

Form **990**Department of the Treasury
Internal Revenue Service**EXTENSION GRANTED THROUGH 2/15/07**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1055 COMMONWEALTH AVENUE

City or town, state or country, and ZIP + 4

BOSTON, MA 02215-1001**D** Employer identification number**04-2698497****E** Telephone number**(617) 616-1600****F** Accounting method ☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****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 ▶ **N/A****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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **24,868,870.****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	3,028,691.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 3,028,691. noncash \$)			1d	3,028,691.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	12,034,350.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	
	5 Dividends and interest from securities			5	164,228.
	6a Gross rents				
b Less: rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7 Other investment income (describe ▶)			7		
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		9,601,853.	8a		
	b Less: cost or other basis and sales expenses	9,535,284.	8b		
	c Gain or (loss) (attach schedule)	66,569.	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d	66,569.
	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	
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11	39,748.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	15,333,586.	
Expenses	13 Program services (from line 44, column (B))			13	12,689,446.
	14 Management and general (from line 44, column (C))			14	1,594,615.
	15 Fundraising (from line 44, column (D))			15	728,462.
	16 Payments to affiliates (attach schedule)	SEE STATEMENT 2		16	137,768.
	17 Total expenses (add lines 16 and 44, column (A))			17	15,150,291.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	183,295.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	15,294,833.
	20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3		20	84,841.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	15,562,969.

523001
02-03-06**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2005)

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

Form 990 (2005)

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**Part II Statement of
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>)	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	423,758.	239,348.	138,254.	46,156.
26 Other salaries and wages	26	6,973,680.	6,044,201.	622,366.	307,113.
27 Pension plan contributions	27	66,009.		66,009.	
28 Other employee benefits	28	681,937.	646,328.	2,329.	33,280.
29 Payroll taxes	29	659,079.	561,657.	66,399.	31,023.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	1,583,952.	1,528,726.	33,999.	21,227.
34 Telephone	34	126,746.	102,392.	19,311.	5,043.
35 Postage and shipping	35				
36 Occupancy	36	354,526.	310,303.	31,873.	12,350.
37 Equipment rental and maintenance	37	45,548.	35,421.	9,756.	371.
38 Printing and publications	38	80,932.	68,331.	1,002.	11,599.
39 Travel	39	77,302.	61,282.	13,672.	2,348.
40 Conferences, conventions, and meetings	40	185,035.	74,437.	23,147.	87,451.
41 Interest	41	58,591.	50,529.	4,647.	3,415.
42 Depreciation, depletion, etc (attach schedule)	42	732,072.	588,219.	120,804.	23,049.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	2,963,356.	2,378,272.	441,047.	144,037.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	15,012,523.	12,689,446.	1,594,615.	728,462.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
FAMILY PLANNING	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a MEDICAL SERVICES: TO PROVIDE MEDICAL REPRODUCTIVE HEALTH CARE SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	11,145,924.
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	696,891.
c 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 and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	682,963.
d EXTERNAL AFFAIRS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	163,668.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,689,446.

Form 990 (2005)

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

Form 990 (2005)

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Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,649,170.	45	2,025,763.
	46 Savings and temporary cash investments		46	2,239,642.
	47 a Accounts receivable	913,436.		
	b Less: allowance for doubtful accounts	286,090.	47c	627,346.
	48 a Pledges receivable	98,780.		
	b Less: allowance for doubtful accounts		48c	98,780.
	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	438,843.	52	376,113.
	53 Prepaid expenses and deferred charges	437,822.	53	415,902.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,209,664.	54	2,400,084.
	55 a Investments - land, buildings, and equipment, basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment, basis STMT 4A	13,954,930.			
b Less: accumulated depreciation	5,564,443.	57c	8,390,487.	
58 Other assets (describe OTHER ASSETS)	53,175.	58	46,085.	
59 Total assets (must equal line 74). Add lines 45 through 58	16,236,795.	59	16,620,202.	
Liabilities	60 Accounts payable and accrued expenses	941,962.	60	1,057,233.
	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)	941,962.	66	1,057,233.
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	13,268,247.	67	13,412,745.
	68 Temporarily restricted	1,403,105.	68	1,475,854.
	69 Permanently restricted	623,481.	69	674,370.
	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)	15,294,833.	73	15,562,969.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	16,236,795.	74	16,620,202.

Form 990 (2005)

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

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 35			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	Yes	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	Yes	No
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d Does the organization have a written conflict of interest policy?	75d	Yes	No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions) **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	Yes	No
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	Yes	No
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	No
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	Yes	No
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	Yes	No
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	Yes	No
b If "Yes," enter the name of the organization SEE STATEMENT 8			
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	Yes	No
b Did the organization file Form 1120-POL for this year?	81b	Yes	No

Part VI Other Information (continued)		Yes	No
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	82,796.
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	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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	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?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 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	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 MA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	214
91 a	The books are in care of THE ORGANIZATION Telephone no. 617-616-1670 Located at 1055 COMMONWEALTH AVENUE, BOSTON, MA ZIP + 4 02215-1001		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
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

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

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See 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 SEE STATEMENT 9					11,654,156.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					380,194.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	164,228.	
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	66,569.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			03	39,748.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		270,545.	12,034,350.
105 Total (add line 104, columns (B), (D), and (E))					12,304,895.

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 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).
1	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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 <i>[Signature]</i>		Date <i>2/9/07</i>	Type or print name and title. <i>DIANNE LUBY President/CEO</i>
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>2/9/07</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>077-60-1312</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 POFIAS PC 350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139			EIN <i>04-2714776</i> Phone no. <i>617-761-0600</i>

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 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

2005

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
KAREN LIFFORD 1055 COMMONWEALTH AVE, BOSTON, MA 022	MEDICAL DIRECTOR 35.00	207,332.	4,068.	0.
ALISA GOLDBERG 1055 COMMONWEALTH AVE, BOSTON, MA 022	DTR CLINIC RESEARCH 35.00	204,619.	4,519.	0.
CLAUDIA LUCK 1055 COMMONWEALTH AVE, BOSTON, MA 022	VP DEVELOPMENT 35.00	121,879.	12,259.	0.
KIM DIGNAN 1055 COMMONWEALTH AVE, BOSTON, MA 022	BOSTON CENTER DIR 35.00	97,211.	0.	0.
MITCHELL PAINE 1055 COMMONWEALTH AVE, BOSTON, MA 022	EHR PROJECT MANAGER 35.00	80,481.	12,259.	0.
Total number of other employees paid over \$50,000 ▶	29			

Part II-A 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 02215-1001	PHYSICIAN SERVICES	77,840.
REBECCA JACKSON, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215-1001	PHYSICIAN SERVICES	67,055.
JOHN CUNNINGTON, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215-1001	PHYSICIAN SERVICES	65,705.
IRWIN PAHL, MD 1055 COMMONWEALTH AVENUE, BOSTON, MA 02215-1001	PHYSICIAN SERVICES	58,985.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

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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 ► \$ <u>6,679.</u> (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-A, 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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

PLANNED PARENTHOOD LEAGUE OF

Schedule A (Form 990 or 990-EZ) 2005 **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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,582,448.	2,781,724.	2,118,851.	2,608,300.	10,091,323.
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	11,296,744.	11,050,961.	9,668,221.	8,594,568.	40,610,494.
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	33,541.	42,734.	66,662.	102,665.	245,602.
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	87,541.	250,115.	SEE STATEMENT 11		523,975.
23 Total of lines 15 through 22	14,000,274.	14,125,534.	12,019,729.	11,325,857.	51,471,394.
24 Line 23 minus line 17	2,703,530.	3,074,573.	2,351,508.	2,731,289.	10,860,900.
25 Enter 1% of line 23	140,003.	141,255.	120,197.	113,259.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					217,218.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					101,557.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					10,860,900.
d Add: Amounts from column (e) for lines: 18 <u>245,602.</u> 19 <u> </u> 22 <u>523,975.</u> 26b <u>101,557.</u>					871,134.
e Public support (line 26c minus line 26d total)					9,989,766.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					91.9792%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					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) 27f <u>N/A</u>					
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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)

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?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

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?

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

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?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	6,679.												
38	Total lobbying expenditures (add lines 36 and 37)	38	6,679.												
39	Other exempt purpose expenditures	39	15,143,612.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	15,150,291.												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	907,515.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	226,879.												
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	907,515.	841,466.	801,125.	773,736.	3,323,842.
46 Lobbying ceiling amount (150% of line 45(e))					4,985,763.
47 Total lobbying expenditures	6,679.	11,568.	2,010.	8,091.	28,348.
48 Grassroots nontaxable amount	226,879.	210,367.	200,281.	193,434.	830,961.
49 Grassroots ceiling amount (150% of line 48(e))					1,246,442.
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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 of the instructions.)

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

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

(i) Cash

(ii) Other assets

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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:

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

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]

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	9,601,853.	9,535,284.	0.	66,569.
TO FORM 990, PART I, LINE 8	9,601,853.	9,535,284.	0.	66,569.

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

137,768.

TOTAL TO FORM 990, PART I, LINE 16

137,768.

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

AMOUNT

UNREALIZED GAIN ON INVESTMENTS (UNRESTRICTED ASSETS)

63,595.

UNREALIZED GAIN ON INVESTMENTS (PERMANENTLY RESTRICTED)

21,246.

TOTAL TO FORM 990, PART I, LINE 20

84,841.

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	1,752,664.	1,341,320.	281,018.	130,326.
INSURANCE	411,200.	397,513.	11,466.	2,221.
BAD DEBT	214,702.	213,786.	916.	0.
DUES & CONTRIBUTIONS	169,811.	52,004.	116,001.	1,806.
ADVERTISING	90,897.	90,873.	24.	0.
REPAIRS AND MAINTENANCE	324,082.	282,776.	31,622.	9,684.
TOTAL TO FM 990, LN 43	2,963,356.	2,378,272.	441,047.	144,037.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
04-2698497
FIXED ASSET ROLLFORWARD
6/30/2006

				ASSETS				ACCUM DEPREC				NET BOOK VALUE 6/30/2006
DEPRECIABLE ASSETS				BALANCE 6/30/2005	ADDITIONS	DELETIONS	BALANCE 6/30/2006	BALANCE 6/30/2005	C/Y DEPREC	DELETIONS	BALANCE 6/30/2006	
LAND				987,260	-	-	987,260	-	-	-	-	
BUILDING & IMPROV	S/L	30-39		8,207,578	94,384	-	8,301,962	2,488,462	292,456	-	2,780,918	
FURN & EQUIPMENT	S/L	5-10		3,317,725	319,693	(155,752)	3,481,666	2,236,352	320,292	(156,743)	2,399,901	
LEASEHOLD IMPROV	S/L	10-39		1,086,207	97,835	-	1,184,042	271,390	112,234	-	383,624	
TOTALS				13,598,770	511,912	(155,752)	13,954,930	4,996,204	724,982	(156,743)	5,564,443	8,390,487

				ASSETS				ACCUM AMORTIZATION				NET BOOK VALUE 6/30/2006
AMORTIZABLE ASSETS				BALANCE 6/30/2005	ADDITIONS	DELETIONS	BALANCE 6/30/2006	BALANCE 6/30/2005	C/Y AMORT	DELETIONS	BALANCE 6/30/2006	
ACQUISITION OF SPRINGFIELD (EXISTING BUSINESS)				172,357	-	-	172,357	172,357	-	-	172,357	
LEGAL AND ACCOUNTING FEES (SPRINGFIELD)				70,900	-	-	70,900	17,725	7,090	-	24,815	
TOTALS				243,257	-	-	243,257	190,082	7,090	-	197,172	46,085

Depreciation Expense for the year ended June 30, 2006 is \$724,982
Amortization Expense for the year ended June 30, 2006 is \$7,090

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DIANNE LUBY	237,607.	9,345.	9,473.	256,425.
A. PROGRAM SERVICES	76,034.	2,990.	3,031.	82,055.
B. MANAGEMENT AND GENERAL	118,804.	4,673.	4,737.	128,214.
C. FUNDRAISING	42,769.	1,682.	1,705.	46,156.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MEAGAN GALLAGHER	155,111.	12,222.		167,333.
A. PROGRAM SERVICES	145,804.	11,489.		157,293.
B. MANAGEMENT AND GENERAL	9,307.	733.		10,040.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				239,348.
TOTAL MANAGEMENT AND GENERAL				138,254.
TOTAL FUNDRAISING				46,156.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				423,758.

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
FIDELITY CAPITAL APPRECIATION FUND	FMV			623,838.	623,838.
FIDELITY LARGE CAP GROWTH FUND	FMV			686,844.	686,844.
FIDELITY - MODERATELY ALLOCATED MUTUAL FUNDS	FMV			1,089,402.	1,089,402.
TO FORM 990, LINE 54, COL B				2,400,084.	2,400,084.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DIANNE LUBY 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	PRESIDENT & CEO 40.00	237,607.	9,345.	9,473.
MEAGAN GALLAGHER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	COO 40.00	155,111.	12,222.	0.
JAMIE ANN SABINO, ESQ. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	BOARD CHAIR 1.00	0.	0.	0.
BILL STEPHENSON 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	TREASURER 1.00	0.	0.	0.
ELIZABETH MUNRO 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	CLERK 1.00	0.	0.	0.
SARITA BHALOTRA, M.D., PH.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	VICE CHAIR 1.00	0.	0.	0.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

04-2698497

EMILY AMICK 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
DAVID BECHHOFFER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
JOAN E. BRADERMAN 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
LULA CHRISTOPHER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
ELIZABETH LOWREY CLAPP 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
DHARMA CORTES, PH.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
REV. KIM K. CRAWFORD HARVIE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
BRIT JEPSON D'ARBELOFF 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
PAT DEUTCH 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
SUSAN DICKLER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
KIM DRUKER STOCKWELL 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
CAROLYN W. ERSKINE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
ELMER FREEMAN 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

04-2698497

HEATHER FUKUNAGA 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
JONATHAN GERTLER, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
ILENE GREENBERG 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
SUSAN HAAS, M.D., MS.C. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
JENNIFER HAWKINS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
PAULA A. JOHNSON, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
JANINA A. LONGTINE, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
INGRID MACH 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
MOLLY NYE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
DANIEL ROBINSON, PHARM. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
DIANE SCHMALENSEE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
SUZIE TAPSON 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
CAPRICE TAYLOR, M.ED. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

04-2698497

CHARLES WELCH, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
SUSAN WHITEHEAD 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
PACE WILSON 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
R. LYMAN WOOD 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.
JEFF ZEGAS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

392,718. 21,567. 9,473.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 8
PART VI, LINE 80B

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

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 9

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
GREATER BOSTON MEDICAL					7,258,887.
CENTRAL MASS MEDICAL					2,220,030.
WESTERN MASS MEDICAL					1,969,548.
SOMERVILLE MEDICAL					
SERVICES					73,539.
OTHER PROGRAM INCOME					132,152.
TO FORM 990, PART VII, LINE 93					11,654,156.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

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

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	87,541.	250,115.	165,995.	20,324.
TOTAL TO SCHEDULE A, LINE 22	87,541.	250,115.	165,995.	20,324.

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 ☒
 - 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 File by the due date for filing your 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	
	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. ► **617-616-1665**
- 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, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 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)

N/A 10/26/06