

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

# 2002

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.</b>	<b>D</b> Employer identification number <b>04-2698497</b>
		Number and street (or P O box if mail is not delivered to street address) <b>1055 COMMONWEALTH AVENUE</b>	Room/suite <b>E Telephone number (617) 616-1600</b>
		City or town, state or country, and ZIP + 4 <b>BOSTON, MA 02215</b>	<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶

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

**G** Web site: ▶ **WWW.PPLM.ORG**

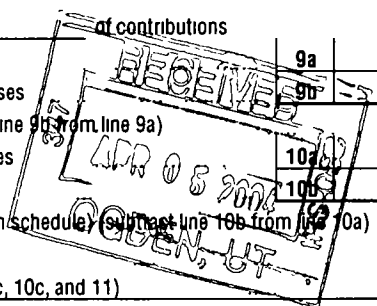
**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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 ▶ **12,222,127.**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>2,148,480.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,999,092.</b> noncash \$ <b>149,388.</b> )	<b>1d</b>			<b>2,148,480.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>9,840,990.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>66,662.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>165,995.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>12,222,127.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>10,365,062.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,556,363.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>553,294.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>12,474,719.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>-252,592.</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>14,749,875.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	<b>20</b>		<b>33,591.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>14,530,874.</b>



SCANNED APR 20 2004

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

Form 990 (2002)

**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 Page 2

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 \$ _____	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	25 495,055.	0.	495,055.	0.
26 Other salaries and wages	26 5,175,390.	4,566,277.	324,886.	284,227.
27 Pension plan contributions	27			
28 Other employee benefits	28 512,210.	413,709.	74,746.	23,755.
29 Payroll taxes	29 461,408.	369,330.	69,872.	22,206.
30 Professional fundraising fees	30			
31 Accounting fees	31 31,670.		31,670.	
32 Legal fees	32 52,242.		52,242.	
33 Supplies	33 722,945.	722,945.		
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 921,617.	790,978.	109,199.	21,440.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 60,457.	43,138.	9,681.	7,638.
40 Conferences, conventions, and meetings	40			
41 Interest	41 54,486.	39,695.	10,049.	4,742.
42 Depreciation, depletion, etc (attach schedule)	42 770,471.	607,941.	123,015.	39,515.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 3,216,768.	2,811,049.	255,948.	149,771.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 12,474,719.	10,365,062.	1,556,363.	553,294.

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? **FAMILY PLANNING**

**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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a <b>MEDICAL SERVICES: TO PROVIDE MEDICAL REPRODUCTIVE HEALTH CARE SERVICES</b>	(Grants and allocations \$ _____)	9,875,332.
b <b>EDUCATION AND COUNSELING: WORKSHOPS, EDUCATION PROGRAMS, CONFERENCES, LIBRARY RESOURCE SERVICES, COUNSELING, INFORMATION, AND REFERRALS FOR HEALTH CARE WITH HELP VOLUNTEER SERVICES</b>	(Grants and allocations \$ _____)	206,442.
c SEE STATEMENT 3	(Grants and allocations \$ _____)	283,288.
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>10,365,062.</b>

**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	2,168,590.	45	1,292,870.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,613,578.		
	b Less allowance for doubtful accounts	47b 379,911.	1,060,898.	47c 1,233,667.
	48 a Pledges receivable	48a 109,625.		
	b Less allowance for doubtful accounts	48b	79,996.	48c 109,625.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		553,340.	53 624,670.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,943,987.	54 2,532,651.
	55 a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment, basis	57a 13,229,259.			
b Less accumulated depreciation	57b 3,627,673.	8,800,505.	57c 9,601,586.	
58 Other assets (describe <b>▶ OTHER ASSETS</b> )		128,382.	58 169,396.	
59 Total assets (add lines 45 through 58) (must equal line 74)		15,735,698.	59 15,564,465.	
Liabilities	60 Accounts payable and accrued expenses	985,823.	60	1,033,591.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>▶</b> )			65
66 Total liabilities (add lines 60 through 65)		985,823.	66 1,033,591.	
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	13,091,917.	67	12,998,070.
	68 Temporarily restricted	1,149,958.	68	1,013,942.
	69 Permanently restricted	508,000.	69	518,862.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		14,749,875.	73 14,530,874.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		15,735,698.	74 15,564,465.

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.

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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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 5 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 0.		
b	Did the organization file Form 1120-POL for this year?		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?	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 115,440.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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 on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 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		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 211		
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		N/A

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Form 990 (2002)

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>93</b> Program service revenue:					
<b>a</b> GREATER BOSTON MEDICAL					5,950,070.
<b>b</b> CENTRAL MASS MEDICAL					1,765,788.
<b>c</b> WESTERN MASS MEDICAL					1,530,238.
<b>d</b> OTHER PROGRAM INCOME					204,224.
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					390,670.
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	66,662.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> OTHER INCOME			01	165,995.	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		232,657.	9,840,990.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					10,073,647.

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 page 32 of the instructions.)

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 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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).

**Please Sign Here** 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.

Signature of officer: *[Signature]* Date: 3/30/04  
 Type or print name and title: DIANNE LUBY PRESIDENT/CEO

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 3/24/04  
 Firm's name (or yours if self-employed), address, and ZIP + 4: TOFIAS PC, 350 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

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
RICHARD LUTES ----- 1055 COMMONWEALTH AVE. BOSTON, MA02215	CF TECH.OFF 40+	95,427.	5,971.	
CLAUDIA LUCK ----- 1055 COMMONWEALTH AVE. BOSTON, MA02215	DIR. DEVELOPM 40+	101,776.	8,954.	
PAMELA NOURSE ----- 1055 COMMONWEALTH AVE. BOSTON, MA02215	DIR.PUB.AFF 40+	82,960.	3,812.	
MARTHA KLEINERMAN ----- 1055 COMMONWEALTH AVE. BOSTON, MA02215	CL. SVC. DIR. 40+	79,794.	5,854.	
JESSICA WOLFF ----- 1055 COMMONWEALTH AVE. BOSTON, MA02215	CLINIC DIR. 40+	73,605.	11,162.	
Total number of other employees paid over \$50,000	▶ 9			

**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
WARREN BRISCOE ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	188,095.
MARCUS GORDON ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	99,870.
STEFFIAN BRADLEY ASSOCIATES ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	93,245.
IRWIN PAHL, MD ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	CONTRACT PHYSICIAN	77,650.
FOLEY HOAG LLP ----- 1055 COMMONWEALTH AVE, BOSTON, MA 02215	LEGAL SERVICES	57,568.
Total number of others receiving over \$50,000 for professional services	▶ 0	

PLANNED PARENTHOOD LEAGUE OF

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ <u>8,091</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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	X	
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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

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.

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



PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2002 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,608,300.	2,122,587.	2,188,751.	2,615,633.	9,535,271.
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	8,594,568.	7,904,937.	6,727,251.	5,244,654.	28,471,410.
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	102,665.	182,085.	138,672.	69,144.	492,566.
19 Net income from unrelated business activities not included in line 18					
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	20,324.	438,001.	SEE STATEMENT 7 372,841.	323,203.	1,154,369.
23 Total of lines 15 through 22	11,325,857.	10,647,610.	9,427,515.	8,252,634.	39,653,616.
24 Line 23 minus line 17	2,731,289.	2,742,673.	2,700,264.	3,007,980.	11,182,206.
25 Enter 1% of line 23	113,259.	106,476.	94,275.	82,526.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					223,644.
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return. Enter the sum of all these excess amounts					1,799,711.
c Total support for section 509(a)(1) test Enter line 24, column (e)					11,182,206.
d Add Amounts from column (e) for lines 18 492,566. 19 22 1,154,369. 26b 1,799,711.					3,446,646.
e Public support (line 26c minus line 26d total)					7,735,560.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					69.1774%
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	(2001)	(2000)	(1999)	(1998)	
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	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 17 20 and line 27b total					N/A
d Add Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

PLANNED PARENTHOOD LEAGUE OF

**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/>			
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/>			
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	

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2002 MASSACHUSETTS, INC.

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**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	8,091.
38	Total lobbying expenditures (add lines 36 and 37)	38	8,091.
39	Other exempt purpose expenditures	39	12,466,628.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	12,474,719.
41	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	773,736.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	193,434.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount	773,736.	718,039.	645,816.	604,279.	2,741,870.
46 Lobbying ceiling amount (150% of line 45(e))					4,112,805.
47 Total lobbying expenditures	8,091.	19,034.	29,148.	64,017.	120,290.
48 Grassroots nontaxable amount	193,434.	179,510.	161,454.	151,070.	685,468.
49 Grassroots ceiling amount (150% of line 48(e))					1,028,202.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			Amount
	Yes	No	
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN IN INVESTMENTS (UNRESTRICTED ASSETS)		33,115.	
UNREALIZED GAIN IN INVESTMENTS (PERMANENTLY RESTRICTED)		476.	
TOTAL TO FORM 990, PART I, LINE 20		33,591.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACTED SERVICES AND PROFESSIONAL FEES	1,161,853.	1,158,730.	0.	3,123.	
INSURANCE	348,988.	348,988.			
BAD DEBT	272,000.	272,000.			
STAFF TRAINING	128,830.	64,389.	30,999.	33,442.	
MEDICAL	345,431.	345,431.			
MISC EXPENSES	23,238.	1,933.	9,403.	11,902.	
PROFESSIONAL FEES AND ADMIN EXPENSE	784,274.	500,684.	182,286.	101,304.	
UNREIMBURSABLE EXPENSES	152,154.	118,894.	33,260.		
TOTAL TO FM 990, LN 43	3,216,768.	2,811,049.	255,948.	149,771.	

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		283,288.

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			2,532,651.		2,532,651.
TO 990, LN 54 COL B			2,532,651.		2,532,651.

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

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

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	7
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
NET ASSETS RELEASED FROM REST.	0.	418,420.	352,149.	313,091.	
OTHER INCOME	20,324.	19,581.	20,692.	10,112.	
TOTAL TO SCHEDULE A, LINE 22	20,324.	438,001.	372,841.	323,203.	

**PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.**  
**FIXED ASSET ROLLFORWARD**  
**6/30/2003**

ASSETS	ASSETS			ACCUM DEPREC			
	BALANCE 6/30/2002	ADDITIONS	DELETIONS	BALANCE 6/30/2003	C/Y DEPREC	DELETIONS	BALANCE 6/30/2003
LAND	987,260	-	-	987,260	-	-	-
BUILDING & IMPROV S/L 30-39	7,988,624	53,970	-	8,042,594	300,350	-	1,925,853
FURN & EQUIPMENT S/L 5-10	2,779,621	395,469	(65,288)	3,109,802	378,021	(59,969)	1,647,549
LEASEHOLD IMPROV S/L 10-39	-	1,089,603	-	1,089,603	54,271	-	54,271
<b>TOTALS</b>	<b>11,755,505</b>	<b>1,539,042</b>	<b>(65,288)</b>	<b>13,229,259</b>	<b>732,642</b>	<b>(59,969)</b>	<b>3,627,673</b>



**Planned Parenthood League of Massachusetts**  
1055 Commonwealth Avenue  
Boston, MA 02215

**BOARD OF DIRECTORS**

<b>Name/Address</b>	<b>Title/ average hours devoted per week</b>	<b>Compensation</b>	<b>Contribution to Employee Benefit Plan</b>	<b>Expense and other allowances</b>
Barbara N. Grossman 1055 Commonwealth Ave Boston, MA 02215	Board Chair 1 hour	\$0.00	\$0.00	\$0.00
Jamie Ann Sabino, Esq. 1055 Commonwealth Ave Boston, MA 02215	Chair-Elect 1 hour	\$0.00	\$0.00	\$0.00
Sarita Bhalotra 1055 Commonwealth Ave Boston, MA 02215	Vice Chair 1 hour	\$0.00	\$0.00	\$0.00
Melissa D Gerrity 1055 Commonwealth Ave Boston, MA 02215	Treasurer 1 hour	\$0.00	\$0.00	\$0.00
Kristin H. Macomber 1055 Commonwealth Ave Boston, MA 02215	Clerk 1 hour	\$0.00	\$0.00	\$0.00
David Bechhofer 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Joan E. Braderman 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Franklin S. Browning, Jr. 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Dharma E. Cortés, Ph.D. 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Brit Jepson d'Arbeloff 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00

Susan Dickler 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
H. Kimball Faulkner 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Elmer Freeman 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Heather Fukunaga 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Susan Haas, M.D. 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Jerry Howland 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00
Allison Johnson 1055 Commonwealth Ave Boston, MA 02215	Director 1 hour	\$0.00	\$0.00	\$0.00

0306

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.</b>	Employer identification number <b>04-2698497</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>1055 COMMONWEALTH AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02215</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 17, 2004

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003

6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS UNAVAILABLE AT THIS TIME.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 2/11/04

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the late date of the organization's return (including any prior extensions). This grace period is considered to be otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an
- Other OGDEN, UT

**EXTENSION APPROVED**

**MAR 01 2004**

**LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN**

Director \_\_\_\_\_ By \_\_\_\_\_

**Alternate Mailing Address -** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>TOFIAS PC</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>700 PLEASANT STREET, 5TH FLOOR</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW BEDFORD, MA 02740</b>

ENVELOPE POSTMARK DATE FEB 17 2004

