

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

1990

For the calendar year 1990, or fiscal year beginning 7-1-90, 1990, and ending 6-30, 1991

Use IRS label. Otherwise, please print or type.	Name of organization	A Employer identification number (see instruction S2)
	KG 04-2698497 9106 19 03 15.3 IS PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS INC 99 BISHOP ALLEN DR CAMBRIDGE MA 02139	04: 2698497
		B State registration number (see instruction E) 14379
		C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) charitable trust (see instruction C7 and question 92.)E Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) ▶

H Check box if address changed ☐I Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A5). Some states require a completed return.

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,307,421		
	b	Indirect public support	1b			
	c	Government grants	1c			
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	2,307,421		
	2	Program service revenue (from Part VII, line 93)	2	2,855,647		
	3	Membership dues and assessments (see instructions)	3			
	4	Interest on savings and temporary cash investments	4	16,674		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	22,873		
	b	Less: rental expenses	6b	31,242		
	c	Net rental income or (loss) (line 6a less line 6b)	6c	(8,369)		
7	Other investment income (describe ▶)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	128,831	8a	
	b	Less: cost or other basis and sales expenses		125,960	8b	
	c	Gain or (loss) (attach schedule)		2,871	8c	
	d	Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B))			8d	2,871
	9	Special fundraising events and activities (attach schedule—see instructions):				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses	9b			
	c	Net income (line 9a less line 9b)			9c	
	10a	Gross sales less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) (line 10a less line 10b) (attach schedule)			10c	
	11	Other revenue (from Part VII, line 103)	11	2,356		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,176,600			
Expenses	13	Program services (from line 44, column (B)) (see instructions)	13	3,451,986		
	14	Management and general (from line 44, column (C)) (see instructions)	14	157,875		
	15	Fundraising (from line 44, column (D)) (see instructions)	15	438,934		
	16	Payments to affiliates (attach schedule—see instructions)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	4,048,795		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,127,805		
	19	Net assets or fund balances at beginning of year (from line 74, column (A))	19	1,683,770		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,811,575		

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 (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

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
Expenses	22 Grants and allocations (attach schedule)				
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.				
	26 Other salaries and wages	1,706,019	1,488,167	64,075	153,777
	27 Pension plan contributions				
	28 Other employee benefits	236,271	206,801	7,363	22,107
	29 Payroll taxes				
	30 Professional fundraising fees	36,832			36,832
	31 Accounting fees	16,635	9,981	6,654	
	32 Legal fees	19,003	1,118	17,885	
	33 Supplies	197,677	185,533	6,838	5,306
	34 Telephone	42,146	35,321	2,458	4,367
	35 Postage and shipping	52,591	30,139	3,232	19,220
	36 Occupancy	219,179	187,763	10,885	20,531
	37 Equipment rental and maintenance	21,134	18,057	876	2,181
	38 Printing and publications	129,491	69,781	674	59,036
	39 Travel	36,955	20,000	15,779	1,176
	40 Conferences, conventions, and meetings	26,498	1,451	742	24,305
	41 Interest	27,792	26,741	1,051	
	42 Depreciation, depletion, etc. (attach schedule)	49,485	42,640	2,308	4,537
	43 Other expenses (itemize): a Dues & Subs.	80,663	68,608	4,885	7,170
	b Consultants & Physicians	548,281	507,160	1,589	39,532
	c Insurance	117,370	116,678	282	410
	d Advertising & Promotional	124,133	120,170		3,963
	e Contracted Services	277,295	237,626	6,205	33,464
	f Bad Debt / Free Care / Misc.	83,345	78,251	4,074	1,020
	44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	4,048,795	3,451,986	157,875	438,934

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

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Expenses
(optional for some organizations-see instructions)

a Clinics - to provide medical reproductive health care services		
(Grants and allocations \$ 0)		2,698,091
b Education and Counseling - courses, workshops, education programs, conferences, library, and resource center services; telephone and in-person counseling, information, and referrals or health care with the help of volunteer services estimated at		
(Grants and allocations \$ 0)		318,498
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, general public, professional, media, and legislators through publications, newsletters and responses to inquiries.		
(Grants and allocations \$ 0)		361,032
d Program Development - Long-term and short-term planning directly related to the provision of clinic services, education, and public affairs.		
(Grants and allocations \$ 0)		74,365
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total (add lines a through e) (should equal line 44, column (B)).		3,451,986

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets				
45	Cash—noninterest-bearing	110,000	45	214,102
46	Savings and temporary cash investments	3,709	46	407,223
47a	Accounts receivable	245,330		
b	Less: allowance for doubtful accounts	9,000	47c	236,330
48a	Pledges receivable	1,484,137		
b	Less: allowance for doubtful accounts		48c	1,484,137
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51c	
b	Less: allowance for doubtful accounts		52	
52	Inventories for sale or use		53	97,763
53	Prepaid expenses and deferred charges	63,679	54	
54	Investments—securities (attach schedule)	8,734		
55a	Investments—land, buildings, and equipment: basis		55c	
b	Less: accumulated depreciation (attach schedule)		56	
56	Investments—other (attach schedule)			
57a	Land, buildings, and equipment: basis	863,562	57c	636,448
b	Less: accumulated depreciation (attach schedule)	227,114	58	181,735
58	Other assets (describe <i>Tangible - See Schedule</i>)	188,775	59	3,257,738
59	Total assets (add lines 45 through 58)	2,110,824		
Liabilities				
60	Accounts payable and accrued expenses	122,573	60	198,674
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)	304,481	64	247,489
65	Other liabilities (describe <i>Other</i>)		65	
66	Total liabilities (add lines 60 through 65)	427,054	66	446,163
Fund Balances or Net Assets				
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund	59,253	67a	88,694
b	Current restricted fund	230,164	67b	212,189
68	Land, buildings, and equipment fund	515,991	68	570,694
69	Endowment fund		69	
70	Other funds (describe <i>Capital Campaign</i>)	878,362	70	1,939,998
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (see instructions)	1,683,770	74	2,811,575
75	Total liabilities and fund balances/net assets (see instructions)	2,110,824	75	3,257,738

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
<i>See Attached Schedule</i>		<i>None</i>	<i>None</i>	<i>None</i>

Part VI Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	<input checked="" type="checkbox"/>
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b If "Yes," have you filed a tax return on Form 990-T , Exempt Organization Business Income Tax Return, for this year?	78b	<input checked="" type="checkbox"/>
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c	<input checked="" type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79	<input checked="" type="checkbox"/>
80a Are you 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? (See instructions.)	80a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization _____ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a <i>None</i>	81a	<input checked="" type="checkbox"/>
b Did you file Form 1120-POL , U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	<input checked="" type="checkbox"/>
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
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 for reporting in Part III. 82b <i>21,650</i>	82b	
83a Did anyone request to see either your annual return or exemption application (or both)?	83a	<input checked="" type="checkbox"/>
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	
84a Did you solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	84b	<i>N/A</i>
85a Section 501(c)(5) or (6) organizations. —Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))	85a	<i>N/A</i>
b If "Yes," enter the total amount spent for this purpose. 85b <i>N/A</i>	85b	
86 Section 501(c)(7) organizations. —Enter:		
a Initiation fees and capital contributions included on line 12. 86a <i>N/A</i>	86a	
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b <i>N/A</i>	86b	
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) 86c <i>N/A</i>	86c	
87 Section 501(c)(12) organizations. —Enter amount of:		
a Gross income received from members or shareholders 87a	87a	
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <i>N/A</i>	87b	
88 Public interest law firms. —Attach information described in the instructions.		
89 List the states with which a copy of this return is filed <i>Massachusetts</i>		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	<input checked="" type="checkbox"/>
91 The books are in care of <i>Jeff Stetson</i> Telephone no. <i>617-492-0588</i> Located at <i>99 Bishop Allen Drive, Cambridge, MA 02137</i>		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041 , U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92	92	

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 Program service revenue:					
(a) <u>Clinic Services</u>					2,097,877
(b) <u>Training, Education, Public Info.</u>					101,792
(c)					
(d)					
(e)					
(f)					
(g) Fees from government agencies					655,978
94 Membership dues and assessments					16,674
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property	6513	8,369			
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					2,871
100 Gain or (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit or (loss) from sales of inventory					2,356
103 Other revenue: (a) <u>Miscellaneous</u>					
(b)					
(c)					
(d)					
(e)					
104 Subtotal (add columns (b), (d), and (e))		8,369			2,877,548
105 TOTAL (add line 104, columns (b), (d), and (e))					2,869,179

(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

Line No.	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). (See instructions.)
93a	Provision of family planning health services
93b	Provision of family planning and sexuality education, and public information
93g	Provision of family planning health services
95	Provision of family planning health services, education, & public information
100	Sale of donated securities for charitable health services & public information
103a	Provision of family planning health services, education, & public information

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A				

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/15/92 Title: Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: Check if self-employed ☐

Firm's name (or yours if self-employed) and address: ZIP code:

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC. E.I.N. - 04-2698497
 FORM 990, PART IV, LINE 64 FOR YEAR 7/1/90-6/30/91
 MORTGAGES AND NOTES PAYABLE

Long-term debt consists of the following at June 30:

	<u>1991</u>	<u>1990</u>
Mortgage note with monthly principal and interest payments of \$2,050 and the remainder due April 1, 1992. This note is secured by the real estate acquired from New England Women Services, Inc. ("NEWS") and bears interest at a floating rate equal to the bank's large business prime rate plus 1-1/2%. The interest rate at June 30, 1991 was 10%.	\$ 174,933	182,364
Notes payable with annual principal and interest payments of 37,500 and the remainder due on February 26, 1992. Annual interest is payable at a rate of 6.94%. These notes are secured by the personal property, as defined, located on or used in connection with the acquired premises.	58,444	89,718
Note payable due October 30, 1990, was secured by computers purchased with the proceeds and interest was payable at a floating rate equal to the bank's large business prime rate plus 1-1/2%.	<u>-</u>	<u>3,972</u>
	233,377	276,054
Less current portion of long-term debt	<u>233,377</u>	<u>42,235</u>
Long-term debt - net	\$ <u>-</u>	<u>233,819</u>

(6) Lease Obligations

The League leases telephone systems and other equipment under capitalized lease agreements and office space under various operating leases. Commitments for leased equipment and office space are as follows:

<u>June 30</u>	<u>Capital</u>	<u>Operating</u>
1992	\$ 12,172	145,953
1993	2,038	49,011
1994	<u>1,529</u>	<u>-</u>
Total minimum obligations	15,739	<u>194,964</u>
Less amount representing interest	<u>1,627</u>	
	14,112	
Less current installments	<u>11,026</u>	
	<u>3,086</u>	

Interest expense related to capital lease obligations was \$2,900 and \$4,541 for years ended June 30, 1990 and 1991, respectively.

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
FORM 990, PART Y
BOARD OF DIRECTORS LISTING

E.I.N. - 04-2698497
FOR YEAR 7/1/90-6/30/91

ALTMAN, M.D., Alan M.	(O) 617-277-4252 (H) 617-964-7877
ATKINSON, Ms. Jeannette	(O) 617-267-8077 (H) 617-864-6596
BARNHILL, Ms. Georgia B.	(O) 508-755-5221 (H) 508-882-3447
PACKARD BENNETT, Ms. Deborah	(H) 508-752-6629
BENNETT, Mr. Gordon R. (Treasurer)	(H) 617-729-7047
BROWNING, Mr. Franklin S.	(H) 617-661-9740
COHEN, M.D., John M.	(O) 617-237-5500 (H) 617-247-1722
CORLETTE, Ms. Jane	(O) 617-495-4955 (H) 617-489-2078
FIELD, Ms. Frimette T.	3TRU (O) 617-573-6163 06 (H) 617-846-5836
GLEASON, Ms. Nancy A.	(O) 617-235-0320 (Ext. 2839) (H) 617-227-1917
GERRITY, Ms. Melissa D. (Vice President)	(H) 617-891-1592 (Car) 617-962-3985
MUNOZ, Ms. Doralba	(O) 617-727-8035 (H) 617-522-2794
GRIFFIN, Ms. Jean T.	(O) 617-287-7233 (H) 617-361-2345
HAAS, M.D., Susan T.	(O) 617-732-4285 (H) 617-742-6582
JOHNSON, Ms. Abigail P.	(O) 617-570-7554 (H) 617-723-6625
JONES, Ph.D., Richard L.	(O) 617-267-3700 Ext. 332 (H) 617-262-0066

MCCORD, Ms. Elisabeth E.

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MENITOFF, Rabbi Paul J.

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(H) 617-965-6094

MUNGER, Mr. Mark T.
(President)

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SOSMAN, Martha B., Esq.
(Clerk)

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WASSERMAN, Jr., William S.

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(N.H.) 603-284-6462

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**SCHEDULE A
(Form 990)**Department of the Treasury
Internal Revenue Service**Organization Exempt Under 501(c)(3)**

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

Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1990

Name

Planned Parenthood League of MA

Employer identification number

*04-2698497***Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
<i>Nicki Nichols Gamble</i>	<i>Executive Director</i> <i>40 hours</i>	<i>75,968</i>	<i>3,800</i>	<i>None</i>
<i>Edythe Salzman</i>	<i>Associate Director</i> <i>40 hrs</i>	<i>56,663</i>	<i>1,462</i>	<i>"</i>
<i>Susan Newsam</i>	<i>Assoc. Director</i> <i>40 hrs</i>	<i>54,379</i>	<i>3,148</i>	<i>"</i>
<i>Alice Verhoeven</i>	<i>Clinic Director</i> <i>40 hrs</i>	<i>45,041</i>	<i>2,809</i>	<i>"</i>
<i>Wendy Gates</i>	<i>Clinic Director</i> <i>40 hrs</i>	<i>40,441</i>	<i>388</i>	<i>"</i>
Total number of other employees paid over \$30,000	<i>7</i>			

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
<i>Stanton Goldstein MD</i>	<i>Physician</i>	<i>188,603</i>
<i>Moussa Menasha MD</i>	<i>Physician</i>	<i>140,641</i>
<i>Mary Mayt Briggs MD</i>	<i>Physician</i>	<i>52,266</i>
Total number of others receiving over \$30,000 for professional services	<i>None</i>	

Part III Statements About Activities

	Yes (1)	No (2)
1 During the year, have you 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 legislative activities. <i>\$ 69,074</i> Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.	<input checked="" type="checkbox"/>	
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3 Do you make grants for scholarships, fellowships, student loans, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990EZ).

Schedule A (Form 990) 1990

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)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, page 3.)
 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 name, city, and state of hospital ▶
 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 Support Schedule.)
 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 Support Schedule.)
 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
 12 ☐ An organization that normally receives: (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above

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

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,189,887	1,112,286	920,800	1,220,965	5,443,938
16 Membership fees received	none				
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	none				
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	25,177	9,457	12,060	13,568	60,262
19 Net income from unrelated business activities not included in line 18	none				
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf	none				
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	none				
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	none				
23 Total of lines 15 through 22	2,215,064	1,121,743	932,860	1,234,533	5,504,200
24 Line 23 minus line 17	2,215,064	1,121,743	932,860	1,234,533	5,504,200
25 Enter 1% of line 23	22,151	11,217	9,328	12,345	
26 Organizations described in box 10 or 11: a Enter 2% of amount in column (e), line 24 b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					110,084 167,160

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)**27** Organizations described in box 12, page 2:

- a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1989) (1988) (1987) (1986)

- b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1989) (1988) (1987) (1986)

- 28** For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire

(To be completed ONLY by schools that checked box 6 in Part IV)

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29	
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Do you 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 you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Do you 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? (See instructions.)	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34a Do you receive any financial aid or assistance from a governmental agency?	34a	
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.	34b	
35 Do you certify that you have 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. (See instructions for Part V.)	35	

Part VI Lobbying Expenditures by Public Charities (see instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check here ☐ **a** If the organization belongs to an affiliated group (see instructions).
 Check here ☐ **b** If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion	36		57,997
37 Total lobbying expenses to influence a legislative body	37		26,031
38 Total lobbying expenses (add lines 36 and 37)	38		84,028
39 Other exempt purpose expenses (see Part VI instructions)	39		3,525,833
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions).	40		3,609,861
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—			
If the amount on line 40 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 \$225,000 plus 5% of the excess over \$1,500,000			
	41		330,493
42 Grassroots nontaxable amount (enter 25% of line 41) (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)	42		82,623
43 Excess of line 36 over line 42	43		None
44 Excess of line 38 over line 41	44		None

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 45–50 for details.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45 Lobbying nontaxable amount (see instructions)	330,493	320,808	292,956	259,616	1,203,873
46 Lobbying ceiling amount (150% of line 45(e))					1,805,810
47 Total lobbying expenses (see instructions)	84,623	44,454	19,237	9,952	157,671
48 Grassroots nontaxable amount (see instructions)	82,623	80,202	73,239	64,904	300,968
49 Grassroots ceiling amount (150% of line 48(e))					451,452
50 Grassroots lobbying expenses (see instructions)	57,997	35,412	9,273	4,976	107,658

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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:

(1) Cash

(ii) Other assets

b Other Transactions:

(I) Sales of assets to a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities or equipment

(iv) Reimbursement arrangements.

(v) Loans or loan guarantees.

(vi) Performance of services or membership or fundraising solicitations

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

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate 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, the column should also indicate 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

[illegible]

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.

[illegible]

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC. E.I.N. - 04-2698497
FORM 990, SCHED. A, PART IV, LINE 26B FOR YEAR 7/1/90-6/30/91
DONORS WITH TOTAL GIFTS OYER \$110,084 FROM 86-89

NAME	AMOUNT	LIMIT	EXCESS
ANONYMOUS	\$200,293	\$110,084	\$90,209
LEYINGER, RUTH	120,000	110,084	9,916
GAMBLE, RICHARD	<u>177,119</u>	<u>110,084</u>	<u>67,035</u>
TOTAL	<u>\$497,412</u>	<u>\$330,252</u>	<u>\$167,160</u>

Exempt Organization Business Income Tax Return

For calendar year 1990 or other tax year beginning 7/1 1990, and ending 6/30 1991

OMB No. 1545-0687

1990

► For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Please
Print or
Type

Name of organization

Planned Parenthood League of MA
Number, street, and room or suite no. (If a P.O. box, see page 3 of Instructions.)
99 Bishop Allen Dr.

City or town, state, and ZIP code

Cambridge MA 02139

A Employer identification number
(Employees' trust, see Instructions for Block A)

04-2698497

B Unrelated business activity codes
(See last page of the Instructions.)

- C** Check box if address changed. ☐ **D** Exempt under section ☐ 501(c)(3) OR ☐ 408(e)
E Check type of organization. ☒ Corporation ☐ Trust ☐ Section 401(a) trust ☐ Section 408(a) trust
F Group exemption number (see Instructions for Block F) ☐

► If the unrelated trade or business gross income is \$10,000 or less, complete only page 1 and Part III on page 2, and sign the return.
► If the unrelated trade or business gross income is over \$10,000, complete all applicable parts of the form (except lines 1 through 4 on page 1).

Taxable Income	1	Unrelated trade or business gross income (see Instructions) (state sources ►)	1	
	2	Deductions (including net operating loss) (see Instructions)	2	
	3	Unrelated business taxable income before Specific deduction (line 1 less line 2)	3	
	4	Specific deduction (see Instructions)	4	
	5	Unrelated business taxable income (line 3 less line 4 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.)	5	<u><8,369></u>

Tax Computation	Organizations Taxable as Corporations (see Instructions for tax computation)	
	6	Controlled group members (sections 1561 and 1563)—Check here: <input type="checkbox"/> and: a Enter your share of the \$50,000 and \$25,000 taxable income bracket amounts (in that order): (i) \$ <u> </u> (ii) \$ <u> </u> b Enter your share of the additional 5% tax (not to exceed \$11,750) \$ <u> </u>
	7	Income tax
	8	Trusts Taxable at Trust Rates (see Instructions for tax computation) Income tax on the amount on line 5

Tax and Payments	All Organizations (see Instructions)			
	9a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	9a	
	9b	Other credits (see Instructions)	9b	
	9c	General business credit.—Check if from: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3468 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 6765 <input type="checkbox"/> Form 8586	9c	
	9d	Credit for prior year minimum tax (attach Form 8801)	9d	
	10	Total (add lines 9a through 9d)	10	
	11	Subtract line 10 from line 7 or line 8	11	
	12	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	12	
	13a	Alternative minimum tax	13a	
	13b	Environmental tax	13b	
	14	Total tax (add lines 11, 12, and 13c)	14	
	15a	Payments: a 1989 overpayment credited to 1990	15a	
	15b	1990 estimated tax payments	15b	
	15c	Subtotal (add lines 15a and 15b)	15c	
15d	Tax deposited with Form 7004 or Form 2758	15d		
15e	Foreign organizations—Tax paid or withheld at source (see Instructions)	15e		
15f	Other credits and payments (see Instructions)	15f		
16	Total credits and payments (add lines 15c through 15f)	16		
17	Enter any penalty for underpayment of estimated tax. Check <input type="checkbox"/> if Form 2220 is attached	17		
18	Tax due—If the total of lines 14 and 17 is larger than line 16, enter amount owed	18	<u>None</u>	
19	Overpayment—If line 16 is larger than the total of lines 14 and 17, enter amount overpaid	19		
20	Enter the amount of line 19 you want: Credited to 1991 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	20		

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 taxpayer) is based on all information of which preparer has any knowledge.

G. J. Sweeney
Signature of officer or fiduciary

Date

1/10/92

Title

Treasurer

Paid
Preparer's
Use Only

Preparer's
signature

Date

Check if
self-em-
ployed ☐

Preparer's social security number

Firm's name (or
yours, if self-employed)
and address

E.I. No.

ZIP code

Part I Unrelated Trade or Business Income (See Instructions on pages 6 through 9.)

1a	Gross receipts or sales	1c	
2	Cost of goods sold (Schedule A, line 7)	2	
3	Gross profit (line 1c less line 2)	3	
4a	Capital gain net income (attach separate Schedule D) (see Instructions)	4a	
b	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	4b	
c	Capital loss deduction for trusts	4c	
5	Income (loss) from partnerships (attach statement)	5	
6	Rent income (Schedule C)	6	22,873
7	Unrelated debt-financed income (Schedule E, line 2)	7	
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)	8	
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)	9	
10	Exploited exempt activity income (Schedule H)	10	
11	Advertising income (Schedule I, Part III-A)	11	
12	Other income (see Instructions for line 12—attach schedule)	12	
13	TOTAL—Unrelated trade or business income (add lines 3 through 12)	13	22,873

Part II Deductions Not Taken Elsewhere (See Instructions on pages 9 through 11 for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule J)	14	
15	Salaries and wages	15	2,216
16	Repairs (see Instructions)	16	1,440
17	Bad debts (see Instructions)	17	
18	Interest (attach schedule)	18	7,681
19	Taxes (see Instructions)	19	4,039
20	Contributions (see Instructions)	20	
21	Depreciation (attach Form 4562)	21	4,827
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	4,827
24a	Contributions to deferred compensation plans (see Instructions)	23	
b	Employee benefit programs (see Instructions)	24a	
25	Other deductions (attach schedule)	24b	
26	TOTAL DEDUCTIONS (add lines 14 through 25)	25	9,039
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)	26	31,242
28	Advertising loss (Schedule I, Part III-B)	27	<8,369>
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27)	28	
30	Net operating loss deduction (see Instructions)	29	
31	Unrelated business taxable income before Specific deduction (subtract line 30 from line 29)	30	
32	Specific deduction (see Instructions for line 4 of page 1)	31	
33	Unrelated business taxable income (Subtract line 32 from line 31. If line 32 is greater than line 31, enter the lesser of zero or line 31.) Enter here and on page 1, line 5.	32	
		33	<8,369>

Part III Statements Regarding Certain Activities and Other Information (See Instructions on page 11.)

1	At any time during the tax 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)? (See page 11 of the Instructions for exceptions and filing requirements for form TD F 90-22.1.) If "Yes," write in the name of the foreign country	Yes	No
2	Was the organization the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the organization had any beneficial interest in it?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		

SCHEDULE A—COST OF GOODS SOLD (See Instructions for line 2 on page 6.)

Method of inventory valuation (specify)			
1	Inventory at beginning of year	6	Inventory at end of year
2	Purchases	7	Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)
3	Cost of labor		
4a	Additional section 263A costs (attach schedule)		
b	Other costs (attach schedule)		
5	TOTAL—Add lines 1 through 4b	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

The books are in care of

Jeff Sfor

Telephone number (617) 492-0518

AGC
04/04/08

N/A

N/A

2 Total (enter here and on line 7, Part I, page 2) 78
3 Total dividends-received deductions included in column 8 10

2 Total (enter here and on line 7, Part I, page 2) 78
3 Total dividends-received deductions included in column 8 10

2 Total (enter here and on line 7, Part I, page 2) 78
3 Total dividends-received deductions included in column 8 10

2 Total (enter here and on line 7, Part I, page 2) 78
3 Total dividends-received deductions included in column 8 10

2 Total (enter here and on line 7, Part I, page 2)

3 Total dividends-received deductions included in column 8

SCHEDULE H—EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME (see Instructions for line 10 on page 9)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated trade or business (column 2 minus column 3)	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	8. Net income includible (column 4 minus column 7)
N/A							
Total (enter here and on line 10, Part I, page 2)							

SCHEDULE I—ADVERTISING INCOME AND ADVERTISING LOSS (see Instructions for line 11 on page 9)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If col. 2 exceeds col. 3, compute cols. 5, 6, and 7. If col. 3 exceeds col. 2, enter loss in Part III-B, col. (b).	5. Circulation income	6. Readership costs	7. If col. 5 equals or exceeds col. 6, enter in Part III-A col. (b) the gain from col. 4. If col. 6 exceeds col. 5, enter in Part III-A col. (b) the gain from subtracting col. 6 plus col. 3 from col. 5 plus col. 2. For a loss, see the Instructions for line 11 item 2(c).
N/A						
Total						

Part II Income From Periodicals Reported on a Separate Basis

N/A						

Part III-A Advertising Income

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II
N/A	

Part III-B Advertising Loss

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II

Enter total here and on line 11, Part I, page 2

Enter total here and on line 28, Part II, page 2

SCHEDULE J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES (see Instructions for line 14)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
N/A		%	
		%	
		%	
		%	
		%	
		%	
		%	

Total (enter here and on line 14, Part II, page 2)

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Planned Parenthood League of MA

Identifying number

04-2698497

Business or activity to which this form relates

Rental Income

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "Listed Property," also complete Part V.)

1	Maximum dollar limitation (see instructions)	1	\$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation—Subtract line 3 from line 2, but do not enter less than -0-	4	
5	Dollar limitation for tax year—Subtract line 4 from line 1, but do not enter less than -0-	5	
(a) Description of property		(b) Cost	(c) Elected cost
6			
7	Listed property—Enter amount from line 26	7	
8	Total elected cost of section 179 property—Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction—Enter the lesser of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1989 (see instructions)	10	
11	Taxable income limitation—Enter the lesser of taxable income or line 5 (see instructions)	11	
12	Section 179 expense deduction—Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1991—Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1990 Tax Year (Do Not Include Listed Property)

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14 General Depreciation System (GDS) (see instructions):						
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
h Nonresidential real property			31.5 yrs.	MM	S/L	
			31.5 yrs.	MM	S/L	
15 Alternative Depreciation System (ADS) (see instructions):						
a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1990 (see instructions).	16	<i>4,827</i>
17	Property subject to section 168(f)(1) election (see instructions).	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV Summary

19	Listed property—Enter amount from line 25	19	
20	Total—Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions).	21	

Part V Listed Property.—Automobiles, Certain Other Vehicles, Cellular Telephones, Computers, and Property Used for Entertainment, Recreation, or Amusement

N/A If you are using the standard mileage rate or deducting vehicle lease expense, complete columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A.—Depreciation (Caution: See instructions for limitations for automobiles.)

22a Do you have evidence to support the business use claimed? ☐ Yes ☐ No **22b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business use percentage	(d) Cost or other basis	(e) Basis for depreciation (business use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	-----------------------------------	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

23 Property used more than 50% in a trade or business:

		%						
		%						
		%						

24 Property used 50% or less in a trade or business:

		%				S/L -		
		%				S/L -		
		%				S/L -		

25 Add amounts in column (h). Enter the total here and on line 19, page 1

25

26 Add amounts in column (i). Enter the total here and on line 7, page 1

26

Section B.—Information Regarding Use of Vehicles—If you deduct expenses for vehicles:

• Always complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

• If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
27 Total business miles driven during the year (DO NOT include commuting miles)						
28 Total commuting miles driven during the year						
29 Total other personal (noncommuting) miles driven						
30 Total miles driven during the year—Add lines 27 through 29						
	Yes	No	Yes	No	Yes	No
31 Was the vehicle available for personal use during off-duty hours?						
32 Was the vehicle used primarily by a more than 5% owner or related person?						
33 Is another vehicle available for personal use?						

Section C.—Questions for Employers Who Provide Vehicles for Use by Their Employees

(Answer these questions to determine if you meet an exception to completing Section B. Note: Section B must always be completed for vehicles used by sole proprietors, partners, or other more than 5% owners or related persons.)

	Yes	No
34 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
35 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See instructions for vehicles used by corporate officers, directors, or 1% or more owners.)		
36 Do you treat all use of vehicles by employees as personal use?		
37 Do you provide more than five vehicles to your employees and retain the information received from your employees concerning the use of the vehicles?		
38 Do you meet the requirements concerning qualified automobile demonstration use (see instructions)?		
Note: If your answer to 34, 35, 36, 37, or 38 is "Yes," you need not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
39 Amortization of costs that begins during your 1990 tax year:					
40 Amortization of costs that began before 1990.					
41 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					

Planned Parenthood League of Ma, Inc.
Form 990-T EIN 04-2698497
7/1/90-6/30/91

Part II

Line 18 Interest
Fleet Bank 9,762

Line 25 Other Deductions

Utilities 6,415
Waste Removal 2,700
Total Other Deductions 9,115

Form 4562 Depreciation

Part II

Property	Placed in Service	Cost	Deduction
1033 Beacon St Brookline Ma 2nd,3rd Floor Apartments	3/1/87	153,552	4,868

AG# 014379
Exempt Organization Business Income Tax ReturnFor calendar year 1991 or other tax year beginning 7/1, 1991, and ending 6/30, 1992

OMB No. 1545-0687

1991

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Please
Print or
Type

Name of organization

Planned Parenthood League of MA

Number, street, and room or suite no. (If a P.O. box, see page 3 of instructions.)

99 Bishop Allen Drive

City or town, state, and ZIP code

Cambridge, MA 02139**A Employer identification number**
(Employees' trust, see instructions for Block A)04-2698497**B Unrelated business activity codes**
(See instructions for Block B)6513

- C** Check box if address changed ☐ **D** Exempt under section ☐ 501(c)(3) OR ☐ 408(e)
- E** Check type of organization ☒ Corporation ☐ Trust ☐ Section 401(a) trust ☐ Section 408(a) trust
- F** Group exemption number (see instructions for Block F) ☐

- ▶ If the unrelated trade or business gross income is \$10,000 or less, complete only page 1 and Part III on page 2, and sign the return.
- ▶ If the unrelated trade or business gross income is over \$10,000, complete all applicable parts of the form (except lines 1 through 4 on page 1).

Taxable Income	1	Unrelated trade or business gross income (see instructions) (state sources ▶)	1	
	2	Deductions (including net operating loss) (see instructions)	2	
	3	Unrelated business taxable income before Specific deduction (line 1 minus line 2)	3	
	4	Specific deduction (see instructions)	4	
	5	Unrelated business taxable income (line 3 minus line 4 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the smaller of -0- or line 3.)	5	<u>5080</u>
Tax Computation	Organizations Taxable as Corporations (see instructions for tax computation)			
	6	Controlled group members (sections 1561 and 1563)—Check here: <input type="checkbox"/> and: a Enter your share of the \$50,000 and \$25,000 taxable income bracket amounts (in that order): (i) \$ <u> </u> (ii) \$ <u> </u> b Enter your share of the additional 5% tax (not to exceed \$11,750) \$ <u> </u>	7	
Tax and Payments	Trusts Taxable at Trust Rates (see instructions for tax computation)			
	8	Income tax on the amount on line 5 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	8	
	All Organizations (see instructions)			
	9a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	9a	
	9b	Other credits (see instructions)	9b	
	9c	General business credit—Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) ▶	9c	
	9d	Credit for prior year minimum tax (attach Form 8801 or 8827)	9d	
	10	Total (add lines 9a through 9d)	10	
	11	Line 7 or line 8 minus line 10	11	
	12	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	12	
	13a	Alternative minimum tax	13c	
	14	Total tax (add lines 11, 12, and 13c)	14	
	15	Payments: a 1990 overpayment credited to 1991	15a	
	15b	1991 estimated tax payments	15b	
15c	Subtotal (add lines 15a and 15b)	15c		
15d	Tax deposited with Form 7004 or Form 2758	15d		
15e	Foreign organizations—Tax paid or withheld at source (see instructions)	15e		
15f	Other credits and payments (see instructions)	15f		
16	Total credits and payments (add lines 15c through 15f)	16		
17	Penalty for underpayment of estimated tax. Check <input type="checkbox"/> if Form 2220 is attached	17		
18	Tax due —If the total of lines 14 and 17 is larger than line 16, enter amount owed. ▶	18		
19	Overpayment —If line 16 is larger than the total of lines 14 and 17, enter amount overpaid. ▶	19		
20	Enter the amount of line 19 you want: Credited to 1992 estimated tax ▶ Refunded ▶	20		

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 taxpayer) is based on all information of which preparer has any knowledge.

Wm. D. Davis
Signature of officer or fiduciary7/10/93
DateTreasurer
TitlePaid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐

Preparer's social security number

Firm's name (or yours,
if self-employed)
and address

E.I. No. ▶

ZIP code ▶

Part I Unrelated Trade or Business Income (See instructions on pages 6 through 9.)

1a	Gross receipts or sales		b	Less returns and allowances		c	Balance	1c	
2	Cost of goods sold (Schedule A, line 7)							2	
3	Gross profit (line 1c minus line 2)							3	
4a	Capital gain net income (attach separate Schedule D) (see instructions)							4a	
b	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)							4b	
c	Capital loss deduction for trusts							4c	
5	Income (loss) from partnerships (attach statement)							5	
6	Rent income (Schedule C)							6	23,607 -
7	Unrelated debt-financed income (Schedule E, line 2)							7	
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)							8	
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)							9	
10	Exploited exempt activity income (Schedule H)							10	
11	Advertising income (Schedule I, Part III-A)							11	
12	Other income (see instructions for line 12—attach schedule)							12	
13	TOTAL—Unrelated trade or business income (add lines 3 through 12)							13	23,607 -

Part II Deductions Not Taken Elsewhere (See instructions on pages 9 through 11 for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule J)		14		
15	Salaries and wages		15	2190	
16	Repairs (see instructions)		16	1570	
17	Bad debts (see instructions)		17		
18	Interest (attach schedule)		18	6320	
19	Taxes (see instructions)		19	3881	
20	Contributions (see instructions)		20		
21	Depreciation (attach Form 4562)	21	4875	00	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	4875
23	Depletion		23		
24a	Contributions to deferred compensation plans (see instructions)		24a		
b	Employee benefit programs (see instructions)		24b		
25	Other deductions (attach schedule)		25	9851	
26	TOTAL DEDUCTIONS (add lines 14 through 25)		26	28,687	
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)		27	5080	
28	Advertising loss (Schedule I, Part III-B)		28		
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27)		29		
30	Net operating loss deduction (see instructions)		30		
31	Unrelated business taxable income before Specific deduction (subtract line 30 from line 29)		31		
32	Specific deduction (see instructions for line 4, page 1)		32		
33	Unrelated business taxable income (Subtract line 32 from line 31. If line 32 is greater than line 31, enter the smaller of -0- or line 31.) Enter here and on page 1, line 5		33	5080	

Part III Statements Regarding Certain Activities and Other Information (See instructions on page 11.)

1	At any time during the tax 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)? (See page 11 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," write the name of the foreign country here	Yes	No
2	Was the organization the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the organization had any beneficial interest in it? If "Yes," the organization may have to file Forms 3520, 3520-A, or 926.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		

SCHEDULE A—COST OF GOODS SOLD (See instructions for line 2 on page 6.)

Method of inventory valuation (specify)

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	TOTAL—Add lines 1 through 4b	5					

The books are in care of **CRISA BRATONIS** Telephone number **(617) 492-0518**

SCHEDULE C—RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY
(see instructions for line 6 on page 7)

1. Description of property		2. Rent received or accrued	3. Percentage of rent for personal property
1033 Beacon Street BROOKLINE MA 2nd and 3rd floors / 4015 S.F. total 3 bedroom rent controlled apartment		23,607-	N/A 0% 40% 2% 2% %
4. Complete for any item if the entry in column 3 is more than 50%, or if the rent is based on profit or income		5. Complete for any item if the entry in column 3 is more than 10% but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 minus column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)
N/A			
Total (Add columns 4(b) and 5(c). Enter total here and on line 6, Part I, page 2.)			

SCHEDULE E—UNRELATED DEBT-FINANCED INCOME (see instructions for line 7 on page 7)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
1 N/A				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Percentage which col. 4 is of col. 5	7. Gross income reportable (column 2 × column 6)
			%	
			%	
			%	
			%	
8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		9. Net income (loss) includible (column 7 minus column 8)		
2 Total (enter here and on line 7, Part I, page 2)		3 Total dividends-received deductions included in column 8		

SCHEDULE F—INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION
(see instructions for line 8 on page 8)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Net investment income (column 2 minus column 3)	5. Set-asides (attach schedule)	6. Balance of investment income (column 4 minus column 5)
N/A					
Total (enter here and on line 8, Part I, page 2)					

SCHEDULE G—INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS
(see instructions for line 9 on page 9)

1. Name and address of controlled organization(s)		2. Gross income from controlled organization(s)	3. Deductions of controlling organization directly connected with column 2 income (attach schedule)	4. Exempt controlled organizations		
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under sec. 501(a), or the amount in col. (a), whichever is more	(c) Percentage which col. (a) is of col. (b)
N/A						%
						%
						%
5. Nonexempt controlled organizations						
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is more	(c) Percentage which col. (a) is of col. (b)	6. Gross income reportable (column 2 × column 4(c) or column 5(c))	7. Allowable deductions (column 3 × column 4(c) or column 5(c))	8. Net income includible (column 6 minus column 7)	
		%				
		%				
		%				
Total (enter here and on line 9, Part I, page 2)						

04/04/06

SCHEDULE I—ADVERTISING INCOME AND ADVERTISING LOSS (see instructions for line 11 on page 9)**Part II** Income From Periodicals Reported on a Separate Basis

Part III—B Advertising Loss

SCHEDULE J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES (see instructions for line 14)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
N/A		%	
		%	
		%	
		%	
		%	
		%	
Total (enter here and on line 14, Part II, page 2) ▶			

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

1992Attachment
Sequence No. **67**Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return

Planned Parenthood League of MASSACHUSETTS Inc.

Identifying number

04-269849

Business or activity to which this form relates

Rental Income**Part I Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any "Listed Property," complete Part V before you complete Part I.)

1	Maximum dollar limitation (see instructions)	1	\$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2, but do not enter less than -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1, but do not enter less than -0-	5	

(a) Description of property	(b) Cost	(c) Elected cost
6		
7	Listed property. Enter amount from line 26. 7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from 1991 (see instructions)	10
11	Taxable income limitation. Enter the smaller of taxable income or line 5 (see instructions)	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 1993. Add lines 9 and 10, less line 12 ▶ 13	

Note: Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1992 Tax Year (Do Not Include Listed Property)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14 General Depreciation System (GDS) (see instructions):						
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property			27.5 yrs.	MM	S/L	
h Nonresidential real property			31.5 yrs.	MM	S/L	
15 Alternative Depreciation System (ADS) (see instructions):						
a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1992 (see instructions)	16	4,875
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV Summary

19	Listed property. Enter amount from line 25.	19	
20	Total. Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No. 12906N

Form **4562** (1992)

Part V Listed Property—Automobiles, Certain Other Vehicles, Cellular Telephones, Computers, and Property Used for Entertainment, Recreation, or Amusement

N/A For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 22a, 22b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation (Caution: See instructions for limitations for automobiles.)

22a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **22b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

23 Property used more than 50% in a qualified business use (see instructions):

<i>N/A</i>		%						
		%						
		%						

24 Property used 50% or less in a qualified business use (see instructions):

<i>N/A</i>		%			S/L -			
		%			S/L -			
		%			S/L -			

25 Add amounts in column (h). Enter the total here and on line 19, page 1.

25

26 Add amounts in column (i). Enter the total here and on line 7, page 1

26

Section B—Information Regarding Use of Vehicles—If you deduct expenses for vehicles:

- Always complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
- If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
27 Total business/investment miles driven during the year (DO NOT include commuting miles)						
28 Total commuting miles driven during the year						
29 Total other personal (noncommuting) miles driven						
30 Total miles driven during the year. Add lines 27 through 29.						
	Yes	No	Yes	No	Yes	No
31 Was the vehicle available for personal use during off-duty hours?						
32 Was the vehicle used primarily by a more than 5% owner or related person?						
33 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B. **Note:** Section B must always be completed for vehicles used by sole proprietors, partners, or other more than 5% owners or related persons.

	Yes	No
34 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
35 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See instructions for vehicles used by corporate officers, directors, or 1% or more owners.)		
36 Do you treat all use of vehicles by employees as personal use?		
37 Do you provide more than five vehicles to your employees and retain the information received from your employees concerning the use of the vehicles?		
38 Do you meet the requirements concerning qualified automobile demonstration use (see instructions)?		

Note: If your answer to 34, 35, 36, 37, or 38 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
39 Amortization of costs that begins during your 1992 tax year:					
40 Amortization of costs that began before 1992					
41 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					