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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013

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 $ 211,390,460

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 2012 (Part V, line 2a)	**5**	432
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,128,877
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-13,283,113

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	84,747,165	86,674,385
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,942,677	10,272,921
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,848,524	21,601,976
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,538,366	118,549,282
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,181,978	1,191,209
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)	49,793,546	52,415,900
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)	55,967,936	52,761,664
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	106,943,460	106,368,773
19	Revenue less expenses Subtract line 18 from line 12	11,594,906	12,180,509
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	248,779,761	261,578,811
21	Total liabilities (Part X, line 26)	130,761,313	107,415,098
22	Net assets or fund balances Subtract line 21 from line 20	118,018,448	154,163,713

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

****** | 2014-04-08
Signature of officer | Date

CHARLES T ALAGERO VP AND GENERAL COUNSEL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CRAIG KLEIN				P00734640

Firm's name ▶ CBIZ TOFIAS | Firm's EIN ▶ 26-3753134

Firm's address ▶ 500 BOYLSTON STREET
BOSTON, MA 02116 | Phone no (617) 761-0600

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

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 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 JOURNAL WATCH EXPERIENCED A NEW LOOK FOR PRINT ISSUES AND A REDESIGNED WEBSITE, THE NEW ENGLAND JOURNAL OF MEDICINE JOURNAL WATCH ONLINE, WITH ENHANCED CONTENT, A MOBILE FRIENDLY FORMAT, AND MORE SUBSTANTIAL EDITOR PROFILES SUBSCRIBERS CAN EASILY MOVE BETWEEN ARTICLES AND MANAGE ACCOUNT INFORMATION THE NEW ENGLAND JOURNAL OF MEDICINE INTERACTIVE MEDICAL CASES (IMCS) WERE RECENTLY ACCEPTED BY THE AMERICAN BOARD OF INTERNAL MEDICINE FOR 2 POINTS EACH TOWARD THE SELF-EVALUATION OF MEDICAL KNOWLEDGE REQUIREMENT OF MAINTENANCE OF CERTIFICATION THE NEW ENGLAND JOURNAL OF MEDICINE AND THE HARVARD BUSINESS REVIEW INITIATED A PILOT WEBSITE ON THE SIGNIFICANT CHANGES OCCURING IN HEALTH CARE TODAY THE LEADING HEALTH CARE INNOVATION INSIGHT CENTER WAS AN EIGHT WEEK ONLINE FORUM DEDICATED TO HELPING LEADERS, MANAGERS AND OTHER DECISION MAKERS IN HEALTH CARE IMPROVEMENT, PATIENT OUTCOMES AND LOWER COST OF CARE CONTINUED PUBLICATION OF THE NEW ENGLAND JOURNAL OF MEDICINE AND RELATED PUBLICATIONS IN BOTH PRINT AND ELECTRIC FORMAT, BOTH DOMESTICALLY AND INTERNATIONALLY

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

EDUCATIONAL THE MASS MEDICAL SOCIETY AND THE HELLER SCHOOL AT BRANDEIS UNIVERSITY DEVELOPED AN EXECUTIVE LEADERSHIP CERTIFICATE PROGRAM FOR CURRENT AND FUTURE HEALTH CARE LEADERS THE MASS MEDICAL SOCIETY LAUNCED A SIX-MODULE OPIOID PRESCRIBING SERIES TO ADDRESS OPIOID PRESCRIBING PRACTICES, MONITORING OPIOID THERAPY, AND MANAGING RISK WHEN PRESCRIBING OPIOIDS TO MEET THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE REQUIREMENTS IN OPIOID PRESCRIBING THE SOCIETY CREATED A THREE PART ONLINE TRAINING SERIES INCLUDING MODULES ON ETHICS AND END OF LIFE CARE, COMMUNICATION AND CONFLICT RESOLUTION, AND ADVANCE CARE PLANNING THE SOCIETY CO-SPONSORED THE 2013 DIRECTORS OF MEDICAL EDUCATION CONFERENCE, ATTENDED BY MORE THAN 65 PARTICIPANTS FROM ACCREDITED INSTITUTIONS THE SOCIETY COLLABORATED WITH THE NATIONAL ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO COORDINATE AN ONLINE TRAINING SESSION FOR MASS MEDICAL SOCIETY ACCREDITED PROVIDERS

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

MEMBERSHIP SOCIETY MEMBERSHIP REACHED ITS HIGHEST LEVEL IN 2013 WITH 24,175 TOTAL MEMBERS STATE ADVOCACY INCLUDED MODIFICATIONS TO THE PRESCRIPTION MONITORING PROGRAM, REFORMS TO MEANINGFUL USE AS A CONDITION OF LICENSURE, PARTNERS IN PAYMENT REFORM AND IMPLEMENTATION OF THE AFFORDABLE CARE ACT AND RESPONSIBLE POLICIES FOR MEDICAL MARIJUANA FEDERAL ADVOCACY INCLUDED SUPPORTING AND IMPLEMENTING THE AFFORDABLE CARE ACT, FEDERAL FUNDING FOR GRADUATE MEDICAL EDUCATION, REAUTHORIZATION OF THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM AND DEVELOPING A FRAMEWORK FOR A NEW MEDICARE PHYSICIAN PAYMENT FORMULA PUBLIC HEALTH INCLUDED PURSUING PARITY FOR MENTAL AND BEHAVIORAL HEALTH, ADVANCING VIOLENCE PREVENTION AND INTERVENTION PROGRAMS, AND ADDRESSING HEALTH CARE DISPARITIES THE SOCIETY RELEASED THE MMS GUIDE TO ACCOUNTABLE CARE ORGANIZATIONS WHAT PHYSICIANS NEED TO KNOW, A 44 PAGE GUIDE FOR PHYSICIANS AND THEIR PRACTICE MANAGERS

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 for escrow or custodial account liability, 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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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	432		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ UK , CA , NL , EI 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,746,938	0	615,090

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 ▶ 91

			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	1,653,434
PRICEWATERHOUSECOOPERS PO BOX 7247-8001 PHILADELPHIA PA 191708001	ACCOUNTING/AUDIT	260,100
JONES LANG LASALLE 1 POST OFFICE SQ BOSTON MA 02109	REAL ESTATE SERVICES	188,156
DELOITTE TAX LLP PO BOX 2079 CAROL STREAM IL 601322079	TAX CONSULTING	173,125
JOHN K INGLEHART 10200 ADDISON CT BETHESDA MD 20817	EDITORIAL	154,500

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 ▶ 10

Part VIII Statement of Revenue

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

			(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	81,449,022	81,449,022	
	b	EDUCATIONAL FEES	611710	3,701,509	3,701,509	
	c	MEMBERSHIP DUES	900099	1,523,854	1,523,854	
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		86,674,385		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,572,153		4,572,153
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶		2,598,819		2,598,819

		(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	98,540,946	1,000			
	b	Less cost or other basis and sales expenses	92,834,457	6,721			
	c	Gain or (loss)	5,706,489	-5,721			
	d	Net gain or (loss) . . . . . ▶			5,700,768		5,700,768
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	15,322,726		15,322,726	
	b	BUSINESS SERVICES	900099	2,105,786		2,105,786	
	c	FORMS AND OTHER INCOME	900099	196,000		196,000	
	d	All other revenue		504,365		504,365	
	e	**Total.** Add lines 11a–11d . . . . . ▶		18,128,877			
	12	**Total revenue.** See Instructions . . . . . ▶		118,549,282	86,674,385	18,128,877	13,746,020

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)

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	1,019,139			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	172,070			
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	2,997,306			
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	32,838,817			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,176,782			
9 Other employee benefits	6,869,767			
10 Payroll taxes	2,533,228			
11 Fees for services (non-employees)				
a Management				
b Legal	82,643			
c Accounting	61,333			
d Lobbying	91,830			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	951,927			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,074,980			
12 Advertising and promotion	2,392,656			
13 Office expenses	7,592,445			
14 Information technology	2,260,744			
15 Royalties				
16 Occupancy	7,343,658			
17 Travel	1,490,541			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,277,236			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,856,588			
23 Insurance	538,894			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBL -PRINTING AND PROD	8,468,926			
b PUBL -MARKETING	3,409,797			
c CONFERENCING-FOOD COSTS	1,341,401			
d PUBL -EDITORIAL	53,535			
e All other expenses	472,530			
25 **Total functional expenses.** Add lines 1 through 24e	106,368,773			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,177,757	1	5,553,494
	2	Savings and temporary cash investments		7,300,111	2	1,265,514
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,560,468	4	10,518,023
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,369,000	7	5,168,000
	8	Inventories for sale or use		559,332	8	526,649
	9	Prepaid expenses and deferred charges		2,791,059	9	3,598,873
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 103,422,016			
	b	Less accumulated depreciation	10b 50,301,267	52,118,898	10c	53,120,749
	11	Investments—publicly traded securities		166,182,737	11	180,083,230
	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		1,695,399	15	1,719,279
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		248,779,761	16	261,578,811
Liabilities	17	Accounts payable and accrued expenses		9,278,094	17	7,581,777
	18	Grants payable			18	
	19	Deferred revenue		35,755,417	19	34,872,053
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		33,758,790	23	45,343,993
	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		51,969,012	25	19,617,275
	26	**Total liabilities.** Add lines 17 through 25		130,761,313	26	107,415,098
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		118,018,448	27	154,163,713
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		118,018,448	33	154,163,713
	34	Total liabilities and net assets/fund balances		248,779,761	34	261,578,811

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	118,549,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,368,773
3	Revenue less expenses Subtract line 2 from line 1	3	12,180,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,018,448
5	Net unrealized gains (losses) on investments	5	14,536,351
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,428,405
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	154,163,713

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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 (list any hours for related organizations below dotted line)	(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			
LYNDA M YOUNG MD IMMEDIATE PAST PRESIDENT	30 0 00	X						66,042	0	6,875
RICHARD V AGHABABIAN MD PRESIDENT	20 00 0 00	X		X				116,458	0	17,000
RICHARD S PIETERS MD VICE PRESIDENT	12 00 0 00	X		X				39,583	0	0
PETER B KANG MD ASST SECRETARY-TREASURER	4 00 0 00	X		X				12,500	0	0
JESSE M EHRENFELD MD SPEAKER	3 00 0 00	X		X				19,792	0	0
DEANNA P RICKER MD SECRETARY-TREASURER	12 00 0 00	X		X				8,500	0	16,500
BRUCE S AUERBACH MD TRUSTEE	30 0 00	X						0	0	0
RONALD W DUNLAP MD PRESIDENT-ELECT	12 00 0 00	X		X				64,584	0	0
DAVID A ROSMAN MD VICE SPEAKER	3 00 0 00	X		X				7,292	0	0
JAMES B BROADHURST MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
HUBERT L CAPLAN MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
WILLIAM F DOYLE MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
HEIDI J FOLEY MD TRUSTEE	30 0 00	X						0	0	0
EDITH M JOLIN MD TRUSTEE	30 0 00	X						0	0	0
ANNA A MANATIS MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
JAMES R RALPH MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
ALAIN A CHAOUI MD TRUSTEE	30 0 00	X						0	0	0
SARAH A KEMBLE MD TRUSTEE	30 0 00	X						0	0	0
JUDD L KLINE MD TRUSTEE	30 20	X						0	0	0
ROBIN S RICHMAN MD TRUSTEE	30 0 00	X						0	0	0
CHARLES A WELCH MD TRUSTEE	30 0 00	X						0	0	0
GEORGE ABRAHAM MD TRUSTEE	30 0 00	X						0	0	0
JOSEPH C BERGERON MD TRUSTEE	30 0 00	X						0	0	0
MARYANNE C BOMBAUGH MD TRUSTEE	30 0 00	X						0	0	0
WILLIAM A COOK MD TRUSTEE	30 0 00	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 (list any hours for related organizations below dotted line)	(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			
CYRUS C HOPKINS MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
BARRY STEINBERG MD TRUSTEE	30 0 00	X						0	0	0
ALAN C WOODWARD MD ALTERNATE TRUSTEE	30 1 50	X						0	0	0
CAROLE E ALLEN MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
JULIA F EDELMAN MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
JAMES FX KENEALY MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
THOMAS A LAMATTINA MD TRUSTEE	30 0 00	X						0	0	0
JOHN J WALSH MD TRUSTEE	30 0 00	X						0	0	0
CLAUDIA L KOPPELMAN MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
DAVID S ADELSTEIN III DO ALTERNATE TRUSTEE	30 0 00	X						0	0	0
B HOAGLAND ROSANIA MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
ROBERT HERTZIG MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
SAMIR K PATEL MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
NASIR A KHAN MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
KEITH C NOBIL MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
FRANCIS X ROCKETT MD TRUSTEE	30 0 00	X						0	0	0
VINCENT J RUSSO MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
DANIEL E CLAPP MD TRUSTEE	30 0 00	X						0	0	0
BASIL M MICHAELS MD TRUSTEE	30 0 00	X						0	0	0
KEVIN P MORIARTY MD TRUSTEE	30 0 00	X						0	0	0
SVEND W BRUUN MD ALTERNATE TRUSTEE	30 20	X						0	0	0
JOHN J LOONEY MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
M DENISE MILLIS MD ALTERNATE TRUSTEE	30 0 00	X						0	0	0
NIHAR R DESAI MD RESIDENT TRUSTEE	30 0 00	X						0	0	0
TAJ M KATTAPURAM MD RESIDENT ALTERNATE TRUSTEE	30 0 00	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 (list any hours for related organizations below dotted line)	(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			
BENJAMIN D SCHANKER STUDENT TRUSTEE	30 0 00	X						0	0	0
ARVIND NISHTAIA STUDENT ALTERNATE TRUSTEE	30 0 00	X						0	0	0
CORINNE BRODERICK EXECUTIVE VICE PRESIDENT	50 00 40			X				493,698	0	73,129
JOHN W BURNS VICE PRESIDENT, FINANCE	50 00 20			X				284,687	0	47,192
CHRISTOPHER R LYNCH VICE PRESIDENT, PUBLISHING	50 00 0 00				X			407,070	0	63,498
JEFFERY M DRAZEN MD EDITOR-IN-CHIEF	50 00 0 00				X			602,103	0	111,453
CHARLES T ALAGERO VICE PRESIDENT AND GENERAL	50 00 0 00					X		306,536	0	51,150
GREGORY D CURFMAN MD EXECUTIVE EDITOR	50 00 0 00					X		378,964	0	66,837
ARTHUR P WILSCHEK EXECUTIVE DIRECTOR, GLOBAL	50 00 0 00					X		310,162	0	58,525
JONATHAN ADLER MD CLINICAL STRATEGY EDITOR	50 00 0 00					X		317,567	0	30,441
EDWARD D CAMPION MD SENIOR DEPUTY EDITOR	50 00 0 00					X		311,400	0	72,490

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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

2012

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 function 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	2,387,428
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	625,451
b	Carryover from last year	2b	
c	Total	2c	625,451
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	835,600
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	-210,149

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	131,371,898	135,398,163	107,509,330	95,784,252	125,946,879
b	Contributions		1,618,575	2,347,222		3,155
c	Net investment earnings, gains, and losses	13,095,301	-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	144,467,199	131,371,898	135,398,163	107,509,330	95,784,252

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		40,165,617	17,420,869	22,744,748
c Leasehold improvements		2,524,823	1,966,264	558,559
d Equipment		16,181,309	14,705,159	1,476,150
e Other		27,762,142	16,208,975	11,553,167
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				53,120,749

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) must 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) must 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) must 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) Book value
Federal income taxes	
DEFERRED COMPENSATION	651,469
UNFUNDED PENSION LIABILITY	16,654,784
OTHER LONG TERM LIABILITY	456,654
DERIVATIVE INSTRUMENT LIABILITY	1,854,368
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	19,617,275

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	132,140,425
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	14,536,350		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	14,536,350
3	Subtract line **2e** from line **1**			3	117,604,075
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	951,927		
b	Other (Describe in Part XIII)	4b	-6,720		
c	Add lines **4a** and **4b**			4c	945,207
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	118,549,282

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

1	Total expenses and losses per audited financial statements			1	104,782,521
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	6,720		
d	Other (Describe in Part XIII)	2d	-641,045		
e	Add lines **2a** through **2d**			2e	-634,325
3	Subtract line **2e** from line **1**			3	105,416,846
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	951,927		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	951,927
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	106,368,773

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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
PART XI, LINE 4B - OTHER ADJUSTMENTS		ASSET DISPOSAL REPORTED IN PART VIII, LINE 7B - 6,720
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN UNREALIZED LOSS ON DERIVATIVE INSTRUMENT -641,045
		PART XII, LINE 2C - OTHER LOSSES ASSET DISPOSAL REPORTED IN PART VIII, LINE 7B 6,720

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total	0	0			6,329,845
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			6,329,845

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. Part II can be duplicated 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCOUNTING METHOD ACCRUAL BASIS

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	UNRELATED BUSINESS		3,837,982
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	SUBSCRIPTION SALES	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	BULK REPRINT SALES	

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	UNRELATED BUSINESS		1,204,855
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	SUBSCRIPTION SALES	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	BULK REPRINT SALES	

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	UNRELATED BUSINESS		1,287,008
NORTH AMERICA	0	0	PROGRAM SERVICE	SUBSCRIPTION SALES	
NORTH AMERICA	0	0	PROGRAM SERVICE	BULK REPRINT SALES	

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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

2012

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. Part II can be duplicated 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 FOUNDATION 860 WINTER ST WALTHAM, MA 024511411	22-3199624	501(C)(3)	185,500		NOT APPLICABLE	NOT APPLICABLE	COMMUNITY ACTION
(2) PHYSICIAN HEALTH SERVICES 860 WINTER ST WALTHAM, MA 024511411	22-3234975	501(C)(3)	498,000		NOT APPLICABLE	NOT APPLICABLE	ABUSE TREATMENT
(3) MASS MEDICAL BENEVOLENT SOC 860 WINTER ST WALTHAM, MA 024511411	23-7089741	501(C)(3)	100,000		NOT APPLICABLE	NOT APPLICABLE	FINANCIAL RELIEF
(4) MASS MEDICAL SOCIETY ALLIANCE 860 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) MA SOCIETY FOR MEDICAL RESEARCH 72 PRINCETON ST SUITE 311 N CHELMSFORD, MA 01863	04-2770981	501(C)(3)	7,500		NOT APPLICABLE	NOT APPLICABLE	MEDICAL RESEARCH

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 . . . . . ▶ 1

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. Part III can be duplicated 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	17	160,000	0	NOT APPLICABLE	NOT APPLICABLE
(2) MEMBER LIFETIME ACHIEVEMENT AWARD	1	5,000	0	NOT APPLICABLE	NOT APPLICABLE
(3) INFORMATION TECHNOLOGY IN MEDICINE AWARD	2	6,070	0	NOT APPLICABLE	NOT APPLICABLE
(4) HISTORY OF MEDICAL ESSAY AWARD	1	1,000	0	NOT APPLICABLE	NOT APPLICABLE

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CORINNE BRODERICK EXECUTIVE VICE PRESIDENT	(i)	413,770	63,428	16,500	44,589	28,540	566,827	0
	(ii)	0	0	0	0	0	0	0
(2)JOHN W BURNS VICE PRESIDENT, FINANCE	(i)	211,815	55,872	17,000	24,726	22,466	331,879	0
	(ii)	0	0	0	0	0	0	0
(3)CHRISTOPHER R LYNCH VICE PRESIDENT, PUBLISHING	(i)	297,595	109,475	0	31,158	32,340	470,568	0
	(ii)	0	0	0	0	0	0	0
(4)JEFFERY M DRAZEN MD EDITOR-IN-CHIEF	(i)	469,614	115,489	17,000	87,184	24,269	713,556	0
	(ii)	0	0	0	0	0	0	0
(5)CHARLES T ALAGERO VICE PRESIDENT AND GENERAL	(i)	255,493	51,043	0	22,994	28,156	357,686	0
	(ii)	0	0	0	0	0	0	0
(6)GREGORY D CURFMAN MD EXECUTIVE EDITOR	(i)	358,314	4,150	16,500	39,415	27,422	445,801	0
	(ii)	0	0	0	0	0	0	0
(7)ARTHUR P WILSCHEK EXECUTIVE DIRECTOR, GLOBAL	(i)	195,002	109,160	6,000	24,900	33,625	368,687	0
	(ii)	0	0	0	0	0	0	0
(8)JONATHAN ADLER MD CLINICAL STRATEGY EDITOR	(i)	316,417	1,150	0	1,231	29,210	348,008	0
	(ii)	0	0	0	0	0	0	0
(9)EDWARD D CAMPION MD SENIOR DEPUTY EDITOR	(i)	304,250	7,150	0	43,860	28,630	383,890	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CORINNE BRODERICK	(I)	413,770	63,428	16,500	44,589	28,540	566,827	0
	(II)	0	0	0	0	0	0	0
JOHN W BURNS	(I)	211,815	55,872	17,000	24,726	22,466	331,879	0
	(II)	0	0	0	0	0	0	0
CHRISTOPHER R LYNCH	(I)	297,595	109,475	0	31,158	32,340	470,568	0
	(II)	0	0	0	0	0	0	0
JEFFERY M DRAZEN MD	(I)	469,614	115,489	17,000	87,184	24,269	713,556	0
	(II)	0	0	0	0	0	0	0
CHARLES T ALAGERO	(I)	255,493	51,043	0	22,994	28,156	357,686	0
	(II)	0	0	0	0	0	0	0
GREGORY D CURFMAN MD	(I)	358,314	4,150	16,500	39,415	27,422	445,801	0
	(II)	0	0	0	0	0	0	0
ARTHUR P WILSCHEK	(I)	195,002	109,160	6,000	24,900	33,625	368,687	0
	(II)	0	0	0	0	0	0	0
JONATHAN ADLER MD	(I)	316,417	1,150	0	1,231	29,210	348,008	0
	(II)	0	0	0	0	0	0	0
EDWARD D CAMPION MD	(I)	304,250	7,150	0	43,860	28,630	383,890	0
	(II)	0	0	0	0	0	0	0

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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, line 38a or 40b.**

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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	37,903	SEE BELOW		No
(2) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	SEE BELOW	806,375	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

2012

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	VICE PRESIDENT, 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 SECRETARY-TREASURER, DR DEANNA RICKER, PRESIDENT-ELECT, RONALD DUNLAP, TRUSTEES, MARY ANNE BOMBAUGH AND BRUCE AUERBACH SERVE ON THE BOARD OF CONVERYS 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 SOCIETY'S CONFLICT OF INTEREST POLICY APPLIES TO ITS EMPLOYEES INCLUDING THOSE MEETING THE DEFINITION OF KEY EMPLOYEES IT ALSO APPLIES TO THOSE SERVING IN THE CAPACITY OF AN OFFICER, DIRECTOR OR TRUSTEE NEW EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST AND DISCLOSURE STATEMENT UPON BEING HIRED EMPLOYEES ARE ALSO REQUIRED TO CERTIFY YEARLY (AT THE TIME OF THEIR ANNUAL REVIEW) THAT THEY CONTINUE TO BE IN COMPLIANCE WITH THIS POLICY BOARD MEMBERS ARE ALSO REQUIRED TO READ AND SIGN A CONFIRMATION OF COMPLIANCE WITH THE MASSACHUSETTS MEDICAL SOCIETY CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AT THE FIRST MEETING IN JUNE SUBSEQUENT REVIEW AND NOTICE IS MADE AT THE SECOND MEETING FOR THOSE THAT HAVE NOT YET COMPLIED WITH THE REQUIREMENT FURTHER REVIEW AND NOTICE IS ISSUED AT THE INTERIM HOUSE OF DELEGATES MEETING IN THE FALL FOR THOSE THAT HAVE NOT YET SUBMITTED THEIR CONFIRMATION OF COMPLIANCE FORM THE 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
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTANTS TOTAL EXPENSES 5,047,417 CONTRACT EDITORS TOTAL EXPENSES 1,727,319 CONTRACT LABOR TOTAL EXPENSES 1,117,504 CONFERENCE CENTER CONTRACT STAFF FEES TOTAL EXPENSES 1,033,657 EDITOR FEES TOTAL EXPENSES 862,573 CONTRACT SERVICES TOTAL EXPENSES 443,194 EDITORIAL WRITERS TOTAL EXPENSES 253,116 CONFERENCE CENTER MGMT AND ADMIN FEES TOTAL EXPENSES 178,741 OTHER CONTRACTED SERVICES TOTAL EXPENSES 411,459

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT 8,787,360 CHANGE IN UNREALIZED LOSS ON DERIVATIVE INSTRUMENT 641,045

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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	38,258,534	N/A
(2) MMS LOT 2 LLC 860 WINTER STREET WALTHAM, MA 024511411 04-3500736	PROPERTY	DE	784,956	11,580,125	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	(g) 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" to 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) Disproprtionate 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" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC 860 WINTER STREET WALTHAM, MA 024511411 04-3135954	INSURANCE	MA	N/A	C	2,483,953	3,949,424	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	A	89,324	FAIR MARKET VALUE
PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	O	196,000	COST
PHYSICIAN'S INSURANCE AGENCY OF MASSACHUSETTS INC	Q	521,051	COST
MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	A	139,165	PROMISSORY NOTE
MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	D	5,226,533	PROMISSORY NOTE
MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	R	400,000	PROMISSORY NOTE
MASSACHUSETTS MEDICAL SOCIETY CHARITABLE AND EDUCATIONAL FUND	S	601,000	PROMISSORY NOTE
PHYSICIAN HEALTH SERVICES INC	Q	237,436	COST
PHYSICIAN HEALTH SERVICES INC	B	498,000	FAIR MARKET VALUE
MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION	B	188,444	FAIR MARKET VALUE