

1998

This Form is Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust.

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 1998 calendar year, OR tax year period beginning 7/1, 1998, and ending 6/30, 1999

B Check if: Change of address, Initial return, Final return, Amended return. C Name of organization: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC. D Employer identification number: 04-2698497. E Telephone number: (617) 616-1600. F Check if exemption application is pending.

G Type of organization: [X] Exempt under 501(c) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No. (b) If "Yes," enter the number of affiliates for which this return is filed: []. I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) []. J Accounting method: [] Cash [X] Accrual [] Other (specify) [].

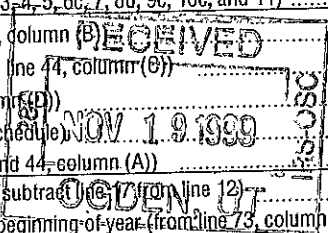
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received: 2,090,158. 2 Program service revenue including government fees and contracts: 5,375,114. 3 Membership dues and assessments: 69,144. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6a Gross rents. 6b Less: rental expenses. 6c Net rental income or (loss). 7 Other investment income. 8a Gross amount from sale of assets other than inventory. 8b Less: cost or other basis and sales expenses. 8c Gain or (loss). 8d Net gain or (loss). 9 Special events and activities. 9a Gross revenue. 9b Less: direct expenses other than fundraising expenses. 9c Net income or (loss) from special events. 10a Gross sales of inventory, less returns and allowances. 10b Less: cost of goods sold. 10c Gross profit or (loss) from sales of inventory. 11 Other revenue. 12 Total revenue: 7,857,619. 13 Program services: 5,876,362. 14 Management and general: 1,418,380. 15 Fundraising: 603,857. 16 Payments to affiliates. 17 Total expenses: 7,898,599. 18 Excess or (deficit) for the year: -40,980. 19 Net assets or fund balances at beginning of year: 11,962,564. 20 Other changes in net assets or fund balances: SEE STATEMENT 1. 21 Net assets or fund balances at end of year: 13,366,182.

REVENUE SCANNED JAN 04 2000



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	190,416.	0.	190,416.	0.
26	Other salaries and wages	3,113,234.	2,467,328.	419,537.	226,369.
27	Pension plan contributions				
28	Other employee benefits	228,976.	173,238.	39,844.	15,894.
29	Payroll taxes	275,042.	208,090.	47,860.	19,092.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	543,466.	475,173.	31,641.	36,652.
34	Telephone	49,198.	42,000.	5,931.	1,267.
35	Postage and shipping				
36	Occupancy	77,104.	59,452.	13,434.	4,218.
37	Equipment rental and maintenance	22,572.	18,795.	3,038.	739.
38	Printing and publications				
39	Travel	62,185.	36,960.	23,133.	2,092.
40	Conferences, conventions, and meetings	144,248.	6,182.	8,804.	129,262.
41	Interest	79,058.	70,845.	3,741.	4,472.
42	Depreciation, depletion, etc. (attach schedule)	524,226.	394,634.	92,383.	37,209.
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 2	2,588,874.	1,923,665.	538,618.	126,591.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,898,599.	5,876,362.	1,418,380.	603,857.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
FAMILY PLANNING All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a MEDICAL SERVICES: TO PROVIDE MEDICAL REPRODUCTIVE HEALTH CARE SERVICES	
(Grants and allocations \$ 0.)	4,869,007.
b EDUCATION AND COUNSELING: WORKSHOPS, EDUCATION PROGRAMS, CONFERENCES, LIBRARY RESOURCE SERVICES, COUNSELING, INFORMATION, AND REFERRALS FOR HEALTH CARE WITH HELP VOLUNTEER SERVICES	
(Grants and allocations \$ 0.)	467,984.
c SEE STATEMENT 3	
(Grants and allocations \$ 0.)	364,016.
d PROGRAM DEVELOPMENT-HEALTH CARE	
(Grants and allocations \$)	175,355.
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,876,362.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	1,380,529.	45	2,517,333.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	1,064,486.			
	b Less: allowance for doubtful accounts	241,000.	693,026.	47c	823,486.
	48 a Pledges receivable	633,579.			
	b Less: allowance for doubtful accounts		1,159,054.	48c	633,579.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a Other notes and loans receivable			51c	
	b Less: allowance for doubtful accounts			52	
	52 Inventories for sale or use		182,320.	53	200,066.
	53 Prepaid expenses and deferred charges			54	
	54 Investments - securities (attach schedule)				
	55 a Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c	
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	10,786,930.	9,560,404.	57c	9,428,834.	
b Less: accumulated depreciation	1,358,096.				
58 Other assets (describe ► SEE STATEMENT 4)		724,242.	58	587,170.	
59 Total assets (add lines 45 through 58) (must equal line 74)		13,699,575.	59	14,190,468.	
Liabilities	60 Accounts payable and accrued expenses	437,011.	60	424,286.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	1,300,000.	64b	400,000.	
65 Other liabilities (describe ►)		65			
66 Total liabilities (add lines 60 through 65)		1,737,011.	66	824,286.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	11,876,438.	67	11,994,751.	
	68 Temporarily restricted	78,126.	68	1,363,431.	
	69 Permanently restricted	8,000.	69	8,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		11,962,564.	73	13,366,182.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		13,699,575.	74	14,190,468.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	7,931,437.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		\$
(2)	Donated services and use of facilities ...		73,818.
(3)	Recoveries of prior year grants		\$
(4)	Other (specify):		\$
	Add amounts on lines (1) through (4)	b	73,818.
c	Line a minus line b	c	7,857,619.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ...		\$
(2)	Other (specify):		\$
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,857,619.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,972,417.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ...		\$ 73,818.
(2)	Prior year adjustments reported on line 20, Form 990		\$
(3)	Losses reported on line 20, Form 990 ...		\$
(4)	Other (specify):		\$
	Add amounts on lines (1) through (4)	b	73,818.
c	Line a minus line b	c	7,898,599.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ...		\$
(2)	Other (specify):		\$
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,898,599.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NICKI GAMBLE 1055 COMMONWEALTH AVE. BOSTON, MA 02215	PRESIDENT 40+	121,416.	5,707.	0.
PIPER ORTON 1055 COMMONWEALTH AVE. BOSTON, MA 02215	FINANCE DIRECTOR 40+	69,000.	4,117.	0.
SEE ATTACHED LISTING OF BOARD OF DIRECTORS, NONE ARE COMPENSATED		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. - Enter:
86 a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. - Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?
89 a 501(c)(3) organizations. - Enter: Amount of tax imposed during the year under: section 4911; section 4912; section 4955
89 b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax in 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 1998
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

1998

Department of the Treasury
Internal Revenue Service

▶ Must be completed by the above organizations and attached to their Form 990 or 990EZ.

Name of the organization **PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.** Employer identification number **04 2698497**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MAUREEN PAUL 1055 COMMONWEALTH AVE. BOSTON, MA 02215	MEDICAL DIRECTOR 40+	140,821.	2,064.	0.
NICKI GAMBLE 1055 COMMONWEALTH AVE. BOSTON, MA 02215	PRESIDENT 40+	121,416.	5,707.	0.
SUSAN WEBBER 1055 COMMONWEALTH AVE. BOSTON, MA 02215	VP OF EXT. AFF. 40+	84,594.	4,597.	0.
EDYTHE SALZMAN 1055 COMMONWEALTH AVE. BOSTON, MA 02215	VP OF OPERAT. 40+	73,957.	4,276.	0.
KRIS HORMANN 1055 COMMONWEALTH AVE. BOSTON, MA 02215	VP OF EXT. AFF. 40+	70,104.	3,104.	0.
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MOUSSA I. MENASHA, MD 396 LEE ST, BROOKLINE, MA 02146	PROFESSIONAL SERVICE	157,645.
MARCUS GORDON, MD 1101 BOYLSTON ST, CHESTNUT HILL, MA 02167	PROFESSIONAL SERVICE	95,966.
BOSTON BAY CONSULTING FIVE ESSEX GREEN DRIVE, PEABODY, MA 01960	PROFESSIONAL SERVICE	94,068.
Total number of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1998

Part III Statement About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ 21,604. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box):

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,370,231.	1,559,231.	1,787,580.	2,032,919.	6,749,961.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	2,749,059.				2,749,059.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	55,644.	55,644.	143,203.	65,930.	320,421.
19 Net income from unrelated business activities not included in line 18	-4,825.				-4,825.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	770,515.		SEE STATEMENT 6		770,515.
23 Total of lines 15 through 22	4,940,624.	1,614,875.	1,930,783.	2,098,849.	10,585,131.
24 Line 23 minus line 17	2,191,565.	1,614,875.	1,930,783.	2,098,849.	7,836,072.
25 Enter 1% of line 23	49,406.	16,149.	19,308.	20,988.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 156,721.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 2,532,873.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,836,072.
d Add: Amounts from column (e) for lines:	18 320,421.	19 -4,825.			26d 3,618,984.
	22 770,515.	26b 2,532,873			26e -4,217,088
e Public support (line 26c minus line 26d total)					26f 53.82%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A	(1997)	(1996)	(1995)	(1994)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(1997)	(1996)	(1995)	(1994)	
c Add: Amounts from column (e) for lines:	15	16			27c N/A
	17	20	21		27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c, total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)	NONE				

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:	33a	
a	Students' rights or privileges?	33b	
b	Admissions policies?	33c	
c	Employment of faculty or administrative staff?	33d	
d	Scholarships or other financial assistance?	33e	
e	Educational policies?	33f	
f	Use of facilities?	33g	
g	Athletic programs?	33h	
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here a If the organization belongs to an affiliated group.
 Check here b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations														
		N/A															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		15,041.														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		6,563.														
38	Total lobbying expenditures (add lines 36 and 37)		21,604.														
39	Other exempt purpose expenditures		7,876,995.														
40	Total exempt purpose expenditures (add lines 38 and 39)		7,898,599.														
41	Lobbying nontaxable amount. Enter the amount from the following table -																
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> <td rowspan="6">} 41</td> <td rowspan="6">544,930.</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	} 41	544,930.	Not over \$500,000	20% of the amount on line 40	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		
If the amount on line 40 is -	The lobbying nontaxable amount is -	} 41	544,930.														
Not over \$500,000	20% of the amount on line 40																
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																
42	Grassroots nontaxable amount (enter 25% of line 41)	42	136,233.														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45	544,930.	441,537.	470,955.	393,153.	1,850,575.
46					2,775,863.
47	21,604.	18,959.	9,409.	4,757.	54,729.
48	136,233.	110,384.	117,739.	98,288.	462,644.
49					693,966.
50	15,041.	12,653.	6,262.	2,779.	36,735.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
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 other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part.VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement, b(v) Loans, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule. N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONTRIBUTIONS RECEIVED AND RELEASED FROM RESTRICTIONS		159,293.	
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS		1,285,305.	
TOTAL TO FORM 990, PART I, LINE 20		1,444,598.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACTED SERVICES AND PROFESSIONAL FEES	1,616,049.	1,127,137.	416,463.	72,449.	
DUES	107,735.	21,908.	82,377.	3,450.	
INSURANCE	223,539.	214,697.	8,842.		
BAD DEBT	272,772.	272,772.			
ADVERTISING	82,226.	81,976.	250.		
PRINTING	117,601.	73,665.	2,100.	41,836.	
REPAIRS AND MAINTENANCE	168,952.	131,510.	28,586.	8,856.	
TOTAL TO FM 990, LN 43	2,588,874.	1,923,665.	538,618.	126,591.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC AFFAIRS AND INFORMATION: DISSEMINATION OF INFORMATION ON FAMILY PLANNING PROGRAMS AND SERVICES; RELATED LEGISLATIVE AND JUDICIAL DELIBERATIONS AND ACTIONS; SERVICES TO PPLM SUPPORTERS AND GENERAL PUBLIC

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	0.	364,016.

FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	AMOUNT
UNCONDITIONAL PROMISES TO GIVE	546,380.
OTHER ASSETS	40,790.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	587,170.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 5
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PLANNED PARENTHOOD ADVOCACY FUND, INC. ("PPAF")	X	

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT
NET ASSETS RELEASED FROM REST.	770,515.			
TOTAL TO SCHEDULE A, LINE 22	770,515.			

FORM 990 LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES FY1999

Name & Address	Title	Avg. Hrs. per week	Compensation	Contribution to Employee Plan	Expense Account
Victoria T. Baker 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Franklin S. Browning, Jr. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Susan F. Durham 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
H. Kimball Faulkner 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Ellen P. Fisher 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Reverend Anne Carroll Fowler 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Melissa D. Gerrity 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Nancy A. Gleason 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Barbara N. Grossman 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Robert L. Hernandez, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Elizabeth L. Johnson 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Paula A. Johnson, M.D. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Allen R. Larson, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Janina A. Longtine, M.D. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Kristin H. Macomber 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0

Nancy L. Maull 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Ellyn A. McColgan 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Elisabeth McCord 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Eileen L. McDonagh, Ph.D. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Claire McGuire, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Shiela Y. Moore 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Gale Y. Morgan 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Monroe (Bud) Moseley 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
John D. Pratt 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Laura E. Riley, M.D. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Jamie A. Sabino, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
James M. Shannon, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Carolyn Thomas, Ph.D. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Susan E. Whitehead, Esq. 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Hope W. Wigglesworth 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0
Phyllis R. Yale 1055 Commonwealth Avenue Boston, MA 02215	Director	As required	0	0	0

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					3,903,161.
(a)					1,156,267.
(b)					81,049.
(c) OTHER PROGRAMS					
(d)					
(e)					
(f) Medicare/Medicaid payments					234,637.
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					69,144.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					10,112.
a OTHER INCOME					313,091.
b NET ASSETS RELEASED					
c FROM RESTRICTIONS					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	5,767,461.
105 TOTAL (add line 104, columns (B), (D), and (E))					5,767,461.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

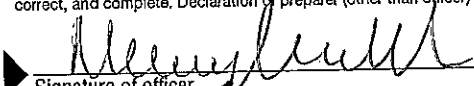
Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

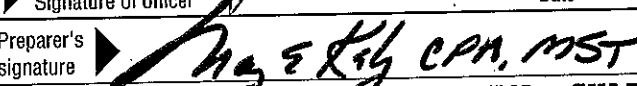
93A	
93B	
93C	
93G	
95	INTEREST ON SAVING ACCOUNTS
103A	MISCELLANEOUS REVENUE USED FOR OPERATION OF THE ORGANIZATION
103B	RECLASSIFICATION OF NET ASSETS

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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.

Please Sign Here:  Date: Nov 9, 1999 Nancy Maul, Treasurer

Paid Preparer's Use Only: Preparer's signature:  Date: 11/2/99 Check if self-employed: Preparer's SSN: 011-52-8819

Firm's name (or yours if self-employed) and address: TOFIAS, FLEISHMAN, SHAPIRO & CO., P.C. EIN:
350 MASSACHUSETTS AVENUE
CAMBRIDGE, MA ZIP +4: 02139