



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



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning		4/1/2013	, and ending	3/31/2014
B Check if applicable		C Name of organization MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT		
Address change				D Employer identification number 04-6290204
Name change				E Telephone number (978) 273-8014
Initial return				
Terminated				
Amended return				
Application pending				
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____	
I Website:		► N/A		
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 65,563				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 5,000 2 3 48,670 4 1,893 5a 10,000 5b 6,671 5c 3,329 6a 6b 6c 6d 7a 7b 7c 8 9 58,892	10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	10 5,000 11 12 14,000 13 6,090 14 15 1,879 16 23,969 17 50,938
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 7,954 19 128,191 20 16,735 21 152,880	RECEIVED 3019 AUG 14 2014 IRS OSC OGDEN, UT	

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

95-8 20

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,191	22 152,880
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	128,191	25 152,880
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,191	27 152,880

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

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

Expenses

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

28 SEE ATTACHED STATEMENT

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

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

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
 b Did the organization file Form 1120-POL for this year? 37b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X
 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b

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

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a ; section 4912 ► 40b , section 4955 ► 40c
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d
 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e X
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g

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

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

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

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► 42c X

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
 c Did the organization receive any payments for indoor tanning services during the year? 44c X
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

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

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

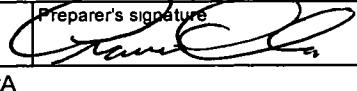
d Total number of other independent contractors each receiving over \$100,000.

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

Yes No

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

Sign Here	 Signature of officer SANJAY AURORA, M D , TREASURER Type or print name and title		Date 7/25/14

Paid Preparer Use Only	Print/Type preparer's name FRANCIS G. CHASE, CPA	Preparer's signature 	Date 7/23/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00503880
	Firm's name ► FRANCIS G. CHASE, CPA	Firm's EIN ► 46-1386142			
	Firm's address ► 50 MAIN STREET, #201, NORTH READING, MA 01864	Phone no 978-664-0130			

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

04-6290204

Form 990-EZ, Part I, Line 16, Other Expenses: DELEGATE MEETINGS & MMS ANNUAL MEETING: 21,139

Form 990-EZ, Part I, Line 16, Other Expenses: CONFERENCES: 2,330

Form 990-EZ, Part I, Line 16, Other Expenses: LIABILITY INSURANCE: 500

Form 990-EZ, Part I, Line 20, Net Assets: UNREALIZED GAINS: 16,735

Form 990-EZ, Part V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS. THE ORGANIZATION DID

NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL

BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT

Employer identification number

04-6290204

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

FORM 990 E-Z
Part III
PROGRAM SERVICE ACCOMPLISHMENTS

The Essex South District Medical Society does such things as may be necessary and appropriate to advance medical knowledge, to develop and maintain the highest professional and ethical standards of medical practice and health care, and to promote medical institutions formed on liberal principles for the health, benefit and welfare of the citizens of the Commonwealth of Massachusetts.

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

The Massachusetts Medical Society:

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

In addition, the Essex South District Medical Society:

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

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

Form 990-EZ
DECLARATION

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

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

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

FORM 990 E-Z
Part III
PROGRAM SERVICE ACCOMPLISHMENTS

The Essex South District Medical Society does such things as may be necessary and appropriate to advance medical knowledge, to develop and maintain the highest professional and ethical standards of medical practice and health care, and to promote medical institutions formed on liberal principles for the health, benefit and welfare of the citizens of the Commonwealth of Massachusetts.

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

The Massachusetts Medical Society:

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

In addition, the Essex South District Medical Society:

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

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

Form 990-EZ
DECLARATION

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

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