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## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Department of the Treasury  
Internal Revenue ServiceUnder 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.

Open to Public  
Inspection

## A For the 2012 calendar year, or tax year beginning

4/1/2012

, and ending

3/31/2013

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

## C Name of organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Number and street (or PO 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

 Cash  Accrual

Other (specify) ► \_\_\_\_\_

## I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 SCANNED SEP 10 2013  
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	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> 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
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	<b>Total expenses.</b> 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

12 G9

**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 SEE ATTACHED STATEMENT

(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)	► <input type="checkbox"/>	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			

**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.

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.  33 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)  34 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)?  35a X

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

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  35c 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  36 X

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

b Did the organization file Form 1120-POL for this year?  37b 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?  38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b

39 Section 501(c)(7) organizations Enter  39a

a Initiation fees and capital contributions included on line 9  39b

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

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►  , section 4912 ►  , section 4955 ►   40b

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 ►   40e X

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

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

41 List the states with which a copy of this return is filed ►

42 a The organization's books are in care of ► SANJAY AURORA Telephone no ► (978) 273-8014  
Located at ► 8 JORDAN ROAD City LYNNFIELD ST MA ZIP + 4 ► 01940  42b X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►   
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  42c X

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 ►

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

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

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"

(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				

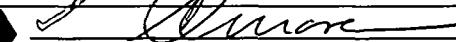
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
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			Date 8/9/13
	Signature of officer		
	SANJAY AURORA, M D , TREASURER		
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name FRANCIS G CHASE, CPA	Preparer's signature 	Date 8/2/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00503880
	Firm's name ► FRANCIS G CHASE, CPA			Firm's EIN ► 46-1386142	
	Firm's address ► 50 MAIN STREET, #201, NORTH READING, MA 01864			Phone no	978-664-0130

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

Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

## **Supplemental Information to Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

**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

**Employer identification number**

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

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,

## INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

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  
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