Form 990 Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2000 Open to Public Inspection

A	For the 2	DOO calendar year, OR tax year period beginning JUL 1, 2000 and	ending JUN 3	30, 2001	
В	Check if	Please C Name of organization		D Employer ider	tification number
1	applicable	USE IRS PLANNED PARENTHOOD LEAGUE OF			
	Change address	or MASSACHUSETTS, INC.		04-269	8497
	Change name	of type. Number and street (or P.O. box if mail is not delivered to street address)	E Telephone nu	nber	
	Initial return	Specific 1055 COMMONWEALTH AVENUE		(617)6	16-16 <u>00</u>
	Final	tions. City or town, state or country, and ZIP		F Check ▶	if application pending
	Amende	hoomer 00015		1	-
	(use also state rep	o for porting)	(H and I are not applied	cable to section 52	7 orgs.)
G		ion type (check only one) ► X 501(c) (3) ◄ (insert no.) _ 527	H(a) Is this a group re	turn for affiliates?	Yes X No
	_	OR 4947(a)(1)	H(b) If Yes, enter nur	nber of affiliates	•
		n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	H(c) Are all affiliates in	icluded?	Yes X No
		ach a completed Schedule A (Form 990 or 900-EZ).	(If "No," attach a l	ist.)	
	lccountin nethod:	Gash X Accrual Other (specify) ►	H(d) Is this a separate	return filed by an	
-		· · · · · · · · · · · · · · · · · ·	organization cove	ered by a group rul	ing? Yes X No
K C	heck her	e 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. The	I Enter 4-digit grou	ip exemption no (GEN) 🕨
0	rganizatio	in need not file a return with the IRS; but if the organization received a Form 990 Package	L Check this box if	the organization is	not required to
ir	the mail	it should file a return without financial data. Some states require a complete return.	attach Schedule (B (Form 990 or 990	D-EZ) ▶
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	alances	<u> </u>	
	1	Contributions, gifts, grants, and similar amounts received:			
<u>.</u>	а	Direct public support1	a = 1,985,1	L91.	
0	b	Indirect public support	b .		
~	C C	Government contributions (grants)	<u>c.l.</u>	13.43.00	
3	d	Total (add lines 1a through 1c)		lica.	
2		(cash \$ 1,985,191. noncash \$)		1d	1,985,191.
	2	Program service revenue including government fees and contracts (from Part VII line 9	37	2	7,797,035.
Ω	3	Membership dues and assessments Interest on savings and temporary cash investments	<u> </u>	3	
囸	4	Interest on savings and temporary cash investments	_ \ %\	4	182,085.
SCANNED	5	Dividends and interest from securities	14-17 (in)	5	·
₹.	6 a	Dividends and interest from securities Gross rents Less: rental expenses	3 /0/		
	Ь	Less: rental expenses	<u>* </u>		
	C	Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe	<u> </u>	6c	
Revenue	7	Other investment income (describe	<u>-</u>) 7	
ě	8 a	Gross amount from sale of assets other VA)-Securities	(B) Other	187.3 T	
_			ia		
			b		
	1	Gain or (loss) (attach schedule) 8	ic		
		Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule)		200 A	
	a	Gross revenue (not including \$ of contributions	. l		
	_		la		
	b	Blot innorms on (loop) from appoint quanta (outstand line On from line On)	- 1	9c	
	10 a	Gross sales of inventory, less returns and allowances		· · · · · · · · · · · · · · · · · · ·	
	b	Less: cost of goods sold	<u> </u>	30,750 30,800 30,800 30,800 40	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from li			
	11	Other revenue (from Part VII, line 103)	•		438,001.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			10,402,312.
_	13	Program services (from line 44, column (8))			7,884,618.
Se.	14	Management and general (from line 44, column (C))			1,702,707.
Expenses	15	Fundraising (from line 44, column (D))			481,985.
EX	16	Payments to affiliates (attach schedule)			
_	17	Total expenses (add lines 16 and 44, column (A))			10,069,310.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)		_18	333,002.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	13,961,355.
ZV	20	Other changes in net assets or fund balances (attach explanation)	STATEMENT	1 20	298,659.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<u></u>	21	14,593,016.
0230	JU1				

04-2698497

'MASSACHUSETTS, INC.

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)			30141000	The general state of the state	
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)	23		_		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	222,708.	0.	222,708.	(
26 Other salaries and wages	26	4,177,957.	3,433,517.	556,996.	187,444
27 Pension plan contributions	27			66 205	
28 Other employee benefits	28	375,481.	293,093.		15,99
29 Payroll taxes	29	350,125.	273,180.	62,036.	14,909
30 Professional fundraising fees	30		 -	·	
31 Accounting fees	31				
32 Legal fees	32	005 205	900 996	20 615	44,70
33 Supplies	33	885,205. 111,270.	809,886. 95,225.	30,615. 12,768.	3,27
34 Telephone	34	111,270.	95,225.	12,700.	3,21
75 Postage and shipping	35 36	189,259.	164,464.	19,014.	5,78
36 Occupancy	35	30,562.	19,029.	10,766.	76
37 Equipment rental and maintenance	37	30,302	13,063.	10,700.	
38 Printing and publications	38	67,246.	54,294.	10,106.	2,840
40 Conferences, conventions, and meetings	40	58,588.	24,550.		9,98
41 Interest	41	39,659.	23,867.		5,15
42 Depreciation, depletion, etc. (attach schedule)	42	686,581.	531,510.	113,337.	41,73
43 Other expenses (itemize):	1				
a	43a				
b	43b				
c	43c			-	
d	43d				
e SEE STATEMENT 2	43e	2,874,669.	2,162,003.	563,273.	149,393
44 Total functional expenses (add lines 22 through 43)					
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Reporting of Joint Costs. Did you report in column (B) (44 Progra	10,069,310. am services) any joint costs	7,884,618.	1,702,707.	
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Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Reporting of Joint Costs. Did you report in column (B) (fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint cost (iii) the amount allocated to Management and general \$ Part III Statement of Program Servious What is the organization's primary exempt purpose?	Programsts \$	am services) any joint costs (i) ; and (i) ; and (i) ; and (i) ; and (ii) ; and (iii) ; a	7,884,618. from a combined education ii) the amount allocated to iv) the amount alloca	1,702,707. phal campaign and Program services \$	Yes X No Program Service Expenses (Required fo 501(c)(3) an (4) orgs. and 4947(e)(1)
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Reporting of Joint Costs. Did you report in column (B) (fundralsing solicitation? If "Yes," enter (i) the aggregate amount of these joint cost (iii) the amount allocated to Management and general Partill Statement of Program Servitivation of Program Servitive Offici	Programsts \$	am services) any joint costs (i) ; and (i) ; and (i) ; and (i) ; ccomplishments [lear and concise manner State II ions and 4947(a)(1) nonexempt of IDE MEDICAL F (G WORKSHOPS, F JRCE SERVICES S FOR HEALTH (G (G	7,884,618. from a combined education from a combined education ii) the amount allocated to iv) the amount allocate	1,702,707. phal campaign and Program services \$	Yes X No Program Service Expenses (Required for 501(c)(3) and 4947(e)(1) trusts, but optional for other
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Reporting of Joint Costs. Did you report in column (B) (fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint cost (iii) the amount allocated to Management and general \$ Part III Statement of Program Servious What is the organization's primary exempt purpose?	Programatists \$	10,069,310. am services) any joint costs (i) ; and (i) ccomplishments liter and concise manner State II ions and 4947(a)(1) nonexempt of IDE MEDICAL F (G WORKSHOPS, E JRCE SERVICES S FOR HEALTH (G (G	from a combined education in the amount allocated to iv) the amount allocations \$ CPRODUCTIVE Trants and allocations \$	1,702,707. phal campaign and Program services \$	Yes X No Program Service Expenses (Paquired for 501(c)(3) and 4947(e)(1) trusts, but optional for other

Part IV	Balance	Sheets

Note:		re required, attached schedules and amount Id be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
,	45	Cash - non-interest-bearing			3,661,389.	45	4,682,492.
	46	Savings and temporary cash investments	•••••			46	<u> </u>
			1 1	074 575		200	
		Accounts receivable		874,575.	701 075		600 170
	b	Less: allowance for doubtful accounts	47b	191,402.	791,075.	47c	683,173.
	_		e e	172 242			
		Pledges receivable		173,343.	210 720		172 242
		Less: allowance for doubtful accounts	48b		310,739.		_173,343.
Assets	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,		j			
		and key employees	1 1	·		50	
		Other notes and loans receivable		-			
		Less: allowance for doubtful accounts			<u></u>	51¢	
	52	Inventories for sale or use			101 001	52	251 554
	53	Prepaid expenses and deferred charges			191,891.	53	251,554.
	54	Investments - securities		Cost L FMV	· ·	54	
	55 a	Investments - land, buildings, and	1 1	1			
		equipment: basis	<u>55a</u>				
		t annual and the distance of the					
	Ī	Less: accumulated depreciation	55b			55c	
	56	Investments - other		11,423,407.		56	
		Land, buildings, and equipment: basis			9,378,416.	57c	9 077 591
	58	Less: accumulated depreciation		TATEMENT 4	276,983.	58	9,077,591. 684,474.
	30	Other assets (describe	270/303.	20	001/1/14		
	59	Total assets (add lines 45 through 58) (must eq		14,610,493.	59	15,552,627.	
	60	Accounts payable and accrued expenses			649,138.	6D	959,611.
	61	Grants payable			,	61	
S	62	Deferred revenue				62	
Liabilities	63	Loans from officers, directors, trustees, and key				63	
iab						64a	
		Mortgages and other notes payable				64b	
	65	Other liabilities (describe)		65	•
	66	Total liabilities (add lines 60 through 65)			649,138.	66	959,611.
	Organ	nizations that follow SFAS 117, check here 🕨	X and co	mplete lines 67 through		::::Q*	1
		69 and lines 73 and 74.				.:7 ff	
Š	67	Unrestricted			12,541,191.	67	12,865,437.
lar	68	Temporarily restricted			912,164.	68	1,194,544.
Ř	69	Permanently restricted		F	508,000.	69	533,035.
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check he	re 🕨 📘	and complete lines			
F		70 through 74.					
ts	70	Capital stock, trust principal, or current funds				70	<u>. </u>
SSe	71	Paid-in or capital surplus, or land, building, and		T T		71	_
ž A	72	Retained earnings, endowment, accumulated in				72	
ž	73	Total net assets or fund balances (add lines 67	-	-	12 061 255	: : : : : : : : : : : : : : : : : : :	14 500 016
	٠.	column (A) must equal line 19 and column (B) r	•	· ·	13,961,355.	73	14,593,016.
	74	Total liabilities and net assets / lund balances	s (add lines 6	ib and 73)	14,610,493.	74	15,552,627.

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.

Form 990 (2000)

SACHUSETTS, INC.	04-2698497

Pa		conciliation of Revent ancial Statements wi		Part IV-B		iliation of Exp al Statements		
(2) (3) (4)	Total'revenue, gai per audited finance Amounts included line 12, Form 990 Net unrealized gai on investments Donated services and use of facilitie Recoveries of pricyear grants Other (specify): Add amounts on line a minus line	ns, and other support cial statements	b 87,313.	audited b Amoun line 17 (1) Donate and usi (2) Prior yi reporte Form 9 (3) Losses line 20 (4) Other (Add an c Line a d Amoun	rpenses and lot financial state ts included on Form 990: d services e of facilities ear adjustment d on line 20, 90 reported on Form 990 specify):	s 73,2 s 73,2 ts 5	08.	73,208. 069,310.
(1)	Investment expen not included on line 6b, Form 990	ses \$		not inc	nent expenses luded on , Form 990	.s		
e	Other (specify): Add amounts on lir Total revenue per (line c plus line d	ses (1) and (2) Ine 12, Form 990	B 10,402,312.	e Total e (line c	nounts on lines xpenses per lir plus line d)	\$	▶ e 10,	069,310
Pa	ertV Listo	f Officers, Directors, (A) Name and address	Trustees, and Key I	(B) Title and a	verage hours levoted to	, 	(D) Contributions to employee benefit plans & deterred compensation	(E) Expense account and other allowance
<u>ĪŌ</u> <u>BO</u>	ANNE LUB' 55 COMMOI STON, MA AGAN GAL	NWEALTH AVE. 02215		PRESIDE 35+ FINANCE	ENT	156,250.		0.
BO SE OF	55 COMMO STON, MA E ATTACH BOARD O	NWEALTH AVE. 02215 ED LISTING F DIRECTORS, N	ONE ARE	35+		66,458.	-	
 	MPENSATE	о 	·			0.	0.	0
 	·							
				<u> </u>				
			·					
			· • • • • • • • • • • • • • • • • • • •					
 75	Did any officer dire	ector, trustee, or key employee	receive angrenate compans at	ion of more than	n \$100 000 tro	om vour organization	hatelar lis hos	
		hich more than \$10,000 was pr					X No	Form 990 (2000

PLANNED PARENTHOOD LEAGUE OF

Part VI Other Information	ACHUSETTS,					497		Page
						N/A	Yes	
76 Did the organization engage in any activ	vity not previously repo	rted to the IRS? If "Yes	," attach a detailed de	scription of eac	h activity	76		X
77 Were any changes made in the organization	ing or governing docum	ents but not reported	to the IRS?			77		X
If "Yes," attach a conformed copy of the	changes.						339	
78 a Did the organization have unrelated bus	siness gross income of	\$1,000 or more during	the year covered by	this return? 👑		78a		<u> </u>
b If "Yes," has it filed a tax return on Form	1990-T for this year?				N/A	78b		
Was there a liquidation, dissolution, terr	mination, or substantial	contraction during th	e year?			79		X
If "Yes," attach a statement.								
O a Is the organization related (other than b	y association with a sta	tewide or nationwide	organization) through	common mem	bership,			
governing bodies, trustees, officers, etc	c., to any other exempt	or nonexempt organiz	ation?			80a	X	
b If "Yes," enter the name of the organizati					TEMENT 5	1,00		
•			check whether it is	exempt 0	R nonexempt.			 :
11 a Enter the amount of political expenditure	res, direct or indirect, as	described in the		•	•		80,000	
instructions for line 81				81a	29,148.			
b Did the organization file Form 1120-POI						81b] *** **	X
2 a Did the organization receive donated se	•							
		• •	-		•	82a	Х	
b If "Yes," you may indicate the value of th							3300	
expense in Part II. (See instructions for				82b	73,208.			 Yes::
a Did the organization comply with the pu	•					83a	Х	
b Did the organization comply with the dis						83b	X	
a Did the organization solicit any contribu						84a		Х
b If "Yes," did the organization include with						040	iki di	
tax deductible?	•	•				84b		· · · · ·
5 501(c)(4), (5), or (6) organizations. a		tues nondadustible by	mamhare?		N/A	85a		
b Did the organization make only in-house	a lohbuina avnanditura	nd \$2 000 or leec?	members:		N/A	85b		
If "Yes" was answered to either 85a or 8						000	211,d.	
	oou, uu nut complete o	ac unough can below	umess the organization	on received a w	aiver for proxy tax	100	å.	
owed for the prior year.	to 4. a.m			امد	N/A			
Course, assessments, and similar amount				850	N/A			
d Section 162(e) lobbying and political ex				850	N/A			
e Aggregate nondeductible amount of sec				858		100		
f Taxable amount of lobbying and politica				85f	N/A		5000	
g Does the organization elect to pay the so	• •				N/A	85g		
h If section 6033(e)(1)(A) dues notice we								1
allocable to nondeductible lobbying and						85h	i de de la la c	
501(c)(7) organizations. Enter: a Initi	·				N/A	{-: <u>-</u>		
b Gross receipts, included on line 12, for				86b	N/A			
501(c)(12) organizations. Enter: a G				87a	N/A			
b Gross income from other sources. (Do		•		1				
against amounts due or received from t				87b	N/A			
At any time during the year, did the orga							1	ĺ
or an entity disregarded as separate fro	· · · · · · · · · · · · · · · · · · ·							
It "Yes," complete Part IX						88		X
a 501(c)(3) organizations. Enter Amou	-		•					
	; section 4912 ▶			55 ▶		1000		;;;;;;;
b 501(c)(3) and 501(c)(4) organization	-						1	
transaction during the year or did it bec								_
If "Yes," attach a statement explaining e						89b		X
c Enter: Amount of tax imposed on the or	rganization managers o	r disqualified persons	during the year under					
• • • • • • • • • • • • • • • • • • • •					>			0
								0
sections 4912, 4955, and 4958	e, reimbursed by the org		ጥሞS					
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above								18
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above	return is filed 🕨 🔟	MASSACHUSE			90b			TO
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above a List the states with which a copy of this	return is filed 🕨 🔟	MASSACHUSE			90b			100
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above 1 a List the states with which a copy of this Number of employees employed in the	return is filed	MASSACHUSE March 12, 2000				16-		
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above la List the states with which a copy of this b Number of employees employed in the	return is filed	MASSACHUSE March 12, 2000			90b no. ► (617)6	16-		
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above a List the states with which a copy of this b Number of employees employed in the	return is filed	MASSACHUSE 5 March 12, 2000 ON		Telephone	no.▶ <u>(617)6</u>		167	
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above 1 a List the states with which a copy of this Number of employees employed in the The books are in care of THE C	return is filed	MASSACHUSE 5 March 12, 2000 ON		Telephone	no.▶ <u>(617)6</u>		167	
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above 1 a List the states with which a copy of this b Number of employees employed in the The books are in care of THE C Located at 1055 COMMON	pay period that include: ORGANIZATION NWEALTH AV	MASSACHUSE March 12, 2000 ON ENUE, BOST	ON, MA	Telephone	no.▶ <u>(617)6</u>		167	
sections 4912, 4955, and 4958 d Enter. Amount of tax on line 89c, above 1 a List the states with which a copy of this b Number of employees employed in the The books are in care of THE (Located at 1055 COMMO) Section 4947(a)(1) nonexempt char and enter the amount of tax-exempt inter	return is filed	MASSACHUSE March 12, 2000 ON ENUE, BOST rm 990 in lieu of Fo	ON , MA	Telephone	no.▶ <u>(617)6</u>		167 5 ►[
sections 4912, 4955, and 4958	return is filed	MASSACHUSE March 12, 2000 ON ENUE, BOST rm 990 in lieu of Ford during the tax year 5	ON , MA	Telephone	no. ► <u>(617)6</u> ZIP code ► <u>0</u>	221 N/	167 5 ►[A	0

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

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

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization PLANNED PARENTHOOD LEAGUE OF

2000

OMB No. 1545-0047

MASSACHUSETTS, INC.

Employer identification number 04: 2698497

(See instructions. List each one. If there are none, enter "None.") (d) Contributions to (b) Title and average hours (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation per week devoted to account and other more than \$50,000 position allowances PHYSICIAN MAUREEN PAUL 1055 COMMONWEALTH AVE. BOSTON, MA0221540+ 170,434. 7,415 6,666. DIANNE LUBY PRESIDENT 1055 COMMONWEALTH AVE. BOSTON, MA02215 40+ 156,250. 5,539. 0. WP OF CLIENTS SANDY MAISLEN 1055 COMMONWEALTH AVE. BOSTON, MA0221540+ 100,923. 2,824. 0. HEATHER SANKEY MEDICAL DIR. 1055 COMMONWEALTH AVE. BOSTON, MA0221540+ 92,308. 2,072. 0. KAREN CAPONI CLINIC DIRECT 70,214. 1055 COMMONWEALTH AVE. BOSTON, MA0221540+ 2,499 Total number of other employees paid over \$50,000 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 WARREN BRISCOE CONTRACT PHYSICIAN 140,600. 1055 COMMONWEALTH AVE, BOSTON, MA 02215 MARCUS GORDON CONTRACT 1055 COMMONWEALTH AVE, BOSTON, MA 02215 PHYSICIAN 109,935. AUSTIN WERTHEIMER CONTRACT 1055 COMMONWEALTH AVE, BOSTON, MA 02215 PHYSICIAN 80,658. Total number of others receiving over \$50,000 for professional services

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

Schedule A (Form 990 or 990-EZ) 2000

Pa	rt III. Statements About Activities		Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public	T		
	opinion on a legislative matter or referendum?	1	X	110081
	f "Yes," enter the total expenses paid or incurred in connection with the lobbying activites \$ 29,148.			
	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	Ya. A		
	he lobbying activities.			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,		1,005,63	
	officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is			
	offiliated as an officer, director, trustee, majority owner, or principal beneficiary:	1000	1000	a Gara
a :	Sale, exchange, or leasing of property?	2a	 	X
b	Lending of money or other extension of credit?	2b		X
c 1	Furnishing of goods, services, or facilities?	2 c	<u> </u>	Х
d I	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	х
P.	Fransfer of any part of its income or assets?	2e		x
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	1-0	1	<u> </u>
	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		x
		42	 	$\frac{\pi}{x}$
	Do you have a section 403(b) annuity plan for your employees?	7. T	50.189	
	urtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)	jo e		
Pa	Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)			
The o	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 5.)			
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	Turn in the state of the state			
	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 desc	ribed 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)		ne num rom abo	
 N/.	A			
14/				
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

Schedule A (Form 990 or 990-EZ) 2000

Schedule A (Form 990 or 990-EZ) 2000 $\,$ MASSACHUSETTS , $\,$ INC .

Par	Note: You may use ti	complete only if you chi he worksheet in the inst	ecked a box on line 16 tructions for converting), 11, or 12.) Use cas n o from the accrual to ti	i metnod of accountif he cash method of acc	ng. :ountina.
	dar year (or fiscal year ning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,865,911.	2,090,157.	1,370,231.	1,559,231.	6,885,530
6	Membership tees received .		<u> </u>			
7	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		5,415,546.	2.749.059.		14,859,445
8	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		69,144.	55,644.	55,644.	319,104
9	Net income from unrelated business				33,044.	
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended			-4,825.		-4,825
21	on its behalf 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	352,149.	313,091.	SEE STATEME 770,515.		1,435,755
23	Total of lines 15 through 22	9,051,572.	7,887,938.	4,940,624.	1,614,875.	23,495,009
24	Line 23 minus line 17	2,356,732.	2,472,392.	2,191,565.	1,614,875.	8,635,564
:5	Enter 1% of line 23	90,516.		49,406.		
6	Organizations described on lines 1	O or 11: a Enter 2% of	amount in column (e), lin	e 24	▶ 26a	172,711
b	Attach a list (which is not open to p				******	
	governmental unit or publicly supporting line 26a. Enter the sum of all thes	orted organization) whose		-	7007.00	4,223,826
	m ime 20a. Enter the 30th of an thes	c excess amounts				
	Total support for section 509(a)(1)	tact: Enter line 24 column	(a)		▶ 26¢	8,635,564
	Add: Amounts from column (e) for		319,104.	-4,8		
	Acc Parisonness from Caladinis (6) 101		435,755. 26		*******	5,973,860
۵	Public support (line 26c minus line					2,661,704
1	Public support percentage (line 26					30.82%
'	Organizations described on line 12					·
•	to public inspection) to show the na					
	· · · · · · · · · · · · · · · · · · ·	(1998)				
b	For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the diff excess amounts) for each year: (1999)	that was received from a $f n$) the amount on line 25 for fference between the amou f J/A	ondisqualified person, at r the year or (2) \$ 5,000. (int received and the large	ach a list to show the na Include in the list organiz r amount described in (1	me of, and amount receiv ations described in lines	ed for each year, 5 through 11, as well as these differences (the
C	Add: Amounts from column (e) for	lines: 15		16		
	17	20		21	▶ 27c	N/A
đ	Add: Line 27a total	and	line 27b total		▶ 27₫	N/A
е	Public support (line 27c total minus	line 27d total)				N/A
	Total support for section 509(a)(2)	test: Enter amount on line	23 column (e)	▶ 271	N/A	
1	FF		,			1
1 g	Public support percentage (lin					N/A

Part V Private School Questionnaire

	(10 be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	<u>A</u>	
29	. Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
-3,	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		1010A	
	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.)			
			865	
32	Does the organization maintain the following			1, 1,20
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	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]	ļ
	admissions, programs, and scholarships?	32c	ļ.—	
đ		32d	1,18194	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	10000	3870 0220	
			2.4	
				10.00
33	Does the organization discriminate by race in any way with respect to:	100		
3	Students' rights or privileges?	33a		_
b	Admissions policies?	33b		
C d	Employment of faculty or administrative staff?	33c		
ų e	Scholarships or other financial assistance?	33d 33e		
4	Educational policies? Use of facilities?	331	-	
		33q		
h	Athletic programs? Other extracurricular activities?	33h	_	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	3311	álás i	
	Tryou answered 100 to any or the boote, please explain. (If you need friers space, attach a separate statement.)			
		0.000		
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		<u> </u>
_	If you answered "Yes" to either 34a or b, please explain using an attached statement			3.5
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,	1]	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35_		<u></u>
	· · · · · · · · · · · · · · · · · · ·			

Schedule A (Form 990 or 990-EZ) 2000

			THOO THOO		-•				-2030437
			Expenditures by Ele ed ONLY by an eligible organ	-					
Che	eck here.	_	anization belongs to an affili		<u></u>				
	eck here		ecked "a" above and "limited	~ •					
<u> </u>	Son Hero 3	Li	mits on Lobbying E m 'expenditures' means amo	xpenditures			(a) Affiliated group totals	p	(b) To be completed for ALL electing organizations
			_				N/A		
36	Total lobbying ex	penditures to	o influence public opinion (g	rassroots lobbying)		36			0.
37	Total lobbying ex	penditures to	o influence a legislative body	(direct lobbying)		37			29,148.
38	Total lobbying ex	penditures (a	add lines 36 and 37)			38			29,148.
39	Other exempt pur	pose expend	ditures			39			9,887,162.
40	Total exempt purp	pose expend	litures (add lines 38 and 39)			40			9,916,310.
41	Lobbying nontax	able amount	. Enter the amount from the	following table -				- uniga. Grana	
	If the amount on	line 40 is -	The lobbyin	g nontaxable amount is -					
	Not over \$500,000			ount on line 40	ا (،				
			0,000 \$100,000 plus	•	1 1				
			00,000 \$175,000 plus		f t	41	,	·····	645,816.
			000.000 \$225,000 plus		00 .				
			\$1,000,000		کا				161 454
			nt (enter 25% of line 41)		r	42			161,454.
			Enter -0- if line 42 is more th			43			0.
44	Subtract line 41.1	rom ime 38.	Enter -0- if line 41 is more th	ian line 38		44	888888478747477477477		
	Caution: If then	e is an amo	ount on either line 43 or lir	ne 44. vou must file Form	4720				
				Lobbying Expe	enditures Durin	g 4-Yea	Averaging Period		
	lendar year (or al year beginning	in) 🕨	(a) 2000	(b) 1999	(c) 1998	ŀ	(d) 1997		(e) Total
45	Lobbying nontax	able							
	amount		645,816.	604,279.	544	,930	441	<u>, 537</u>	2,236,562.
46	Lobbying ceiling								3 254 242
_	(150% of line 45)	(0))			· · · · · · · · · · · · · · · · · · ·				3,354,843.
4/	Total lobbying		29,148.	64,017.	21	,604	10	,959	. 133,728.
48	expenditures Grassroots nonta	vahla	25,140.	04,017.		,004	10	, ,,,,	133,720.
70	amount		161,454.	151,070.	136	,233	110	, 384	. 559,141.
49	Grassroots ceiling								<u> </u>
-	(150% of line 48)	•							838,712.
50	Grassroots lobby								
_	expenditures .					,041	. 12	<u>,653</u>	27,694.
P			Activity by Nonelecting by organizations that did		es				N/A
Dur			on attempt to influence natio		, including any	attempt	to	Τ	
		_	lative matter or referendum,			•	Yes	No	Amount
	Volunteers								
b	Paid staff or man	agement (inc	clude compensation in exper	ises reported on lines c thre	ough h)				
			ors, or the public					-	-
е			broadcast statements					-	
1			for lobbying purposes						
g	Direct contact wit	n legislators	, their staffs, government off	iciais, or a legislative body .			L	_	

0.

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (add lines c through h)

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

		-		f Relationships With Noncharit		<u>, </u>	rayet
, 5	id the reporting organization dir D1(c) of the Code (other than se	rectly or indirectly engage in any of tection 501(c)(3) organizations) or in	section 527, relating to po	•		Yes	No
		anization to a noncharitable exempt	-		51a(i)		X
,					<u> </u>		X
	ther transactions:						
(i) Sales or exchanges of assets	s with a noncharitable exempt organ	nization		b(i)		Х
(ii) Purchases of assets from a (noncharitable exempt organization			b(ii)		Х
							X
							X
					b(v)		X
							X
				ilways show the fair market value of the			
g	oods, other assets, or services	given by the reporting organization. ent, show in column (d) the value of	If the organization received	l less than fair market value in any		N/A	
(a)	(b)	(c)		(d)			
Line no	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and s	haring ar	rangen	nents
							
					·		
		 					
							
							
		·-·					
	· ··				-		
		•					
С	the organization directly or ind ode (other than section 501(c)("Yes," complete the following so	3)) or in section 527?		anizations described in section 501(c) of the	Yes	X] No
	(a) Name of org	anization	(b) Type of organization	(c) Description of relationsh	ip		
							
							
	· · · · · · · · · · · · · · · · · · ·						
							
		 					
	. <u> </u>	<u> </u>					
	-	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·						
	.						
				 			

Schedule B (Form 990 or 990-EZ)

Department of the Treesury

Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions) DIANNED DADENMUCCO I PACLE CE

OMB No. 1545-0047

Νą	ime of organization PLANINED PARENTHOOD DEAGOE OF	Employer identification number
	MASSACHUSETTS, INC.	04-2698497
Or	rganization type (check one)-Section: X 501(c)(3) ◀ (enter number) 527 or 4	947(a)(1) nonexempt charitable trust
Α	Section 501(c)(7), (8), or (10) organizations-	
	Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the	year. (But see General
	rule below.)	
_	Enter here the total gifts received during the year for a religious, charitable, etc., purpose 🕨 \$	

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization
- . Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

FORM 990 OTHER CH	ANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	_1
DESCRIPTION				TRUOMA	
CONTRIBUTIONS RECEIVED A INCREASE IN TEMPORARILY INCREASE IN PERMANENTLY UNREALIZED GAIN IN INVES	RESTRICTED NET RESTRICTED ASS	r assets	ens -	-22,86 282,38 25,03 14,10	80. 35.
TOTAL TO FORM 990, PART			-	298,6	
FORM 990	ОТНЕ	R EXPENSES		STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
CONTRACTED SERVICES AND PROFESSIONAL	1 556 520	1,241,457.	280,289.	34,7	<u></u>
FEES DUES INSURANCE BAD DEBT	1,556,529. 239,279. 279,175. 222,395.	41,484. 268,814. 222,395.	195,887. 10,361.	1,9	
ADVERTISING PRINTING REPAIRS AND	141,622. 174,802.	141,622. 66,025.	5,974.	102,8	
MAINTENANCE TOTAL TO FM 990, LN 43	260,867.	2,162,003.	70,762. 563,273.	9,8	

FORM 990.

STATEMENT

DESCRI	PTION OF PRO	GRAM SERVICE	THREE				
MATION LEGISL	ON FAMILY PATIVE AND JU	LANNING PROGR DICIAL DELIBE	DISSEMINATION OF RAMS AND SERVIDES; ERATIONS AND ACTIO O GENERAL PUBLIC	RELATED			
				GRANTS		EXPENSES	
TO FOR	M 990, PART	III, LINE C				468,9	77.
FORM 9	90		OTHER ASSETS		SI	ATEMENT	4
DESCRI	PTION					AMOUNT	
UNCOND OTHER INVEST	ASSETS	ISES TO GIVE				49,7 120,6 514,1	50.
TOTAL '	TO FORM 990,	PART IV, LIN	NE 58, COLUMN B		<u> </u>	684,4	74.
FORM 9	90	IDENTIFICAT	TION OF RELATED OR PART VI, LINE 80B		ST	'ATEMENT	5
NAME O	F ORGANIZATI	ON			EXEMPT	NONEXE	мрт
PLANNE	D PARENTHOOD	ADVOCACY FUN	ND, INC. ("PPAF")		<u> x</u>		
FORM 9	90 PAR		ATIONSHIP OF ACTI		FR	'ATEMENT	6
LINE	EXPLANATION	OF RELATIONS	SHIP OF ACTIVITIES	;			
93A 93B 93C 93G 95 103A 103B 93D	PROVISION OF PROVISION OF CONTRACT RESISTED ON MISCELLANEO RECLASSIFIC	OF FAMILY PLAN OF FAMILY PLAN EVENUE FROM ST OF SAVING ACCOUNTY OUS REVENUE US CATION OF NET	SED FOR OPERATION	CES CES TRACTS FOR P OF THE ORGA		I	

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULE A	OTHER INC	OME	S	TATEMENT	7
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
NET ASSETS RELEASED FROM REST.	352,149.	313,091.	770,515.		
TOTAL TO SCHEDULE A, LINE 22	352,149.	313,091.	770,515.		

Planned Parenthood League of Massachusetts

1055 Commonwealth Avenue Boston, MA 02115

Board of Directors List (2000-2001)

Victoria T. Baker 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Franklin S. Browning, Jr. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Pauline Ho Bynum 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Susan F. Durham 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

H. Kimball Faulkner 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Melissa Gerrity 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Nancy A. Gleason, M.S.W. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Barbara N. Grossman 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003 Paula Johnson, M.D. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Katharine P. Jose 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Janina A. Longtine, M.D. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Kristin H. Macomber 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Ellyn A. McColgan 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Elisabeth McCord 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Gale Y. Morgan 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Claire McGuire, Esq. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003 Jerry Howland 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Alison Johnson 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Elizabeth L. Johnson 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Daniel E. Pellegrom 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Kendal B. Price, Esq. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Marta T. Rosa, Med. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Lois J. Russell 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Jamie A. Sabino, Esq. 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2003

Susan E. Whitehead 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001 Elizabeth H. Munro 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Ellen Offner 1055 Commonwealth Avenue Boston, MA 02215 (ex oficio)

Anabel Paniagua 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Nancy L. Maull 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Ellen W. Payzant 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

John D. Pratt 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Margaret B. Ruttenberg, MD 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

Susan Whitehead 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2001

Rebecca R. Winter 1055 Commonwealth Avenue Boston, MA 02215 Term Date: 2000-2002

ATTACHMENT TO FORM 990, PAGE 3, PART IV, LINE 57

	2001	2000
Land and Land Improvements \$ Building and Renovations Furniture and Equipment	987,260 7,920,419 <u>2,515,728</u>	987,260 7,821,562 <u>2,385,117</u>
Less Accumulated Depreciation	11,423,407 (2,345,816)	11,193,939 (1,815,523)
Property and Equipment, Net \$	<u>9,077,591</u>	<u>9,378,416</u>

	Analysis of Income-Producing amounts unless otherwise		ted business income	Exclu	ded by section 512, 513, or 514	(5)
indicated.		(A)	(B)	(C)	(D)	(E) Related or exempt
	, ram service revenue:	Business code	Amount	Exclu- sion code	Amount	function income
2				1000		4,765,379
- b	-					1,293,265
C				1		1,085,102.
ro b	HER PROGRAM INCOME	•	1	 		175,696.
е —						
f Medi	care/Medicaid payments					
	and contracts from government agencies					477,593
	bership dues and assessments					_
	est on savings and temporary					
cash	investments	_				182,085
96 Divid	ends and interest from securities					
97 Net re	ental income or (loss) from real estate:			7.2000		
a debt-	financed property					
b not d	ebt-financed property					
	ental income or (loss) from personal property					
99 Other	r investment income					
	or (loss) from sales of assets					
other	than inventory			ļ		
101 Net ii	ncome or (loss) from special events			ļ <u>.</u>		
102 Gross	s profit or (loss) from sales of inventory			<u> </u>		
103 Other						
	HER INCOME	_				19,581.
	T ASSETS RELEASED			ļ		418,420
c FR	OM RESTRICTIONS					
d						
e			ļ <u>.</u>	ļ		0 417 101
104 Subt	otal (add columns (B), (D), and (E))					
105 Total	l (add line 104, columns (B), (D), and (E))				>	8,417,121
	e 105 plus line 1d, Part I, should equal the am Relationship of Activities to the			+ D		
Line No.	Explain how each activity for which income is re					of the organization's
TIIIE NU.	exempt purposes (other than by providing funds	•	• •	u anspo	itantiy to the accomplishment	of the organization s
	SEE STATEMENT 6	3 101 30011 paip				
	DEE CIMIEMBRI C					
			•		•	
		 	-			
Part IX	Information Regarding Taxable	e Subsidia	ries and Disregard	led E	ntities	
	(A) (B)		(C)		(D)	(E)
Name, a parti	address, and EIN of corporation. Percentage of nership, or disregarded entity ownership inte		Nature of activities		Total income	End-of-year assets
		%				
	N/A	%				
		%				
		%				
Part X	Information Regarding Transfe	ers Associ	ated with Personal	Ben	efit Contracts	<u></u>
	the organization, during the year, receive any funds					Yes X No
(b) Did	the organization, during the year, pay premiums, di	irectly or indire	ctly, on a personal benefit of	ontract	?	Yes X No
Note:/f	"Yes" to (b), file Form 8870 and Form 4720 (s	ee instruction	rs).			
<u> </u>	Under penalties of penury, I declare that I have examined correct, and complete. Declaration of preparer (other than	this return, include	ng accompanying schedules and	i statem	ents, and to the best of my knowled	ige and belief, it is true,
Please	1	omocij is bascu o	/ /	u		
Sign	I fully		11/0/0/	ĎΙΑ	NNE LUBY P	RESIDENT CEC
Here	Signature of officer		Date T	ype or	print name and title	
	Preparer's	<i>'</i> 2 -	Da	te ,	Check if	Preparer's SSN or PTiN
Paid	signature	'FR		[][]	CI sen- emptoyed ►	
Preparer's	Firm's name (or yours TOFIAS (BC				EIN >	·
Use Only	if self-employed) and 350 MASSACHUS	ETTS AV	/ENUE			
	address, and 7IP code CAMBRIDGE, MA	02139	· · · · · · · · · · · · · · · · · · ·		Phone no. ▶	
023161	-		-			Form 000 (200)

Page 1 to 1 of Part I

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

04-2698497

Part I	Contributors		
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Individual X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
2		\$ <u>125,250.</u>	Individual X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
3		\$ 100,000.	Individual X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4		\$88,697.	Individual X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5		\$50,000.	Individual X Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
6		\$ 40,750.	Individual X Payroll Noncash (Complete Part II if a noncash contribution.)

PART IV-A 20b

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
DONORS
06/30/2001

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7/1/95- 06/30/1996	7/1/96- 06/30/1997	7/1/97- 06/30/1998	7/1/98- 06/30/1999	New Total Amount
•	1	,	325,000	325,000
•	•	•	550,000	550,000
454,000	181,300	563,900	340,500	1,539,700
20,000	150,000	•	•	200,000
1,001,226	•	,	•	1,001,226
100,000	100,000	100,000	100,000	400,000
25,000	86,500	75,000	50,650	237,150
54,995	10,050	218,186	26,850	310,081
1,000	270,619	253,000	25,000	549,619
10,300	677'02	10,250	133,660	224,989
750	292,250	115,082	377,800	785,882
1,697,271	1,161,498	1,335,418	1,929,460	6,123,647