

EXTENDED TO MAY 17, 2021

Form 990
(Rev. January 2020)
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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MASSACHUSETTS SOCIETY FOR
MEDICAL RESEARCH, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

73 PRINCETON STREET

Room/suite

311

City or town, state or province, country, and ZIP or foreign postal code

NORTH CHELMSFORD, MA 01863

F Name and address of principal officer: JAMES O'REILLY

73 PRINCETON STREET, #311, NORTH CHELMSFORD,

D Employer identification number

04-2770981

E Telephone number

978-251-1556

G Gross receipts \$

360,885.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MSMR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1982 M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EDUCATE CITIZENS ON MEDICAL ADVANCEMENT FROM ANIMAL RESEARCH.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 314,693.	Current Year 321,325.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,059.	1,073.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,160.	38,487.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,912.	360,885.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	249,929.	249,042.
	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)	246,235.	114,987.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	496,164.	364,029.
	19	Revenue less expenses. Subtract line 18 from line 12	<28,252.>	<3,144.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 277,412.	End of Year 349,439.
	21	Total liabilities (Part X, line 26)	45,507.	120,678.
	22	Net assets or fund balances. Subtract line 21 from line 20	231,905.	228,761.

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	Signature of officer		Date	
	JAMES O'REILLY, PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed PTIN
	Firm's name		01/09/21	P01261322
	Firm's address		Firm's EIN	
	404 WYMAN STREET, SUITE 380		04-2713878	
	WALTHAM, MA 02451-1212		Phone no. 781-890-3150	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Date Due 3-27-2021 Form 990 (2019)

Date Sent To Client 1-22-2021