4	Net unrealized gains (losses) on investments	4	-15,108,202
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-17,036,036
9	Total adjustments (net) Add lines 4 - 8	9	-32,144,238
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-20,549,332

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

1	Total revenue, gains, and other support per audited financial statements			1	102,527,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-15,108,202		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-15,108,202
3	Subtract line **2e** from line **1**			3	117,635,588
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	902,778		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	902,778
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	118,538,366

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

1	Total expenses and losses per audited financial statements			1	107,104,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,063,909		
e	Add lines **2a** through **2d**			2e	1,063,909
3	Subtract line **2e** from line **1**			3	106,040,682
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	902,778		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	902,778
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	106,943,460

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 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 2010 THROUGH 2011), 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 -15,972,127 UNREALIZED LOSS ON DERIVATIVE INSTRUMENT - 1,063,909 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 17,036,036
PART XIII, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED DERIVATIVE INSTRUMENT LOSS 1,063,909

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part 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)			UNRELATED BUSINESS		3,184,460
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICE	SUBSCRIPTION SALES	
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICE	BULK REPRINT SALES	
EAST ASIA AND THE PACIFIC			UNRELATED BUSINESS		1,035,363
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	SUBSCRIPTION SALES	
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	BULK REPRINT SALES	
NORTH AMERICA			UNRELATED BUSINESS		1,182,324
NORTH AMERICA			PROGRAM SERVICE	SUBSCRIPTION SALES	
NORTH AMERICA			PROGRAM SERVICE	BULK REPRINT SALES	
3a Sub-total	0	0			5,402,147
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			5,402,147

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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		NOT APPLICABLE	NOT APPLICABLE	COMMUNITY ACTION
(2) PHYSICIAN HEALTH SERVICES860 WINTER ST WALTHAM, MA 024511411	22-3234975	501(C)(3)	498,000		NOT APPLICABLE	NOT APPLICABLE	ABUSE TREATMENT
(3) MASS MEDICAL BENEVOLENT SOC860 WINTER ST WALTHAM, MA 024511411	23-7089741	501(C)(3)	50,000		NOT APPLICABLE	NOT APPLICABLE	FINANCIAL RELIEF
(4) MASS MEDICAL SOCIETY ALLIANCE860 WINTER ST WALTHAM, MA 024511411	23-7055291	501(C)(6)	25,000		NOT APPLICABLE	NOT APPLICABLE	HEALTH EDUCATION
(5) AMA FOUNDATION 9050 PAYSHPERE CR CHICAGO, IL 60674	36-6080517	501(C)(3)	14,000		NOT APPLICABLE	NOT APPLICABLE	MEDICAL EDUCATION
(6) BETH ISRAEL DEACONESS MED CTR330 BROOKLINE AV BOSTON, MA 02215	04-2103881	501(C)(3)	200,000		NOT APPLICABLE	NOT APPLICABLE	MEDICAL LIABILITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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		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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	401,322	41,054	16,500	35,443	29,852	524,171	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN W BURNS	(i)	225,603	36,009	16,500	24,005	21,763	323,880	0
	(ii)	0	0	0	0	0	0	0
(3) CHRISTOPHER R LYNCH	(i)	328,607	65,750	0	30,352	32,970	457,679	0
	(ii)	0	0	0	0	0	0	0
(4) JEFFERY M DRAZEN MD	(i)	476,823	48,104	16,500	40,724	23,657	605,808	0
	(ii)	0	0	0	0	0	0	0
(5) CHARLES T ALAGERO	(i)	247,964	37,208	0	17,357	27,043	329,572	0
	(ii)	0	0	0	0	0	0	0
(6) THEODORE J BLIZZARD	(i)	252,085	38,390	0	24,402	32,896	347,773	0
	(ii)	0	0	0	0	0	0	0
(7) EDWARD D CAMPION	(i)	293,991	6,150	0	27,929	31,731	359,801	0
	(ii)	0	0	0	0	0	0	0
(8) GREGORY D CURFMAN MD	(i)	342,923	9,900	16,500	31,355	28,531	429,209	0
	(ii)	0	0	0	0	0	0	0
(9) ARTHUR P WILSCHEK	(i)	189,622	104,145	6,000	20,624	33,728	354,119	0
	(ii)	0	0	0	0	0	0	0

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

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

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	35,448	SEE BELOW		No
(2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	SEE BELOW	701,063	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

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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

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SPEAKER, RICHARD PIETERS, M D IS MARRIED TO MMS TRUSTEE, EDITH JOLIN, M D MMS TRUSTEE, BRUCE AUERBACH, M D IS MARRIED TO MMS TRUSTEE, ROBIN S RICHMAN, M D MMS TRUSTEES, DRS DEANNA RICKER, RONALD DUNLAP, MARY ANNE BOMBAUGH AND BRUCE AUERBACH SERVE ON THE BOARD OF CONVERYS MMS TRUSTEES, GLADYS CHAN AND ALAN WOODWARD, M D SERVE ON THE BOARD OF MMS AND ALLIANCE CHARITABLE FOUNDATION MMS TRUSTEE, JUDD KLINE, M D AND ALTERNATE TRUSTEE, SVEND BRUUN, 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 Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	DISTRICT SOCIETY MEMBERS ELECT TWO OF THEIR NUMBERS TO SERVE AS TRUSTEE AND ALTERNATE, RESPECTIVELY, OF THE BOARD OF TRUSTEES

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, 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 SOCIETYS 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, PART VI, SECTION B, LINE 12C	THE SOCIETYS 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 SOCIETYS EXECUTIVE VICE PRESIDENT MUST REPORT IN HER ANNUAL REPORT ON OVERALL BOARD OF TRUSTEE CONFLICT OF INTEREST COMPLIANCE RATES DETERMINATION AND REVIEW FOR OFFICERS, DIRECTORS AND TRUSTEES RELATIVE TO CONFLICT OF INTEREST ARE AT THE BOARD OF TRUSTEES LEVEL DETERMINATION AND REVIEW OF EMPLOYEES ARE ADDRESSED THROUGH THE SOCIETYS EXECUTIVE VICE PRESIDENT EXECUTIVE VICE PRESIDENT CONFLICTS ARE ADDRESSED THROUGH THE SOCIETYS PRESIDENT ACTIONS AND RESTRICTIONS RELATIVE TO NON-COMPLIANCE WITH THE POLICY ARE AS FOLLOWS FOR TRUSTEES, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THOSE PRESENT WHETHER THE TRUSTEE MAY CONTINUE TO PARTICIPATE IN, AND VOTE ON THE MATTER SUCH A VOTE SHALL BE DISPOSITIVE FOR OFFICERS, THE PRESIDENT, PRESIDENT-ELECT AND VICE PRESIDENT SHALL DETERMINE BY CONSENSUS, NOT COUNTING THE DISCLOSING OFFICER, WHETHER THE OFFICER MAY CONTINUE TO PARTICIPATE IN THE MATTER IF THE OFFICERS CANNOT REACH CONSENSUS THE MATTER SHALL BE DECIDED BY A MAJORITY VOTE OF THE PRESIDENT, PRESIDENT-ELECT, VICE PRESIDENT AND SECRETARY/TREASURER, NOT COUNTING THE DISCLOSING OFFICER THE OFFICERS VOTE SHALL BE DISPOSITIVE IN THE MATTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, 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 2012 IS THE LAST DATE FOR WHICH COMPENSATION REVIEWS WERE CONDUCTED FOR THE EXECUTIVE VICE PRESIDENT, VICE PRESIDENT OF FINANCE, VICE PRESIDENT OF PUBLISHING, AND EDITOR-IN-CHIEF POSITIONS FEBRUARY 2012 IS THE LAST DATE FOR WHICH HONORARIA REVIEWS WERE CONDUCTED FOR OFFICER POSITIONS

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -15,108,202 PENSION LIABILITY ADJUSTMENT -15,972,127 UNREALIZED LOSS ON DERIVATIVE INSTRUMENT -1,063,909 TOTAL TO FORM 990, PART XI, LINE 5 -32,144,238

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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

2011

Open to Public Inspection

Name of the organization
MASSACHUSETTS MEDICAL SOCIETY

Employer identification number
04-2050773

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MMS WINTER STREET LLC 860 WINTER STREET WALTHAM, MA 024511411 04-3384431	PROPERTY	DE	5,000,000	39,543,739	N/A
(2) MMS LOT 2 LLC 860 WINTER STREET WALTHAM, MA 024511411 04-3500736	PROPERTY	DE	784,956	11,663,379	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND 860 WINTER STREET WALTHAM, MA 024511411 04-6075905	MEDICAL STUDENT LOANS	MA	501(C)(3)	11, TYPE I	N/A	Yes	
(2) PHYSICIAN HEALTH SERVICES INC 860 WINTER STREET WALTHAM, MA 024511411 22-3234975	OUTREACH SERVICES	MA	501(C)(3)	11, TYPE I	N/A	Yes	
(3) MASSACHUSETTS MEDICAL SOCIETY & ALLIANCE CHARITABLE FOUNDATION 860 WINTER STREET WALTHAM, MA 024511411 22-3199614	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC 860 WINTER STREET WALTHAM, MA 024511411 04-3135954	INSURANCE	MA	N/A	C	2,593,546	3,611,587	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.)

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	A	89,324	FAIR MARKET VALUE
(2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	N	180,989	COST
(3) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	P	430,750	COST
(4) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	A	137,258	PROMISSORY NOTE
(5) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	D	5,426,985	PROMISSORY NOTE
(6) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	Q	400,000	PROMISSORY NOTE
(7) MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	R	573,250	FAIR MARKET VALUE
(8) PHYSICIAN HEALTH SERVICES INC	P	167,264	COST
(9) PHYSICIAN HEALTH SERVICES INC	B	498,000	FAIR MARKET VALUE
(10) MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION	B	187,972	FAIR MARKET VALUE

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICE A COOMBS MD IMMEDIATE PAST PRESIDENT	30	X						72,917	0	0
LYNDA M YOUNG MD PRESIDENT	20 00	X		X				116,833	0	16,500
JESSE M EHRENFELD MD VICE SPEAKER	3 00	X		X				12,500	0	0
PETER B KANG MD ASST SECRETARY-TREASURER	4 00	X		X				12,500	0	0
RICHARD S PIETERS MD SPEAKER	3 00	X		X				25,000	0	0
DEANNA P RICKER MD SECRETARY-TREASURER	12 00	X		X				8,500	0	16,500
BRUCE S AUERBACH MD TRUSTEE	30	X						0	0	0
RONALD W DUNLAP MD VICE PRESIDENT	12 00	X		X				29,167	0	0
JAMES S GESSENER MD TRUSTEE	30	X						0	0	0
MARIA HAN MD RESIDENT ALTERNATE TRUSTEE	30	X						0	0	0
RICHARD V AGHABABIAN MD PRESIDENT-ELECT	12 00	X		X				48,108	0	16,500
JAMES B BROADHURST MD TRUSTEE	30	X						0	0	0
HUBERT L CAPLAN MD TRUSTEE	30	X						0	0	0
WILLIAM F DOYLE MD TRUSTEE	30	X						0	0	0
HEIDI J FOLEY MD TRUSTEE	30	X						0	0	0
EDITH M JOLIN MD TRUSTEE	30	X						0	0	0
ANNA A MANATIS MD TRUSTEE	30	X						0	0	0
JAMES R RALPH MD TRUSTEE	30	X						0	0	0
ALAIN A CHAOUI MD TRUSTEE	30	X						0	0	0
SARAH A KEMBLE MD TRUSTEE	30	X						0	0	0
REBECCA L JOHNSON MD TRUSTEE	30	X						0	0	0
JUDD L KLINE MD TRUSTEE	30	X						0	0	0
STUART B MUSHLIN MD TRUSTEE	30	X						0	0	0
ROBIN S RICHMAN MD TRUSTEE	30	X						0	0	0
PURNIMA R SANGAI MD TRUSTEE	30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK M SHERMAN MD TRUSTEE	30	X						0	0	0
CHARLES A WELCH MD TRUSTEE	30	X						0	0	0
GEORGE ABRAHAM MD TRUSTEE	30	X						0	0	0
JOSEPH C BERGERON MD TRUSTEE	30	X						0	0	0
MARYANNE C BOMBAUGH MD ALTERNATE TRUSTEE	30	X						0	0	0
WILLIAM A COOK MD TRUSTEE	30	X						0	0	0
DANIEL M FRENDL STUDENT TRUSTEE	30	X						0	0	0
CYRUS C HOPKINS MD TRUSTEE	30	X						0	0	0
BARRY STEINBERG MD TRUSTEE	30	X						0	0	0
ALAN C WOODWARD MD ALTERNATE TRUSTEE	30	X						0	0	0
CAROLE E ALLEN MD ALTERNATE TRUSTEE	30	X						0	0	0
MARK A BIGDA DO TRUSTEE	30	X						0	0	0
SVEND W BRUUN JR MD ALTERNATE TRUSTEE	30	X						0	0	0
JULIA F EDELMAN MD ALTERNATE TRUSTEE	30	X						0	0	0
MATTHEW D SCHMITZ MD RESIDENT TRUSTEE	30	X						0	0	0
JAMES FX KENEALY MD ALTERNATE TRUSTEE	30	X						0	0	0
GLADYS C CHAN MD ALLIANCE PRESIDENT	30	X						0	0	0
THOMAS A LAMATTINA MD TRUSTEE	30	X						0	0	0
BENJAMIN D SCHANKER STUDENT ALTERNATE TRUSTEE	30	X						0	0	0
JOHN J WALSH MD TRUSTEE	30	X						0	0	0
CLAUDIA L KOPPELMAN MD ALTERNATE TRUSTEE	30	X						0	0	0
DAVID S ADELSTEIN III DO ALTERNATE TRUSTEE	30	X						0	0	0
B HOAGLAND ROSANIA MD ALTERNATE TRUSTEE	30	X						0	0	0
ROBERT HERTZIG MD ALTERNATE TRUSTEE	30	X						0	0	0
SAMIR K PATEL MD 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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NASIR A KHAN MD ALTERNATE TRUSTEE	30	X						0	0	0
KEITH C NOBIL MD ALTERNATE TRUSTEE	30	X						0	0	0
FRANCIS X ROCKETT MD ALTERNATE TRUSTEE	30	X						0	0	0
VINCENT J RUSSO MD ALTERNATE TRUSTEE	30	X						0	0	0
CORINNE BRODERICK EXECUTIVE VICE PRESIDENT	50 00			X				458,876	0	65,295
JOHN W BURNS VICE PRESIDENT, FINANCE	50 00			X				278,112	0	45,768
CHRISTOPHER R LYNCH VICE PRESIDENT, PUBLISHING	50 00				X			394,357	0	63,322
JEFFERY M DRAZEN MD EDITOR-IN-CHIEF	50 00				X			541,427	0	64,381
CHARLES T ALAGERO VICE PRESIDENT AND GENERAL COUNSEL	50 00					X		285,172	0	44,400
THEODORE J BLIZZARD VICE PRESIDENT-INFORMATION TECHNOLOGY	50 00					X		290,475	0	57,298
EDWARD D CAMPION SENIOR DEPUTY EDITOR	50 00					X		300,141	0	59,660
GREGORY D CURFMAN MD EXECUTIVE EDITOR	50 00					X		369,323	0	59,886
ARTHUR P WILSCHEK EXECUTIVE DIRECTOR, GLOBAL SALES	50 00					X		299,767	0	54,352