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Office Use Only: Fiscal Year

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

C 950 200

Report for the Fiscal Period: 07/01/14 to 06/30/15

Attorney General's Account #: 014379

Federal ID #: 04-2698497

When did the organization first engage in charitable work in Massachusetts? 01/01/1979

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 01/01/1979

IRS Exemption under 501(c): 03

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [] Yes [X] No

Check all items attached (if applicable)
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[] Probate Account
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[X] Filing Fee
[] Amended Articles/By-Laws

10 FEB 24 PM 3:16

Organization Data

Name: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Mailing Address: 1055 COMMONWEALTH AVENUE

City: BOSTON State: MA ZIP: 02215-1001

Phone Number: (617) 616-1600 Fax Number:

Email: Website: WWW.PPLM.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, Type of Organization (Table 2) with code 16, Organization Purpose Code 1 with code 14, and Organization Purpose Code 2 with code 15.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received 10500

Form PC 478001 05-01-14

Page 1 of 14

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

04-2698497

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 01/01/1979
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	5,601,539.
B.	Gross support and revenue	20,336,603.
C.	Program services and similar amounts paid out	15,599,041.
D.	Fundraising expenses	1,402,659.
E.	Management and general expenses	3,033,235.
F.	Payments to affiliates	223,438.
G.	Total expenses	20,034,935.
H.	Net assets or fund balances at the end of the year	23,467,872.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MARTHA WALTZ CEO	35.00	293,227.	15,427.	0.
2.	SUSAN LIT COO	35.00	223,650.	18,939.	0.
3.	DEBBIE FENTON VP OF HEALTH CENTER OPERATIONS	35.00	145,747.	3,370.	0.
4.	COLLEEN PINCH HEALTH SERVICES DIRECTOR	35.00	178,590.	16,410.	0.
5.	KAREN CAPONI HEALTH SERVICES DIRECTOR	35.00	166,449.	3,266.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	TECH NETWORKS OF BOSTON	361,496.	IT SERVICES
2.	METRO CRIME PREVENTION	344,643.	SECURITY
3.	ACCOUNTING MANAGEMENT SOLUTION	137,941.	ACCOUNTING
4.	PARTNERS HEALTH CARE	132,312.	MEDICAL SERVICES
5.	PRATT OB/GYN ASSOCIATES	118,520.	MEDICAL SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
BANK OF AMERICA	1231 COMMONWEALTH AVE, BOSTON, MA	800-447-5592
EASTERN BANK	265 FRANKLIN STREET, BOSTON, MA 02110	800-333-8000

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: JENNIFER CHILDS-ROSHAK

Street Address: 1055 COMMONWEALTH AVE

City: BOSTON State: MA ZIP Code: 02215

Phone Number: 617-616-1684

PLANNED PARENTHOOD LEAGUE OF
MASSACHUSETTS, INC.

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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 1
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 2
18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 3
19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

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FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
MARTHA M. WALZ 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	PRESIDENT AND CEO
SUSAN LIT 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	COO
PAUL RYAN 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	CFO
SUSAN L. KAUFMAN 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR/INTERIM CEO
NONNIE BURNES 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR/INTERIM CEO
JOHANNA LONGNECKER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
EVE T. HORWITZ, ESQ 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
ALICIA ABAD 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
THOMAS ITTELSON 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
MAGNOLIA CONTRERAS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
DAVID BECHHOFFER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
JILL BLOCK 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

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TONI GOLEN, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
FRANK HERRON 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
PATTI KRAFT 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
RENEE M. LANDERS, ESQ 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
MARGARET LAWRENCE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	TREASURER
LINETTE LIEBLING 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
ELI NEWBERGER, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
JAMIE ANN SABINO, ESQ 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
JULIA H, OWENS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
CAROL SHARER 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
CATHERINE WEST 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
LOIS C. RUSSELL 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
ANDREA EDLOW, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
EMILY GREENSTEIN 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

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KATHRYN BEAUMONT MURPHY, ESQ. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
MARK SCHUSTER, M.D., PHD. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
SUSAN BROWN, ESQ. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
ALISON SWIFT PACKARD, MD 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	VICE CHAIR
ATSUKO KOYAMA, M.D. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	CLERK
DANIEL GINSBURG 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	BOARD CHAIR
JASON LEVY 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	CFO
JAN NYQUIST 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR
ELAINE SMITH 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	DIRECTOR

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NAME AND ADDRESS

AREA OF RESPONSIBILITY

JASON LEVY, CFO
1055 COMMONWEALTH AVE
BOSTON, MA 02215

RESPONSIBLE FOR CUSTODY OF FUNDS

JASON LEVY, CFO
1055 COMMONWEALTH AVE
BOSTON, MA 02215

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

MARTHA WALZ
1055 COMMONWEALTH AVE
BOSTON, MA 02215

RESPONSIBLE FOR FUNDRAISING

JASON LEVY, CFO
1055 COMMONWEALTH AVE
BOSTON, MA 02215

CUSTODY OF FINANCIAL RECORDS

SUSAN LIT, COO
1055 COMMONWEALTH AVE
BOSTON, MA 02215

AUTHORIZED TO SIGN CHECKS

JASON LEVY, CFO
1055 COMMONWEALTH AVE
BOSTON, MA 02215

AUTHORIZED TO SIGN CHECKS

DANIEL GINSBURG
1055 COMMONWEALTH AVE
BOSTON, MA 02215

AUTHORIZED TO SIGN CHECKS

NANCY MEEGAN
1055 COMMONWEALTH AVE
BOSTON, MA 02215

AUTHORIZED TO SIGN CHECKS

MARGARET LAWRENCE
1055 COMMONWEALTH AVE
BOSTON, MA 02115

AUTHORIZED TO SIGN CHECKS

SUSAN KAUFMAN
1055 COMMONWEALTH AVE
BOSTON, MA 02115

AUTHORIZED TO SIGN CHECKS

PLANNED PARENTHOOD LEAGUE OF
MASSACHUSETTS, INC.

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20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration?

Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?

Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

STATEMENT 4

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

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FORM PC	EXPLANATION FOR PAGE 5, LINE 21	STATEMENT	4
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DURING 2015 THE RESTRICTIONS ON TEMPORARY RESTRICTED NET ASSETS WERE SATIFIED AND THE AMOUNTS WERE RECLASIFIED TO UNRESTRICTED NET ASSETS.

PLANNED PARENTHOOD LEAGUE OF
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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 5

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FORM PC

PAGE 6, LINE 24

STATEMENT 5

NAME AND ADDRESS

PLANNED PARENTHOOD ADVOCACY FUND
1055 COMMONWEALTH AVE
BOSTON, MA 02215

NATURE OF TRANSACTION

AMOUNT INVOLVED

PPLM PURCHASES SERVICES AND FACILITIES FROM PPLM

190,267.

PROCEDURE FOLLOWED

APPROVED BY MANAGMENT

NAME AND ADDRESS

PLANNED PARENTHOOD FEDERATION OF AME
434 WEST 43RD STREET
NEW YORK, NY 10001

NATURE OF TRANSACTION

AMOUNT INVOLVED

PPLM PAYS DUES TO THE NATIONAL ORGANIZATION FOR SUPPORT SERVICES

223,438.

PROCEDURE FOLLOWED

APPROVED BY MANAGMENT

NAME AND ADDRESS

470 PLEASANT STREET
1055 COMMONWEALTH AVE
BOSTON, MA 02215

NATURE OF TRANSACTION

AMOUNT INVOLVED

RENTS A BUILDING FROM 470 PLEASANT STREET

150,000.

PROCEDURE FOLLOWED

APPROVED BY MANAGMENT

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSET

04-2698497

NAME AND ADDRESS

PLANNED PARENTHOOD ADVOCAY FUND
1055 COMMONWEALTH AVE
BOSTON, MA 02215

NATURE OF TRANSACTION

PPLM HAS A RECEIVABLE FROM PPAF

AMOUNT INVOLVED

42,625.

PROCEDURE FOLLOWED

APPROVED BY MANAGMENT

NAME AND ADDRESS

PLANNED PARENTHOOD ADVOCAY FUND
1055 COMMONWEALTH AVE
BOSTON, MA 02215

NATURE OF TRANSACTION

FUNDS HELD IN TRUST

AMOUNT INVOLVED

29,843.

PROCEDURE FOLLOWED

APPROVED BY MANAGMENT

NAME AND ADDRESS

470 PLEASANT STREET
1055 COMMONWEALTH AVE
BOSTON, MA 02215

NATURE OF TRANSACTION

MANAGEMENT FEE

AMOUNT INVOLVED

32,143.

PROCEDURE FOLLOWED

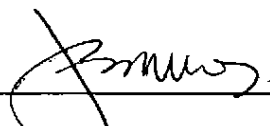
APPROVED BY MANAGMENT

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Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____



Date: _____

5/13/16

Printed Name: JENNIFER CHILDS-ROSHAK

Title: PRESIDENT AND CEO

Name of Preparer: DANIEL DENNIS & COMPANY, LLP

Address 990 WASHINGTON STREET

City DEDHAM

State MA

ZIP Code 02026

Phone Number 617 262-9898

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: BOARD OF DIRECTORS

Address 1055 COMMONWEALTH AVE

City BOSTON State MA ZIP Code 02215

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: BOARD OF DIRECTORS

Address 1055 COMMONWEALTH AVE

City BOSTON State MA ZIP Code 02215

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: BOARD OF DIRECTORS
Address 1055 COMMONWEALTH AVE
City BOSTON State MA ZIP Code 02215

Name and Title: _____
Address _____
City _____ State _____ ZIP Code _____

Name and Title: _____
Address _____
City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: BOARD OF DIRECTORS
Address 1055 COMMONWEALTH AVE
City BOSTON State MA ZIP Code 02215

Name and Title: _____
Address _____
City _____ State _____ ZIP Code _____

Name and Title: _____
Address _____
City _____ State _____ ZIP Code _____

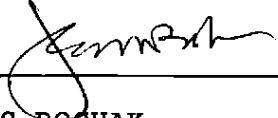
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Certification by Organization


Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:  Date: 5/13/16

Print Name: JENNIFER CHILDS-ROSHAK

Title: PRESIDENT AND CEO

Signature:  Date: 5/13/16

Print Name: Jason Levy

Title: CFO

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Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: PP ADVOCACY FUND		Primary purpose or activity: PROVIDE PUBLIC INFO. AND EDUCATION		
FYE 06/30/15	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities 229,398.	D. Total net assets (A+B+C) 229,398.

Name: 470 PLEASANT ST		Primary purpose or activity: TO PROVIDE PUBLIC INFORMATION, EDUCATION AND ADVOC		
FYE 06/30/15	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities -1,162,411.	D. Total net assets (A+B+C) -1,162,411.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

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2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: MARTHA WALTZ		Title: CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
PPLM	293,227.		15,427.

Name: SUSAN LIT		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
PPLM	223,650.		18,939.

Name: COLLEEN PINCH		Title: HEALTH SERVICES DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
PPLM	178,590.		16,410.

Name: KAREN CAPONI		Title: HEALTH SERVICES DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
PPLM	166,449.		3,266.

Name: DEBBIE FENTON		Title: VP OF HEALTH CENTER OPERATIONS	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
PPLM	145,747.		3,370.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No