

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2004Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

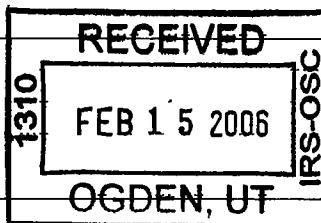
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.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

G Website: **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.

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** Group Exemption Number ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,428,565.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,599,617.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 2,414,434. noncash \$ 185,183.)			1d	2,599,617.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	11,179,329.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	33,541.
	5 Dividends and interest from securities			5	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe ▶)			7		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,528,537.	8a		
	b Less: cost or other basis and sales expenses	1,497,761.	8b		
	c Gain or (loss) (attach schedule)	30,776.	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	30,776.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
Net Assets	11 Other revenue (from Part VII, line 103)			11	87,541.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	13,930,804.
	13 Program services (from line 44, column (B))			13	11,490,765.
	14 Management and general (from line 44, column (C))			14	1,591,462.
	15 Fundraising (from line 44, column (D))			15	607,334.
	16 Payments to affiliates (attach schedule)			16	128,439.
	17 Total expenses (add lines 16 and 44, column (A))			17	13,818,000.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	112,804.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	15,136,487.
	20 Other changes in net assets or fund balances (attach explanation)			20	45,542.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	15,294,833.



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

04-2698497

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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	335,854.	0.	335,854.
26	Other salaries and wages	26	5,987,517.	5,341,011.	310,844.
27	Pension plan contributions	27			335,662.
28	Other employee benefits	28	604,154.	511,360.	61,081.
29	Payroll taxes	29	558,219.	472,480.	56,437.
30	Professional fundraising fees	30			29,302.
31	Accounting fees	31	28,000.	28,000.	
32	Legal fees	32	41,212.	41,212.	
33	Supplies	33	1,535,691.	1,385,517.	116,424.
34	Telephone	34	121,023.	100,005.	17,277.
35	Postage and shipping	35			3,741.
36	Occupancy	36	281,534.	238,070.	34,393.
37	Equipment rental and maintenance	37	41,457.	28,874.	11,401.
38	Printing and publications	38	130,610.	91,964.	3,832.
39	Travel	39	65,785.	39,728.	20,388.
40	Conferences, conventions, and meetings	40	119,589.	40,106.	52,339.
41	Interest	41	54,008.	47,090.	3,508.
42	Depreciation, depletion, etc. (attach schedule)	42	778,860.	618,680.	126,206.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e	3,006,048.	2,575,880.	372,266.
44	<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	13,689,561.	11,490,765.	1,591,462.

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	MEDICAL SERVICES: TO PROVIDE MEDICAL REPRODUCTIVE HEALTH CARE SERVICES	
	(Grants and allocations \$ _____)	10,134,645.
b	EDUCATION AND COUNSELING: WORKSHOPS, EDUCATION PROGRAMS, CONFERENCES, LIBRARY RESOURCE SERVICES, COUNSELING, INFORMATION, AND REFERRALS FOR HEALTH CARE WITH HELP VOLUNTEER SERVICES	
	(Grants and allocations \$ _____)	596,666.
c	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	627,177.
d	EXTERNAL AFFAIRS	
	(Grants and allocations \$ _____)	132,277.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	11,490,765.

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	2,732,055.	45	1,649,170.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	996,206.		
	b Less: allowance for doubtful accounts	301,638.	47c	694,568.
	48 a Pledges receivable	173,355.		
	b Less: allowance for doubtful accounts	22,368.	48c	150,987.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	383,740.	52	438,843.
	53 Prepaid expenses and deferred charges	359,345.	53	437,822.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,666,923.	54	4,209,664.
	55 a Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	13,598,770.			
b Less: accumulated depreciation	4,996,204.	57c	8,602,566.	
58 Other assets (describe ▶ OTHER ASSETS)	113,608.	58	53,175.	
59 Total assets (add lines 45 through 58) (must equal line 74)	16,115,174.	59	16,236,795.	
Liabilities	60 Accounts payable and accrued expenses	978,687.	60	941,962.
	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 ▶)		65	
	66 Total liabilities (add lines 60 through 65)	978,687.	66	941,962.
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	13,173,177.	67	13,268,247.
	68 Temporarily restricted	1,360,329.	68	1,403,105.
	69 Permanently restricted	602,981.	69	623,481.
	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)	15,136,487.	73	15,294,833.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	16,115,174.	74	16,236,795.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	14,049,454.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 45,542.		
(2)	Donated services and use of facilities \$ 73,108.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	118,650.
c	Line a minus line b	c	13,930,804.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	13,930,804.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	<u>13,891,108.</u>
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ <u>73,108.</u>		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	<u>73,108.</u>
c	Line a minus line b	c	<u>13,818,000.</u>
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____ 0.		
	Add amounts on lines (1) and (2)	d	<u>0.</u>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	<u>13,818,000.</u>

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

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

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization SEE STATEMENT 7 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?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	73,108.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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?	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		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	90b	182
b Number of employees employed in the pay period that includes March 12, 2004		
91 The books are in care of THE ORGANIZATION Telephone no. (617) 616-1670		

Located at **1055 COMMONWEALTH AVENUE, BOSTON, MA**ZIP + 4 **02215**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a GREATER BOSTON MEDICAL					6,824,787.
b CENTRAL MASS MEDICAL					2,090,203.
c WESTERN MASS MEDICAL					1,804,903.
d OTHER PROGRAM INCOME					198,819.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					260,617.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,541.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	30,776.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	87,541.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		151,858.	11,179,329.
105 Total (add line 104, columns (B), (D), and (E))					11,331,187.

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 34 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 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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		Date 2/10/06	Type or print name and title. DIANNE LUBY PRESIDENT/CEO
Paid Preparer's Use Only	Preparer's signature	Date 2/8/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 TOFIAS PC 350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	EIN	Phone no. 617-761-0600	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004Name 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
ALISA GOLDBERG 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	ASSOC MED DIR 40	181,075.	4,505.	0.
CLAUDIA LUCK 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	DIR OF DEVEL 40	106,561.	9,103.	0.
HEATHER Z. SANKEY 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	MED DIRECTOR 40	89,277.	4,955.	0.
KAREN LIFFORD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	MED DIRECTOR 40	86,673.	1,262.	0.
KAREN CAPONI 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	HLTH SVCS DIR 40	85,100.	4,488.	0.
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
MARCUS GORDON, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	CONTRACT PHYSICIAN	89,110.
REBECCA JACKSON, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	CONTRACT PHYSICIAN	80,155.
IRWIN PAHL, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215	CONTRACT PHYSICIAN	77,035.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Yes No

- 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 ► \$ 11,568. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) **VI-A, LINE 38B**

1 X

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.

- 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?

2a

X

b Lending of money or other extension of credit?

2b

X

c Furnishing of goods, services, or facilities?

2c

X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d

X

e Transfer of any part of its income or assets?

2e

X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a

X

b Do you have a section 403(b) annuity plan for your employees?

3b

X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a

X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b

X

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

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2004 **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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,781,724.	2,118,851.	2,608,300.	2,122,587.	9,631,462.
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	11,050,961.	9,668,221.	8,594,568.	7,904,937.	37,218,687.
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	42,734.	66,662.	102,665.	182,085.	394,146.
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	250,115.	165,995.	SEE STATEMENT 9	438,001.	874,435.
23 Total of lines 15 through 22	14,125,534.	12,019,729.	11,325,857.	10,647,610.	48,118,730.
24 Line 23 minus line 17	3,074,573.	2,351,508.	2,731,289.	2,742,673.	10,900,043.
25 Enter 1% of line 23	141,255.	120,197.	113,259.	106,476.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 218,001.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,490,102.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,900,043.
d Add: Amounts from column (e) for lines: 18 <u>394,146.</u> 19 <u> </u>					26d 2,758,683.
22 <u>874,435.</u> 26b <u>1,490,102.</u>					26e 8,141,360.
e Public support (line 26c minus line 26d total)					26f 74.6911%.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u>					27c N/A
17 <u> </u> 20 <u> </u> 21 <u> </u>					27d N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

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

Schedule A (Form 990 or 990-EZ) 2004

Part VII.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any

transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the

Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC
04-2698497
FIXED ASSET ROLLFORWARD
6/30/2005

ASSETS					ACCUM DEPREC				NET BOOK VALUE 6/30/2005
DEPRECIABLE ASSETS	BALANCE 6/30/2004	ADDITIONS	DELETIONS	BALANCE 6/30/2005	BALANCE 6/30/2004	C/Y DEPREC	DELETIONS	BALANCE 6/30/2005	
LAND	987,260	-	-	987,260	-	-	-	-	
BUILDING & IMPROV S/L 30-39	8,120,991	86,587	-	8,207,578	2,205,496	282,966	-	2,488,462	
FURN & EQUIPMENT S/L 5-10	3,207,981	287,491	(177,747)	3,317,725	2,035,887	363,112	(162,647)	2,236,352	
LEASEHOLD IMPROV S/L 10-39	1,086,207	-	-	1,086,207	162,933	108,457	-	271,390	
TOTALS	13,402,439	374,078	(177,747)	13,598,770	4,404,316	754,535	(162,647)	4,996,204	8,602,566

ASSETS					ACCUM AMORTIZATION				NET BOOK VALUE 6/30/2005
AMORTIZABLE ASSETS	BALANCE 6/30/2004	ADDITIONS	DELETIONS	BALANCE 6/30/2005	BALANCE 6/30/2004	C/Y AMORT	DELETIONS	BALANCE 6/30/2005	
ACQUISITION OF SPRINGFIELD (EXISTING BUSINESS)	172,357	-	-	172,357	155,122	17,235	-	172,357	
LEGAL AND ACCOUNTING FEES (SPRINGFIELD)	70,900	-	-	70,900	10,635	7,090	-	17,725	
TOTALS	243,257	-	-	243,257	165,757	24,325	-	190,082	53,175

Planned Parenthood League of Massachusetts, Inc.
04-2698497
1055 Commonwealth Avenue
Boston, MA 02215

BOARD OF DIRECTORS
June 30, 2005

Name/Address	Title/average hours devoted per week	Compensation	Contribution to Employee Benefit Plan	Expenses and other allowances
Jamie Ann Sabino, Esq 1055 Commonwealth Avenue Boston, MA 02215	Board Chair 1 hour	\$ -	\$ -	\$ -
Sarita Bhalotra, M D , Ph D 1055 Commonwealth Avenue Boston, MA 02215	Vice Chair 1 hour	\$ -	\$ -	\$ -
Bill Stephenson 1055 Commonwealth Avenue Boston, MA 02215	Treasurer 1 hour	\$ -	\$ -	\$ -
Dharma E Cortes, Ph D 1055 Commonwealth Avenue Boston, MA 02215	Clerk 1 hour	\$ -	\$ -	\$ -
David Bechhofer 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Gia Bernini, LICSW 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Joan E. Braderman 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Rev Kim K. Crawford Harvie 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Brit Jepson d'Arbeloff 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Susan Dickler 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Carolyn W Erskine 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
H Kimball Faulkner 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -

Planned Parenthood League of Massachusetts, Inc.
04-2698497
1055 Commonwealth Avenue
Boston, MA 02215

BOARD OF DIRECTORS
June 30, 2005

Name/Address	Title/average hours devoted per week	Compensation	Contribution to Employee Benefit Plan	Expenses and other allowances
Elmer Freeman 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Heather Fukunaga 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Barbara N. Grossman 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Susan Haas, M D 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Gerald Howland 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Allison Johnson 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Paula A Johnson, M D. 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Katherine P Jose 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Janina A Longtine, M D 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Elizabeth Munro 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Molly Nye 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Ellen W Payzant 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -

Planned Parenthood League of Massachusetts, Inc.
04-2698497
1055 Commonwealth Avenue
Boston, MA 02215

BOARD OF DIRECTORS
June 30, 2005

Name/Address	Title/average hours devoted per week	Compensation	Contribution to Employee Benefit Plan	Expenses and other allowances
Daniel E. Pellegroni 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Lois C. Russell 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Margaret B. Ruttenberg, M.D. 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Suzie Tapson 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Caprice Taylor, M.Ed. 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Charles Welch, M.D. 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Susan Whitehead 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Pace Wilson 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
Rebecca R. Winter 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -
R. Lyman Wood 1055 Commonwealth Avenue Boston, MA 02215	Director 1 hour	\$ -	\$ -	\$ -

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	1,528,537.	1,497,761.	0.	30,776.
TO FORM 990, PART I, LINE 8	1,528,537.	1,497,761.	0.	30,776.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAME

AFFILIATE'S ADDRESS

PLANNED PARENTHOOD FEDERATION OF AMERICA

434 WEST 33RD STREET, NEW YORK, NY 10001

PURPOSE OF PAYMENT

AMOUNT

NATIONAL DUES

128,439.

TOTAL TO FORM 990, PART I, LINE 16

128,439.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS (UNRESTRICTED ASSETS)

35,942.

UNREALIZED GAIN ON INVESTMENTS (PERMANENTLY RESTRICTED)

9,600.

TOTAL TO FORM 990, PART I, LINE 20

45,542.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES AND PROFESSIONAL FEES	1,735,571.	1,396,667.	296,783.	42,121.
INSURANCE	441,798.	424,577.	13,799.	3,422.
BAD DEBT	354,790.	354,752.		38.
DUES	100,551.	62,540.	34,159.	3,852.
ADVERTISING	54,450.	54,450.		
REPAIRS AND MAINTENANCE	318,888.	282,894.	27,525.	8,469.
TOTAL TO FM 990, LN 43	3,006,048.	2,575,880.	372,266.	57,902.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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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		627,177.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			4,209,664.	4,209,664.
TO FORM 990, LINE 54, COL B				4,209,664.	4,209,664.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	7
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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	8
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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	9
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
NET ASSETS RELEASED FROM REST.	0.	0.	0.	418,420.	
OTHER INCOME	250,115.	165,995.	20,324.	19,581.	
TOTAL TO SCHEDULE A, LINE 22	250,115.	165,995.	20,324.	438,001.	

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.	Employer identification number 04-2698497
	Number, street, and room or suite no. If a P.O. box, see instructions. 1055 COMMONWEALTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02215	

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

- The books are in the care of ▶ **THE ORGANIZATION**
Telephone No. ▶ **(617) 616-1670** FAX No. ▶ _____
- 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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

• 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 PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.	Employer identification number 04-2698497
	Number, street, and room or suite no. If a P.O. box, see instructions. 1055 COMMONWEALTH AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02215	

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

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ 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.

• The books are in the care of **THE ORGANIZATION**

Telephone No. **(617) 616-1670**

FAX No.

• 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 15, 2006**

5 For calendar year , or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

AT THE PRESENT TIME THE ORGANIZATION HAS NOT RECEIVED ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Title

Date

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 later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections 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 your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director

By:

Date

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 TOFIAS PC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 350 MASSACHUSETTS AVENUE
	City or town, province or state, and country (including postal or ZIP code) CAMBRIDGE, MA 02139

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