

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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 022151001		

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).

G Web site: WWW.PPLM.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 24,648,566

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	9,655,656	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 9,655,656 noncash \$ _____)	1e		9,655,656
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		13,756,590
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		137,634
	6a Gross rents	6a		
	b Less rental expenses	6b		
c Net rental income or (loss) subtract line 6b from line 6a	6c			
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a		1,039,452	
	b Less cost or other basis and sales expenses	8b	1,001,491	
	c Gain or (loss) (attach schedule)	8c	37,961	
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		37,961	
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 1b)	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		59,234	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		23,647,075	
Expenses	13 Program services (from line 44, column (B))	13		16,593,190
	14 Management and general (from line 44, column (C))	14		1,942,274
	15 Fundraising (from line 44, column (D))	15		1,463,478
	16 Payments to affiliates (attach schedule)	16		154,422
	17 Total expenses Add lines 16 and 44, column (A)	17		20,153,364
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		3,493,711
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		16,941,849
	20 Other changes in net assets or fund balances (attach explanation)	20		-226,646
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		20,208,914

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 (See the instructions.)

<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	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	434,884	122,684	203,465	108,735
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	8,257,330	6,727,066	793,482	736,782
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	844,721	665,668	96,885	82,168
29	Payroll taxes	29	755,856	595,640	86,692	73,524
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	2,835,498	2,289,617	313,301	232,580
33	Supplies	33	120,122	69,754	18,721	31,647
34	Telephone	34	168,611	137,286	20,350	10,975
35	Postage and shipping	35				
36	Occupancy	36	426,307	358,938	48,420	18,949
37	Equipment rental and maintenance	37	55,669	47,173	7,267	1,229
38	Printing and publications	38	121,678	70,587	2,550	48,541
39	Travel	39	79,750	51,227	13,467	15,056
40	Conferences, conventions, and meetings	40	95,426	39,065	37,878	18,483
41	Interest	41	170,992	144,094	23,735	3,163
42	Depreciation, depletion, etc (attach schedule)	42	841,145	699,550	101,381	40,214
43	Other expenses not covered above (itemize)					
a	Program supplies	43a	1,945,057	1,909,512	17,461	18,084
b	Dues	43b	272,960	163,417	103,810	5,733
c	Insurance	43c	393,879	379,696	10,817	3,366
d	Bad debt	43d	1,563,863	1,563,863		
e	Advertising	43e	196,741	196,726		15
f	Repairs & maintenance	43f	418,453	361,627	42,592	14,234
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	19,998,942	16,593,190	1,942,274	1,463,478

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 (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? 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	14,473,499
b EDUCATION AND COUNSELING WORKSHOPS, EDUCATION PROGRAMS, CONFERENCES, LIBRARY RESOURCES 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"/>	761,833
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"/>	842,180
d EXTERNAL AFFAIRS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	515,678
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)	16,593,190

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		1,913,970	45	879,996	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	3,766,981			
	b Less allowance for doubtful accounts	47b	1,847,533	1,058,808	47c	1,919,448
	48a Pledges receivable	48a	5,200,566			
	b Less allowance for doubtful accounts	48b		141,493	48c	5,200,566
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		499,803	52	545,820	
	53 Prepaid expenses and deferred charges		397,683	53	91,352	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		5,386,767	56	 4,542,507		
57a Land, buildings, and equipment basis	57a	16,225,537				
b Less accumulated depreciation (attach schedule)	57b	6,459,844	9,981,714	57c	 9,765,693	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		89,590	58	 80,006		
59 Total assets (must equal line 74) Add lines 45 through 58		19,469,828	59	23,025,388		
Liabilities	60 Accounts payable and accrued expenses		1,087,352	60	1,375,847	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		1,440,627	64b	1,440,627	
	65 Other liabilities (describe <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		2,527,979	66	2,816,474		
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		15,025,435	67	12,803,143	
	68 Temporarily restricted		1,145,499	68	6,655,608	
	69 Permanently restricted		770,915	69	750,163	
	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 and column (B) must equal line 21)		16,941,849	73	20,208,914	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		19,469,828	74	23,025,388	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	23,524,719
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-226,646
2	Donated services and use of facilities	b2	104,290
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	-122,356
c	Subtract line b from line a	c	23,647,075
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	-122,356
e	Total revenue (Part I, line 12) Add lines c and d	e	23,647,075

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

a	Total expenses and losses per audited financial statements	a	20,257,654
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	104,290
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	104,290
c	Subtract line b from line a	c	20,153,364
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	20,153,364

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. Contains questions about officers, directors, trustees, and compensation.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 81a, 81b), Yes, No. Contains questions about organizational changes, unrelated business income, and political expenditures.

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes a table for state listing and a table for foreign financial accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

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**

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) Exclusion code	(D) Amount	
93 Program service revenue					
a Greater Boston Medical Services					7,772,961
b Central MA Medical Services					2,500,749
c Western MA Medical Services					2,334,286
d Somerville Medical Services					565,269
e Other Program Revenue					163,995
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					419,330
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	137,634	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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					37,961
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other income			03	59,234	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				196,868	13,794,551
105 Total (add line 104, columns (B), (D), and (E))					13,991,419

Note: Line 105 plus line 1e, 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)
93a	Provision of Family Planning Health Services
93g	Contract revenue received from State and local govt for programs

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
	%			
	%			
	%			
	%			

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).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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	2009-01-07 Date
	Meagan Gallagher Acting Chief Financial Officer Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date 2009-01-07	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Daniel Dennis & Company LLP 116 Huntington Avenue Boston, MA 02116			EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (617) 262-9898

SCHEDULE A
(Form 990 or 990EZ)

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.)

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

Employer identification number

04-2698497

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Karen Lifford 1055 Commonwealth Avenue Boston, MA 02215	Medical Dir 40 00	141,972	9,540	0
Alisa Goldberg 1055 Commonwealth Avenue Boston, MA 02215	Dir of Clin Researc 40 00	129,429	9,553	0
Claudia Luck 1055 Commonwealth Avenue Boston, MA 02215	VP Development 40 00	135,073	12,878	0
Kim Dignan 1055 Commonwealth Avenue Boston, MA 02215	VP Clinical Op 40 00	134,611	9,364	0
Amy Allen 1055 Commonwealth Avenue Boston, MA 02215	VP Human Resources 40 00	126,500	15,212	0
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
Christine Baldwin 1055 Commonwealth Avenue Boston, MA 02215	Marketing Service	147,150
Samuel Bielak MD 1055 Commonwealth Avenue Boston, MA 02215	Medical	88,275
Mintz Levin Cohn Ferris 1055 Commonwealth Avenue Boston, MA 02215	Legal	73,087
Maureen Paul MD 1055 Commonwealth Avenue Boston, MA 02215	Medical	64,420
Irwin R Paul MD 1055 Commonwealth Avenue Boston, MA 02215	Medical	59,330
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for 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		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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>11,751</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,931,697	3,028,691	2,582,448	2,781,724	12,324,560
16 Membership fees received					0
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	13,344,176	12,034,350	11,296,744	11,050,961	47,726,231
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	394,342	164,228	33,541	42,734	634,845
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	49,031	39,748	87,541	250,115	426,435
23 Total of lines 15 through 22	17,719,246	15,267,017	14,000,274	14,125,534	61,112,071
24 Line 23 minus line 17	4,375,070	3,232,667	2,703,530	3,074,573	13,385,840
25 Enter 1% of line 23	177,192	152,670	140,003	141,255	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 267,717
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 13,385,840
d Add Amounts from column (e) for lines 18 634,845 19 0					26d 1,061,280
22 26b 0					
e Public support (line 26c minus line 26d total)					26e 12,324,560
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9207 16 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16					27c
17 20					
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

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

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following 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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements		No	0
d Mailings to members, legislators, or the public	Yes		3,975
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		7,776
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		0
i Total lobbying expenditures (Add lines c through h.)			11,751

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a 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

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

Additional Data**Software ID:****Software Version:****EIN:** 04-2698497**Name:** PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS
INC**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dianne Luby 1055 Commonwealth Avenue Boston, MA 02215	President and COO 40 00	247,510	11,383	0
Meagan Gallagher 1055 Commonwealth Avenue Boston, MA 02215	COO 40 00	163,340	12,651	0
Janine Longtine MD 1055 Commonwealth Avenue Boston, MA 02215	Board Chair 1 00	0	0	0
Dharma Cortes PhD 1055 Commonwealth Avenue Boston, MA 02215	Vice Chair 1 00	0	0	0
Bill Stephenson 1055 Commonwealth Avenue Boston, MA 02215	Treasurer 1 00	0	0	0
Jennifer Hawkins 1055 Commonwealth Avenue Boston, MA 02215	Clerk 1 00	0	0	0
David Bechhofer 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Diane R Blake MD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Joan E Brademan 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Lula Christopher 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Elizabeth Lowrey Clapp 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Rev Kim K Crawford Harvie 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Brit Jepson d'Arbeloff 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Pat Deutch 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Kim Druker Stockwell 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Carolyn W Erskine 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
E Marla Felcher PhD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Elmer Freeman 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Jonathan Gertler MD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Ilene Greenberg 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
John Henn Esq 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Cara McCarthy Hutchins 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Ingrid Mach 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Roberta Herman MD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Barbara Hibner PhD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Suzie Tapson 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Charles Welch M D 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Susan Whitehead 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Pace Wilson 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Ryn Miake-Lye PhD 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Beth Pfeiffer 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Elizabeth Munro 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0
Jeff Zegas 1055 Commonwealth Avenue Boston, MA 02215	Director 1 00	0	0	0

TY 2007 Depreciation and Depletion Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Asset	Amount
BUILDING AND IMPROVEMENTS	201,909
EQUIPMENT	194,536
LEASEHOLD IMPROVEMENTS	126,758
BUILDING AND IMPROVEMENTS	52,841
EQUIPMENT	99,899
equipment	165,202

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Sale of Building	2007-12	PURCHASED	2007-12		1,039,452	1,632,430		0	37,961	630,939

TY 2007 Investments - Other Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Description	Book Value	Cost/FMV
Investments	4,542,507	F

TY 2007 Land etc. Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,595,669		1,595,669
Building and Improvements	8,678,558	2,697,183	5,981,375
Equipment	4,758,865	3,118,848	1,640,017
Leasehold improvements	1,192,445	643,813	548,632

TY 2007 Other Assets Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Description	Beginning of Year Amount	End of Year Amount
Other assets	39,696	31,905
Split interest agreement	49,894	48,101

TY 2007 Other Changes in Net Assets Schedule**Name:** PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC**EIN:** 04-2698497

Description	Amount
Unrealized loss on investment(unrestricted)	-193,500
Unrealized loss on investment(Perm restricted)	-33,146

TY 2007 Payments to Affiliates Schedule**Name:** PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC**EIN:** 04-2698497

Name	Address	Amount	Purpose
Planned Parenthood Federation of America	434 West 33rd Street New York, NY 10001	154,422	Annual Dues

TY 2007 Non Electing Public Charities Statement

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Statement: Phone calls, meetings email alerts and post cards signed by constituents asking legislators to sign onto bills effecting PPLM and then asking them for their votes on such bills.

TY 2007 Other Income Schedule

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Description	2006	2005	2004	2003	Total
Other income	49,031	39,748	87,541	250,115	426,435

TY 2007 Self Dealing Statement

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC

EIN: 04-2698497

Line Number	Explanation
2d	Compensation of President and COO was as follows: TITLE COMPENSATION EE BENEFITS President \$247,510 11,383 COO \$163,340 12,651