

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2003

2019

Open to Public  
InspectionDepartment 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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2019 calendar year, or tax year beginning</b>		4/1/2019	, and ending	3/31/2020
<b>B Check if applicable</b>		<b>C Name of organization</b>		
<input checked="" type="checkbox"/> Address change		MASSACHUSETTS MEDICAL SOCIETY, ESSEX SOUTH DISTRICT		
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return		215 GREEN STREET		
<input type="checkbox"/> Final return/terminated		City or town	State	ZIP code
<input type="checkbox"/> Amended return		MARBLEHEAD	MA	01945
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code
				00

<b>G Accounting Method</b>	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
<b>I Website:</b>	► N/A			
<b>J Tax-exempt status (check only one)</b> —	<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

<b>K Form of organization</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> Other
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**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.** ► \$ 65,218

**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.

<b>1 Contributions, gifts, grants, and similar amounts received</b>	1	10,000
<b>2 Program service revenue including government fees and contracts</b>	2	
<b>3 Membership dues and assessments</b>	3	46,858
<b>4 Investment income</b>	4	3,360
<b>5a Gross amount from sale of assets other than inventory</b>	5a	5,000
<b>b Less cost or other basis and sales expenses</b>	5b	1,916
<b>c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)</b>	5c	3,084
<b>6 Gaming and fundraising events</b>		
<b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b>	6a	
<b>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)</b>	6b	
<b>c Less direct expenses from gaming and fundraising events</b>	6c	
<b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</b>	6d	
<b>7a Gross sales of inventory, less returns and allowances</b>	7a	
<b>b Less cost of goods sold</b>	7b	
<b>c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</b>	7c	
<b>8 Other revenue (describe in Schedule O)</b>	8	
<b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</b>	9	63,302
<b>10 Grants and similar amounts paid (list in Schedule O)</b>	10	36,000
<b>11 Benefits paid to or for members</b>	11	
<b>12 Salaries, other compensation, and employee benefits</b>	12	18,000
<b>13 Professional fees and other payments to independent contractors</b>	13	1,575
<b>14 Occupancy, rent, utilities, and maintenance</b>	14	
<b>15 Printing, publications, postage, and shipping</b>	15	
<b>16 Other expenses (describe in Schedule O)</b>	16	34,186
<b>17 Total expenses. Add lines 10 through 16</b>	17	89,761
<b>18 Excess or (deficit) for the year (subtract line 17 from line 9)</b>	18	-26,459
<b>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)</b>	19	199,206
<b>20 Other changes in net assets or fund balances (explain in Schedule O)</b>	20	-17,564
<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b>	21	155,183

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

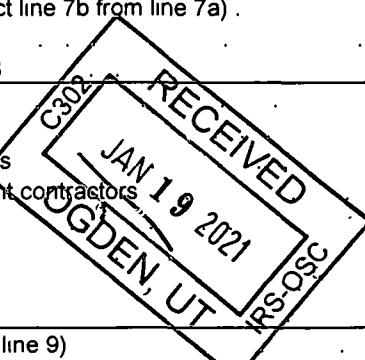
Form 990-EZ (2019)

SCANNED MAR 28 2022

Revenue

Expenses

Net Assets



d1

**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	199,206	22 155,183
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	199,206	25 155,183
26	<b>Total liabilities (describe in Schedule O)</b>		26
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	199,206	27 155,183

**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, 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	<b>Total program service expenses.</b> (add lines 28a through 31a)	►	32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RONALD NEWMAN PRESIDENT	Hr/WK 5 00	6,000		
MICHAEL MEDLOCK TREASURER	Hr/WK 2 00	2,000		
MICHAEL GOLDSTEIN VICE PRESIDENT	Hr/WK 2 00	2,000		
ERIC REINES SECRETARY	Hr/WK 2 00	2,000		
KEITH NOBIL TRUSTEE	Hr/WK 2 00	2,000		
HUGH TAYLOR TRUSTEE	Hr/WK 2 00	4,000		
	Hr/WK			

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**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  37b X

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

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved.  39a

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

a Initiation fees and capital contributions included on line 9  40a

b Gross receipts, included on line 9, for public use of club facilities  40b

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

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► \_\_\_\_\_

42 a The organization's books are in care of ► ERIC REINES Telephone no ► 781-248-4814  
 Located at ► 215 GREEN STREET City MARBLEHEAD ST MA ZIP + 4 ► 01945

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► \_\_\_\_\_ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b X

c At any time during the calendar year, did the organization maintain an office outside the United States? 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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b X

c Did the organization receive any payments for indoor tanning services during the year?  44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

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

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

46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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

47	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>
49a	<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

(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	
f 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 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 <b>ERIC REINES, M.D., TREASURER</b>		Date 12/28/2020
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>FRANCIS G CHASE, CPA</b>	Preparer's signature  <b>FRANCIS G CHASE, CPA</b>	Date 12/21/2020
	Firm's name <b>FRANCIS G. CHASE, CPA</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN P00503880	
	Firm's address <b>50 MAIN STREET, SUITE 301, NORTH READING, MA 01864</b>	Firm's EIN <b>46-1386142</b>	Phone no <b>978-664-0130</b>

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

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 34,186

Form 990-EZ, Part I, Line 20, Net Assets UNREALIZED LOSSES -17,564

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