

## FORM 990-EZ

Department of Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt  
From Income Tax

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

OMB No. 1545-1150

2024

Open To Public Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning 01/01/2024, and ending 12/31/2024		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of Organization SOCIETY FOR PARTICIPATORY MEDICINE	<b>D</b> Employer ID number 27-0482897
	Number and Street (or P.O. box, if mail is not delivered to street address) PO BOX 610231	<b>E</b> Telephone number
	City or town, state or country, and Zip + 4 NEWTON HLDS , MA 02461-0231	<b>F</b> Group Exemption Number
<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other:		<input type="checkbox"/> Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: participatorymedicine.org		
<b>J</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other:		

Reasonable cause explanation for late filing or another exception (optional; 9000 characters max):

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I. ☐

<b>1</b>	Contributions, gifts, grants, and similar amounts received.	\$	15894
<b>2</b>	Program service revenue including government fees and contracts	\$	0
<b>3</b>	Membership dues and assessments	\$	22200
<b>4</b>	Investment income	\$	0
<b>5a</b>	Gross amount from sale of assets other than inventory	\$	0
<b>5b</b>	Less: cost or other basis and sales expenses	\$	0
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
<b>6b</b>	Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	\$	0
<b>6c</b>	Less: direct expenses from gaming and fundraising events	\$	0
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	\$	0
<b>7a</b>	Gross sales of inventory, less returns and allowances	\$	0
<b>7b</b>	Less: cost of goods sold	\$	0
<b>7c</b>	Gross profit or (loss) from sales of inventory	\$	0
<b>8</b>	Other revenue	\$	0
<b>9</b>	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	38094
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	\$	0
<b>11</b>	Benefits paid to or for members	\$	0
<b>12</b>	Salaries, other compensation, and employee benefits	\$	0
<b>13</b>	Professional fees and other payments to independent contractors		13518
<b>14</b>	Occupancy, rent, utilities, and maintenance	\$	0
<b>15</b>	Printing, publications, postage, and shipping	\$	0
<b>16</b>	Other expenses (describe in Schedule O)	\$	7883
<b>17</b>	<b>Total expenses</b> Add lines 10 through 16	\$	21401
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	16693
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	102501
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	\$	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	119194

**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. ☐

<b>22</b>	Cash, savings, and investments	\$	102982	\$	120694
<b>23</b>	Land and buildings	\$	0	\$	0
<b>24</b>	Other assets (describe in Schedule O)	\$	319	\$	0
<b>25</b>	<b>Total assets</b>	\$	103301	\$	120694
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O)	\$	800	\$	1500
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	\$	102501	\$	119194

**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 organizations primary exempt purpose?**

The organization is devoted to promoting the practice of participatory medicine, which enables collaborative communications and information sharing among patients, caregivers, and healthcare professionals.

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.	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations;
<b>28 Description:</b> ( Grants: \$ ) <input type="checkbox"/> If this amount includes foreign grants, check here	<b>28a</b> \$
<b>29 Description:</b> ( Grants: \$ ) <input type="checkbox"/> If this amount includes foreign grants, check here	<b>29a</b> \$
<b>30 Description:</b> ( Grants: \$ ) <input type="checkbox"/> If this amount includes foreign grants, check here	<b>30a</b> \$
<b>31</b> Other program services (describe in Schedule O) ( Grants: \$ ) <input type="checkbox"/> Check if this amount includes foreign grants	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	\$ 0

**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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mary N. Hennings, Chairperson	5.00	\$ 0	\$ 0	\$ 0
Danny Sands, MD, MPH, Chief Advocacy Officer, Co-Founder	5.00	\$ 0	\$ 0	\$ 0
Eric Bersh, Secretary	5.00	\$ 0	\$ 0	\$ 0
John M. Grohol, Psy.D., Co-Founder, Board Member	5.00	\$ 0	\$ 0	\$ 0
Daniel Halpren-Ruder, MD, PhD, Treasurer	5.00	\$ 0	\$ 0	\$ 0
Mel Albanese, Board Member	5.00	\$ 0	\$ 0	\$ 0
Liz Boehm, Board Member	5.00	\$ 0	\$ 0	\$ 0
Kevin Freiart, Board Member	5.00	\$ 0	\$ 0	\$ 0
Amanda L. Joseph BCom, MSc, FAMIA, Board Member	5.00	\$ 0	\$ 0	\$ 0
Sarah Krug, Board Member	5.00	\$ 0	\$ 0	\$ 0
Marie Maloney, Board Member	5.00	\$ 0	\$ 0	\$ 0
Brenda Merriweather, MSN, RN, Board Member	5.00	\$ 0	\$ 0	\$ 0

**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. ☐

Yes No

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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$	0
37b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	\$	
39b	Gross receipts, included on line 9, for public use of club facilities	\$	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: section 4955:		
40b	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 1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed: MA,NY		
42a	The organization books are in care of Dream Accounting Inc, Telephone no. 9173008107 Located at P. O. Box 350, Conway , SC, 29528		
42b	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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	\$	0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 V.

		Yes	No
<b>47</b>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b>	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
<b>50</b>	Complete this table for the organizations 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." -- none --		
<b>50f</b>	Total number of other employees paid over \$100,000		
<b>51</b>	Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there is none, enter "None." -- none --		
<b>51d</b>	Total number of other independent contractors each receiving over \$100,000		
<b>52</b>	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>