

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1055 COMMONWEALTH AVENUE
 City or town, state or country, and ZIP + 4
BOSTON, MA 02215

D Employer identification number
04-2698497

E Telephone number
(617) 616-1600

F Accounting method: Cash Accrual
 Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶**
H(c) Are all affiliates included? **N/A** Yes No (if "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN **▶**

G Web site **▶ WWW.PPLM.ORG**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

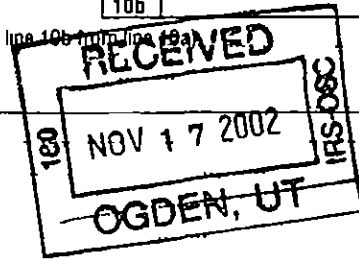
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 11,610,235.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	2,514,953.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 2,514,953. noncash \$)			1d	2,514,953.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	8,972,293.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	102,665.
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d				8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	20,324.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	11,610,235.
Expenses					
13	Program services (from line 44, column (B))			13	8,882,568.
14	Management and general (from line 44, column (C))			14	1,916,136.
15	Fundraising (from line 44, column (D))			15	562,078.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	11,360,782.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	249,453.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	14,593,016.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 1	20	-92,594.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	14,749,875.



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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	565,668.	0.	565,668.	0.	
26	Other salaries and wages	4,609,915.	4,028,410.	356,884.	224,621.	
27	Pension plan contributions					
28	Other employee benefits	500,261.	390,497.	88,079.	21,685.	
29	Payroll taxes	418,515.	326,688.	73,686.	18,141.	
30	Professional fundraising fees					
31	Accounting fees					
32	Legal fees					
33	Supplies	832,317.	741,412.	38,376.	52,529.	
34	Telephone	111,284.	91,562.	16,167.	3,555.	
35	Postage and shipping					
36	Occupancy	214,546.	191,466.	17,342.	5,738.	
37	Equipment rental and maintenance	26,053.	19,496.	6,131.	426.	
38	Printing and publications					
39	Travel	69,351.	49,703.	16,087.	3,561.	
40	Conferences, conventions, and meetings	76,548.	6,973.	32,252.	37,323.	
41	Interest	47,470.	30,528.	12,101.	4,841.	
42	Depreciation, depletion, etc (attach schedule)	716,922.	553,700.	122,923.	40,299.	
43	Other expenses not covered above (itemize)					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 2	43e	3,171,932.	2,452,133.	570,440.	149,359.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	11,360,782.	8,882,568.	1,916,136.	562,078.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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? <input type="checkbox"/>	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 \$ _____)	7,593,504.
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 \$ _____)	755,760.
c SEE STATEMENT 3 (Grants and allocations \$ _____)	533,304.
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	8,882,568.

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	4,682,492.	2,168,590.
	48 Savings and temporary cash investments		
	47 a Accounts receivable	1,287,690.	
	b Less allowance for doubtful accounts	226,792.	
	48 a Pledges receivable	79,996.	
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	251,554.	553,340.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	514,105.	2,943,987.
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other	0.	0.	
57 a Land, buildings, and equipment basis	11,755,504.		
b Less accumulated depreciation	2,954,999.		
58 Other assets (describe SEE STATEMENT 5)	170,369.	128,382.	
59 Total assets (add lines 45 through 58) (must equal line 74)	15,552,627.	15,735,698.	
Liabilities	60 Accounts payable and accrued expenses	959,611.	985,823.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe)		
66 Total liabilities (add lines 60 through 65)	959,611.	985,823.	
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	12,865,437.	13,091,917.
	68 Temporarily restricted	1,194,544.	1,149,958.
	69 Permanently restricted	533,035.	508,000.
	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		
	71 Paid-in or capital surplus or land, building, and equipment fund		
	72 Retained earnings endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	14,593,016.	14,749,875.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	15,552,627.	15,735,698.	

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.

**PLANNED PARENTHOOD LEAGUE OF
MASSACHUSETTS, INC.**

Form 990 (2001)

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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	11,600,741.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -92,594.		
(2)	Donated services and use of facilities \$ 83,100.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	-9,494.
c	Line a minus line b	c	11,610,235.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	11,610,235.

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

a	Total expenses and losses per audited financial statements	a	11,443,882.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 83,100.		
(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	83,100.
c	Line a minus line b	c	11,360,782.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	11,360,782.

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
DIANNE LUBY 1055 COMMONWEALTH AVE. BOSTON, MA 02215	PRESIDENT 35+	176,889.	7,947.	0.
MEAGAN GALLAGHER 1055 COMMONWEALTH AVE. BOSTON, MA 02215	CHIEF FINANCIAL OFFICER 35+	75,762.	5,266.	0.
SANDRA MAISLEN 1055 COMMONWEALTH AVE. BOSTON, MA 02215	VP CLIENT SERVICES 35+	106,610.	7,077.	0.
HEATHER SANKEY 1055 COMMONWEALTH AVE. BOSTON, MA 02215	MEDICAL DIRECTOR 35+	206,407.	11,773.	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 Form 990 (2001)

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Form 990 (2001)

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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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes," enter the name of the organization <u>SEE STATEMENT 6</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	19,034
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
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 (See instructions in Part III)	82b	83,100
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices 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?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
d	Enter Amount of tax on line 89c above, reimbursed by the organization <u>0</u>		
90 a	List the states with which a copy of this return is filed <u>MASSACHUSETTS</u>	90b	178
b	Number of employees employed in the pay period that includes March 12, 2001		

91 The books are in care of THE ORGANIZATION Telephone no (617) 616-1670
 Located at 1055 COMMONWEALTH AVENUE, BOSTON, MA ZIP + 4 02215

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 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a GREATER BOSTON MEDICAL					5,226,931.
b CENTRAL MASS MEDICAL					1,655,573.
c WESTERN MASS MEDICAL					1,307,948.
d OTHER PROGRAM INCOME					267,473.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					514,368.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	102,665.	
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					
a OTHER INCOME			01	20,324.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		122,989.	8,972,293.
105 Total (add line 104, columns (B) (D) and (E))					9,095,282.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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)
▼	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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: *DIANNE LUBY* 11/15/02 DIANNE LUBY PRESIDENT/CEO
Signature of officer Date Type or print name and title

Paid Preparer's Use Only: *BOYD SANGI* 11-11-02 TOFIAS PC 350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139
Preparer's signature Date Firm's name (or yours if self-employed) address and ZIP + 4

Check if self-employed Preparer's SSN or PTIN
EIN
Phone no 617-761-0600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

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 page 1 of the 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
<u>RICK LUTES</u> ----- 1055 COMMONWEALTH AVE. BOSTON, MA 02215	CF TECH.OFF 40+	90,439.	5,687.	0.
<u>MARTHA KLEINERMAN</u> ----- 1055 COMMONWEALTH AVE. BOSTON, MA 02215	CL. SVC.DIR. 40+	76,617.	5,160.	0.
<u>KAREN CAPONI</u> ----- 1055 COMMONWEALTH AVE. BOSTON, MA 02215	CLINIC DIR. 40+	74,958.	3,482.	0.
<u>PAM NOURSE</u> ----- 1055 COMMONWEALTH AVE. BOSTON, MA 02215	DIR.PUB. AFF. 40+	69,867.	3,329.	0.
<u>JESSICA WOLFF</u> ----- 1055 COMMONWEALTH AVE. BOSTON, MA 02215	CLINIC DIR. 40+	68,426.	7,634.	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 page 2 of the 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
<u>WARREN BRISCOE</u> ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	154,280.
<u>MARCUS GORDON</u> ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	113,024.
<u>MAUREEN PAUL</u> ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	130,000.
<u>TRILLIUM MARKETING PARTNERS</u> ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	MARKETING	65,096.
<u>INTERACTION INSTITUTE FOR SOCIAL CHANGE</u> ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	STRATEGIC PLANNING CONSULTA	59,969.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>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 ▶ \$ <u>19,034</u>. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) VI-A, LINE 38B</p> <p>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</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>Note 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</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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)
 - 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 page 5 of the instructions)

(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 page 6 of the instructions)

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2001 MASSACHUSETTS, INC.

04-2698497 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,985,175.	1,865,911.	2,090,157.	1,370,231.	7,311,474.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,319,442.	6,694,840.	5,415,546.	2,749,059.	22,178,887.
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	182,085.	138,672.	69,144.	55,644.	445,545.
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.	418,420.	352,149.	313,091.	770,515.	1,854,175.
23 Total of lines 15 through 22	9,905,122.	9,051,572.	7,887,938.	4,940,624.	31,785,256.
24 Line 23 minus line 17	2,585,680.	2,356,732.	2,472,392.	2,191,565.	9,606,369.
25 Enter 1% of line 23	99,051.	90,516.	78,879.	49,406.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 192,127.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 4,417,955.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 9,606,369.
	d Add Amounts from column (e) for lines	18 445,545.	19 -4,825.		26d 6,712,850.
		22 1,854,175.	26b 4,417,955.		26e 2,893,518.
	e Public support (line 26c minus line 26d total)				26f 30.123%
	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," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				N/A
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records 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.) Do not file this list with your return. 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
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	21
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				NONE

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2001 MASSACHUSETTS, INC.

04-2698497 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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?		
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?		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
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? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Schedule A (Form 990 or 990-EZ) 2001

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2001 MASSACHUSETTS, INC.

04-2698497 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" 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)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	19,034.
38 Total lobbying expenditures (add lines 36 and 37)	38	19,034.
39 Other exempt purpose expenditures	39	11,341,748.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	11,360,782.
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
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	179,510.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	718,039.	645,816.	604,279.	544,930.	2,513,064.
46 Lobbying ceiling amount (150% of line 45(e))					3,769,596.
47 Total lobbying expenditures	19,034.	29,148.	64,017.	21,604.	133,803.
48 Grassroots nontaxable amount	179,510.	161,454.	151,070.	136,233.	628,267.
49 Grassroots ceiling amount (150% of line 48(e))					942,401.
50 Grassroots lobbying expenditures				15,041.	15,041.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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 e 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 e through h)			

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 (See page 12 of the instructions)

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
 - (i) Cash
 - (ii) Other assets
- b Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes" complete the following schedule. Column (b) should always show 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

(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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

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

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990 EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990 PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Employer identification number
04-2698497

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 224,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	ANONYMOUS	\$ 188,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	ANONYMOUS	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	ANONYMOUS	\$ 64,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS IN INVESTMENTS		-92,594.	
TOTAL TO FORM 990, PART I, LINE 20		-92,594.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACTED SERVICES AND PROFESSIONAL FEES	1,795,237.	1,454,305.	311,526.	29,406.	
DUES	245,929.	48,255.	191,986.	5,688.	
INSURANCE	350,337.	345,681.	4,656.	0.	
BAD DEBT	203,565.	203,565.	0.	0.	
ADVERTISING	124,621.	123,738.	883.	0.	
PRINTING	203,185.	86,042.	12,452.	104,691.	
REPAIRS AND MAINTENANCE	249,058.	190,547.	48,937.	9,574.	
TOTAL TO FM 990, LN 43	3,171,932.	2,452,133.	570,440.	149,359.	

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		533,304.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS			2,943,987.		2,943,987.
TO 990, LN 54 COL B			2,943,987.		2,943,987.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
UNCONDITIONAL PROMISES TO GIVE	0.
OTHER ASSETS	128,382.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	128,382.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 6
PART VI, LINE 80B

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 7
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVISION OF FAMILY PLANNING HEALTH SERVICES
93B	PROVISION OF FAMILY PLANNING HEALTH SERVICES
93C	PROVISION OF FAMILY PLANNING HEALTH SERVICES
93G	CONTRACT REVENUE FROM STATE AND CITY CONTRACTS FOR PROGRAMS
93D	PROVISION OF FAMILY PLANNING HEALTH SERVICES

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
NET ASSETS RELEASED FROM REST.	418,420.	352,149.	313,091.	770,515.
TOTAL TO SCHEDULE A, LINE 22	418,420.	352,149.	313,091.	770,515.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC
DEPRECIATION SCHEDULE
TAX YEAR ENDING 6/30/02

FIXED ASSETS	06/30/2002	06/30/2001
LAND AND LAND IMPROVEMENTS	987,260	987,260
BUILDING AND RENOVATIONS	7,988,624	7,920,419
FURNITURS AND EQUIPMENTS	<u>2,779,620</u>	<u>2,515,728</u>
	11,755,504	11,423,407
ACCUMULATED DEPRECIATION	<u>(2,954,999)</u>	<u>(2,345,816)</u>
NET BOOK VALUE	<u><u>8,800,505</u></u>	<u><u>9,077,591</u></u>

Planned Parenthood League of Massachusetts
1055 Commonwealth Avenue
Boston, MA 02115

Board of Directors List (2001 – 2002)

Sarita Bhalotra, M D PhD
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

Franklin S Browning, JR
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

Pauline Ho Bynum
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

Susan Dickler
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

Susan F Durham
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Term Date 2001-2002

H Kimball Faulkner
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Term Date 2001-2002

Melissa D Gerrity
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Term Date 2001-2002

Nancy A Gleason
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Term Date 2001-2002

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Term Date 2001-2002

Susan Hass, M D
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Term Date 2001-2002

Jerry Howland
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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

Elizabeth Munro
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Term Date 2001-2002

Ellen W Payzant
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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

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Term Date 2001-2002

Daniel E Pellegroni
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Term Date 2001-2002

Kendal B Price, Esq
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Boston, MA 02215
Term Date 2001-2002

Maria Rosado Oakley Girls, Inc
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Boston, MA 02215
Term Date 2001-2002

Margaret B Ruttenberg, M D
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

Marla Shatkin
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002

R Lyman Wood
1055 Commonwealth Avenue
Boston, MA 02215
Term Date 2001-2002