



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 4/1/2012, and ending 3/31/2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8 JORDAN ROAD City or town state or country ZIP + 4 LYNNFIELD MA 01940
	D Employer identification number 04-6290204 E Telephone number (978) 273-8014 F Group Exemption Number 9253
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: N/A J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 55,265**

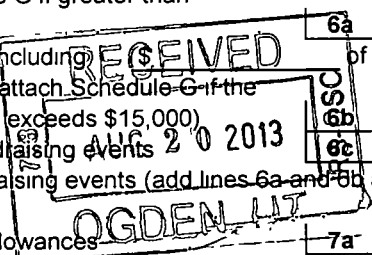
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	48,430
	4	Investment income	4	1,835
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,265
	10	Grants and similar amounts paid (list in Schedule O)	10	5,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	16,000
Net Assets	13	Professional fees and other payments to independent contractors	13	6,220
	14	Occupancy, rent, utilities, and maintenance	14	1,088
	15	Printing, publications, postage, and shipping	15	876
	16	Other expenses (describe in Schedule O)	16	21,507
	17	Total expenses. Add lines 10 through 16	17	50,691
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,574	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	114,328	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	9,289	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	128,191	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA

SCANNED SEP 10 2013
Revenue

1269

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	114,328	22	128,191
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	114,328	25	128,191
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,328	27	128,191

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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

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

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
37 b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42a SANJAY AURORA Telephone no 42a (978) 273-8014 Located at 42b 8 JORDAN ROAD City LYNNFIELD ST MA ZIP + 4 42b 01940		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

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

	Yes	No
46		X

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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

Sign Here	Signature of officer	Date		
	SANJAY AURORA, M D, TREASURER	8/9/13		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	FRANCIS G CHASE, CPA		8/2/2013	PTIN P00503880
	Firm's name	Firm's EIN		
	Firm's address	Phone no		

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

04-6290204

Form 990-EZ, Part I, Line 16, Other Expenses DELEGATE MEETINGS & MMS ANNUAL MEETING 18,558

Form 990-EZ, Part I, Line 16, Other Expenses CONFERENCES 2,949

Form 990-EZ, Part I, Line 20, Net Assets UNREALIZED GAINS 9,289

Form 990-EZ Part V INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS THE ORGANIZATION DID NOT,
DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

Name of the organization

Employer identification number

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

04-6290204

Massachusetts Medical Society Essex South District Employer
ID# 04-6290204

FORM 990 E-Z
Part III
PROGRAM SERVICE ACCOMPLISHMENTS

The Essex South District Medical Society does such 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 of Massachusetts.

The program service accomplishments of the Essex South District Society are achieved largely through the state society, the Massachusetts Medical Society which is a central organization of which Essex South District Society is an affiliated subordinate.

The Massachusetts Medical Society:

1. publishes The New England Journal of Medicine, a weekly publication presenting clinical and socio-economic issues pertinent to the medical profession;
2. conducts Medical Education conferences and seminars for Physicians and their staff addressing a wide variety of issues in practice and risk management issues as well as home-study programs;
3. distributes member mailings including weekly Executive Briefs, The MMS Newsletter, The Legislative Report, and specialized newsletters provide up to date information on the changing environment of medicine in Massachusetts; and
4. operates programs in Managed Care Services and Central Credentialing Verification.

In addition, the Essex South District Medical Society:

1. provides educational programs for the membership;
2. keeps the membership informed about the state society's programs and activities; and
3. responds to local membership needs for information and education regarding medical issues.

Massachusetts Medical Society Essex South District
Employer ID # 04-6290204

Form 990-EZ
DECLARATION

The organization, during the year, did not receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay premiums, directly or indirectly, on a personal benefit contract.

Massachusetts Medical Society Essex South District Employer
ID# 04-6290204

FORM 990 E-Z

Part III

PROGRAM SERVICE ACCOMPLISHMENTS

The Essex South District Medical Society does such 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 of Massachusetts.

The program service accomplishments of the Essex South District Society are achieved largely through the state society, the Massachusetts Medical Society which is a central organization of which Essex South District Society is an affiliated subordinate.

The Massachusetts Medical Society:

1. publishes The New England Journal of Medicine, a weekly publication presenting clinical and socio-economic issues pertinent to the medical profession;
2. conducts Medical Education conferences and seminars for Physicians and their staff addressing a wide variety of issues in practice and risk management issues as well as home-study programs;
3. distributes member mailings including weekly Executive Briefs, The MMS Newsletter, The Legislative Report, and specialized newsletters provide up to date information on the changing environment of medicine in Massachusetts; and
4. operates programs in Managed Care Services and Central Credentialing Verification.

In addition, the Essex South District Medical Society:

1. provides educational programs for the membership;
2. keeps the membership informed about the state society's programs and activities; and
3. responds to local membership needs for information and education regarding medical issues.

Massachusetts Medical Society Essex South District
Employer ID # 04-6290204

Form 990-EZ
DECLARATION

The organization, during the year, did not receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay premiums, directly or indirectly, on a personal benefit contract.