

Form **990***** 014379 1992**
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

This Form is
Open to Public
InspectionA For the calendar year 1991, or fiscal year beginning 7-1, 1991, and ending 6-30, 1992.

Please use IRS label or print or type. See Specific Instructions.	B Name of organization <u>Planned Parenthood League of MA</u>		C Employer identification number <u>04 269897</u>
	Number and street (or P.O. box no. if mail is not delivered to street address) Room/suite <u>99 Bishop Allen Drive</u>		D State registration number <u>14379</u>
	City, town, or post office, state, and ZIP code <u>CAMBRIDGE MA 02139</u>		E If application for exemption is pending, check here. <input type="checkbox"/>

F Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) charitable trust

G Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify)

H Is this a group return filed for affiliates? ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed:

I If either answer in H is "Yes," enter four-digit group exemption number (GEN)

J If address changed, check box ☐

K Check here ☐ if your gross receipts are normally not more than \$25,000. 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. **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).

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	<u>1,872,221</u>		
	b	Indirect public support	1b			
	c	Government grants	1c			
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	<u>1,872,221</u>		
	2	Program service revenue (from Part VII, line 93)	2	<u>2,800,283</u>		
	3	Membership dues and assessments (see instructions)	3			
	4	Interest on savings and temporary cash investments	4	<u>41,060</u>		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	<u>23,607</u>		
	b	Less: rental expenses	6b	<u>28,688</u>		
	c	Net rental income or (loss)	6c	<u>(5,081)</u>		
7	Other investment income (describe <u> </u>)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	<u>310,812</u>	8a	
	b	Less: cost or other basis and sales expenses		<u>312,532</u>	8b	
	c	Gain or (loss) (attach schedule)		<u>(1,720)</u>	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	<u>(1,720)</u>
Revenue	9	Special fundraising events and activities (attach schedule—see instructions):				
	a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)	9a			
	b	Less: direct expenses	9b			
Revenue	c	Net income	9c			
	10a	Gross sales less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
Revenue	c	Gross profit or (loss) (attach schedule)	10c			
	11	Other revenue (from Part VII, line 103)	11	<u>(663)</u>		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>4,766,100</u>		
Expenses	13	Program services (from line 44, column (B)) (see instructions)	13	<u>3,450,826</u>		
	14	Management and general (from line 44, column (C)) (see instructions)	14	<u>(74,920)</u>		
	15	Fundraising (from line 44, column (D)) (see instructions)	15	<u>429,524</u>		
	16	Payments to affiliates (attach schedule—see instructions)	16	<u>64,410</u>		
	17	Total expenses (add lines 13 and 14, column (A))	17	<u>4,119,680</u>		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>586,420</u>		
	19	Net assets or fund balances at beginning of year (from line 74, column (A))	19	<u>2,811,576</u>		
	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	<u>3,397,996</u>		

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

Cat. No. 11282Y

Form 990 (1991)

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 6a, 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.	1,734,647	1,497,821	65,662	171,164
	26 Other salaries and wages				
	27 Pension plan contributions	255,159	218,709	10,564	25,886
	28 Other employee benefits				
	29 Payroll taxes	22,500			22,500
	30 Professional fundraising fees	29,704	13,900	15,804	
	31 Accounting fees	2,216	30	2,186	
	32 Legal fees	252,432	241,020	6,032	6,380
	33 Supplies	42,164	35,411	2,853	3,900
	34 Telephone	67,069	35,530	2,887	28,652
	35 Postage and shipping	27,570	19,559	9,657	16,375
	36 Occupancy	34,157	20,378	1,718	2,061
	37 Equipment rental and maintenance	92,675	77,970	796	13,910
	38 Printing and publications	33,382	21,344	9801	2,237
	39 Travel	23,433	3,324	1,202	18,857
	40 Conferences, conventions, and meetings	19,401	18,306	1,060	34
	41 Interest	52,813	43,824	2,330	6,659
	42 Depreciation, depletion, etc. (attach schedule)	7,982	6,157	1,268	557
	43 Other expenses (itemize): a Dues & Sub	545,164	471,524	18,558	55,082
	b CONSULTANTS & PHYSICIANS	112,691	111,923	191	577
	c INSURANCE	124,055	107,034	2,559	14,462
	d ADVERTISING & PROMOTIONAL	276,074	231,656	6,091	38,328
	e CONTRACTED SERVICES	109,981	93,356	14,722	1,904
	f Bad Debt / Free Care / Misc				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		4,055,270	3,450,826	174,920	429,524

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 and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

a Clinics - to provide medical reproductive health care services.		2,674,941
(Grants and allocations \$ 0)		
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.		354,943
(Grants and allocations \$ 0)		
c Public Affairs and Information - dissemination of information on family planning programs and services; related legislative and judicial deliberations and actions: services to the PPLM supporters, general public, professional, media and legislators through publications, newsletters and responses to inquiries.		341,359
(Grants and allocations \$ 0)		
d Program Development Long-term and short term planning directly related to the provision of clinic services, education, and public affairs.		79,583
(Grants and allocations \$ 0)		
e Other program services (attach schedule) (Grants and allocations \$ 0)		
f Total (add lines a through e) (should equal line 44, column (B))		3,450,826

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets			
45	Cash—noninterest-bearing	214,102	45 270,947
46	Savings and temporary cash investments	407,223	46 1,013,631
47a	Accounts receivable	47a 271,487	
b	Less: allowance for doubtful accounts	47b 39,000	47c 232,487
48a	Pledges receivable	48a 1,223,106	
b	Less: allowance for doubtful accounts	48b -0-	48c 1,223,106
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)	51a	51c
b	Less: allowance for doubtful accounts	51b	52
52	Inventories for sale or use	97,763	53 71,702
53	Prepaid expenses and deferred charges		54
54	Investments—securities (attach schedule)		
55a	Investments—land, buildings, and equipment: basis	55a	55c
b	Less: accumulated depreciation (attach schedule)	55b	56
56	Investments—other (attach schedule)		
57a	Land, buildings, and equipment: basis	57a 886,925	57c 608,482
b	Less: accumulated depreciation (attach schedule)	57b 278,443	58 174,788
58	Other assets (describe Intangibles - see schedule)	181,735	59 3595,143
59	Total assets (add lines 45 through 58) (must equal line 75)	3,257,738	
Liabilities			
60	Accounts payable and accrued expenses	198,674	60 215,545
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)	247,489	64 4,502
65	Other liabilities (describe Capital Campaign)		65
66	Total liabilities (add lines 60 through 65)	446,163	66 220,047
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 (see instructions).			
67a	Current unrestricted fund	88,694	67a 304,810
b	Current restricted fund	212,189	67b 243,943
68	Land, buildings, and equipment fund	570,694	68 603,980
69	Endowment fund		69
70	Other funds (describe Capital Campaign)	1939,998	70 2,222,363
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75 (see instructions).			
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 (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21)	2,811,575	74 3,375,096
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	3,257,738	75 3,595,143

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

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
SEE ATTACHED LIST		-0-	-0-	-0-

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.		X
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.		X
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	X	
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.		X
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.		X
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.) . . .		X
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 none		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
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?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III 82b 22,461		
83a Did anyone request to see either your annual return or exemption application (or both)?		X
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	N/A	
84a Did you solicit any contributions or gifts that were not tax deductible?		X
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.)	N/A	
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).)	N/A	
b If "Yes," enter the total amount spent for this purpose 85b N/A		
86 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b N/A		
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.)	N/A	
87 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders 87a N/A		
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 N/A		
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ▶ MASSACHUSETTS		
90 During this tax year did you maintain any part of your accounting / tax records on a computerized system?	X	
91 The books are in care of ▶ Cns. A. BRATSIS Telephone no. ▶ (617) 492-0518 Located at ▶ 99 BISHOP ALLEN DRIVE CAMBRIDGE MA ZIP code ▶ 02137		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) <input type="checkbox"/> Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
Program service revenue:					
(a) <u>Clinic Services</u>					2,062,931
(b) <u>Training, Education Public Info</u>					77,443
(c)					
(d)					
(e)					
(f)					
(g) Fees from government agencies					659,909
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					41,060
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property	6513	<5080>			
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<1,720>
101 Net income from special fundraising events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: (a) <u>Miscellaneous</u>					<663>
(b)					
(c)					
(d)					
(e)					
104 Subtotal (add columns (b), (d), and (e).)					283,896
105 TOTAL (add line 104, columns (b), (d), and (e).)					2,833,880

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain 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.)
93 a	Provision of family planning health services.
93 b	Provision of family planning and sexuality education, and public information.
93 g	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.
103 a	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	Date	Title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed) and address	ZIP code		

Planned Parenthood League of Massachusetts, Inc. EIN # 04-2698497
Form 990 For the Year Ended 6/30/92
Part II - Line 42 and Part V Line 57

YEAR OF PURCHASE	ASSET	LIFE (YEARS)	COST	ACCUM. DEPR. 07/01/91	DEPR EXP 7/1/91- 6/30/92	ACCUM DEPR 06/30/92	NET BOOK VALUE	CHECK
BUILDING BROOKLINE-163								
1987	1031 BEACON ST	31.50	319,900	44,436	10,157	54,593	265,307	
TOTAL BUILDING BKLN-163			319,900	44,436	10,157	54,593	265,307	
BLDG RENOV BKLN-								
1987	MISC.RENOV	31.50	56,064	7,021	1,780	8,801	47,263	
89-90	Wong,R-renov	31.50	4,945	235	157	392	4,553	
89-90	Wong,R-renov	31.50	1,388	66	44	110	1,278	
89-90	Remnant City-carpet	31.50	700	33	22	55	645	
89-90	Remnant City-carpet	31.50	1,107	53	35	88	1,019	
89-90	Remnant City-carpet	31.50	829	39	26	65	763	
TOTAL BLDG RENOV -173/230			65,032	7,447	2,065	9,512	55,521	
TOTAL PPLM			886,936	227,702	50,742	278,444	608,493	0
			57a			57b	57c	
COVENANT N.T.C.-183/230								
1987	NEWS PURCHASE	3	27,000	27,000	0	27,000	0	
TOTAL COVENANT N.T.C.			27,000	27,000	0	27,000	0	
GOODWILL-185/230								
1987	NEWS PURCHASE	31.5	210,413	28,945	6,680	35,625	174,788	
TOTAL GOODWILL			210,413	28,945	6,680	35,625	174,788	
							58	
DEF FIN COSTS-181/000								
1987	PURCHASE	5.1	1,827	1,560	267	1,827	0	
TOTAL DEF FIN COSTS			1,827	1,560	267	1,827	0	
TOTAL INTANGIBLES-AMORTIZATION			239,240	64,452	6,947	64,452	174,788	

Total Depreciation/Amortization for FY92	\$57,688
less depreciation reported on form 990-T	\$4,875
Total Depreciation - Part II, Line 42	\$52,813

Planned Parenthood League of Massachusetts, Inc. EIN # 04-2698497
Form 990 For the Year Ended 6/30/92
Part II - Line 42 and Part V Line 57

YEAR OF PURCHASE	ASSET	LIFE (YEARS)	COST	ACCUM. DEPR. 07/01/91	DEPR EXP 7/1/91- 6/30/92	ACCUM DEPR 06/30/92	NET BOOK VALUE	CHECK
FURNITURE & EQUIP. CAPITAL CAMPAIGN								
90-91	Development Computer	10	31,005	1,550	3,101	4,651	26,355	
91-92	DEVT COMP METROSERV	10	6,844		342	342	6,502	
91-92	AUTOMATED	5	4,424		442	442	3,981	
91-92	OTHER	10	1,425		71	71	1,354	
	BLACKBAUD	5	594		59	59	534	
TOTAL F. & E. CAP. CAMP -177/129			44,291	1,550	4,016	5,566	38,726	0
FURNITURE & EQUIP. BKLN.								
1987	MISC.	10	49,200	19,680	4,920	24,600	24,600	
1987	ACQUISITION COSTS	10	2,000	800	200	1,000	1,000	
88 Short	ADDITIONS(1/2 YR)	10	4,973	1,367	497	1,864	3,109	
88-89	Tab-file	10	1,585	397	159	556	1,030	
88-89	Window A/C-1 air cond.	5	2,912	1,455	582	2,037	875	
88-89	US Leasing Ultrasound	10	15,000	3,750	1,500	5,250	9,750	
88-89	One stop-Copier	5	5,175	2,588	1,035	3,623	1,552	
88-89	Malcolm water heater	10	1,065	267	107	374	692	
89-90	Copley-HP printer	5	795	239	159	398	397	
89-90	Computerland-Mac plus	10	1,259	189	126	315	944	
89-90	Tab-files	10	826	124	83	207	619	
89-90	Tab-files	10	821	123	82	205	616	
89-90	Tab-files	10	815	123	82	205	611	
90-91	Tab-files	10	1,059	53	106	159	900	
90-91	Window A/C-1 air cond.	5	918	92	184	276	642	
90-91	Xerox-fax	5	1,520	152	304	456	1,064	
90-91	monitors unlimited	10	2,953	294	295	589	2,363	
91-92	2 exam tabled	10	9,490	0	475	475	9,015	
TOTAL F & E BKLN - 177/230			102,366	31,693	10,895	42,588	59,778	0
TELEPHONE-BROOKLINE								
1987	TOSHIBA	10	9,941	3,976	994	4,970	4,971	
TOTAL TELE BKLN 179/230			9,941	3,976	994	4,970	4,971	
FURNITURE & EQUIP. WORC.								
1982	MISC.	5	11,635	11,635	0	11,635	0	
1982	MISC.	10	51,619	46,458	5,161	51,619	0	
1983	MISC.	5	874	874	0	874	0	
1983	MISC.	10	5,565	4,451	557	5,008	558	
1984	MISC.	5	294	294	0	294	0	
1984	MISC.	10	535	378	54	432	104	
1985	NO ADDITIONS	--	--	0		0		
1986	COPIER	5	1,395	1,395	0	1,395	0	
1986	RECLASS FROM CAM.		1,110	0		0	1,110	
1987	MISC.	10	15,721	6,288	1,572	7,860	7,861	
88-89	Atlantic Health-Readicrit	10	772	193	77	270	502	
88-89	Konica Copier	5	4,614	2,307	923	3,230	1,384	
88-89	ATT-Phone cap lease	10	7,004	1,400	700	2,100	4,904	
89-90	PW Sherman-Desks/Chairs	10	986	148	99	247	739	
89-90	Copley-HP printer	5	785	236	157	393	392	
89-90	Computerland-Mac plus	10	1,259	189	126	315	944	
89-90	PW Sherman-desks/chairs	10	3,921	588	392	980	2,941	
89-90	PW Sherman-desks/chairs	10	2,596	390	260	650	1,946	
89-90	Xerox-typewriter	10	803	120	80	200	603	
90-91	Monitor/Delib	5	1,500	150	300	450	1,050	
90-91	C.Hyson-Steel Door	10	1,875	94	188	282	1,594	
90-91	Xerox-fax	5	1,520	152	304	456	1,064	
90-91	MONITORS UNLIMITED	5	2,943	294	589	883	2,060	
TOTAL F & E WORC. - 177/114			119,326	78,034	11,537	89,571	29,755	
LAND-BROOKLINE								
1987	1031 BEACON ST	--	112,400	--	--		112,400	
TOTAL LAND BKLN 170/230			112,400	2	--		112,400	

Planned Parenthood League of Massachusetts, Inc. EIN # 04-2698497
Form 990 For the Year Ended 6/30/92
Part II - Line 42 and Part V Line 57

YEAR OF PURCHASE	ASSET	LIFE (YEARS)	COST	ACCUM. DEPR. 07/01/91	DEPR EXP 7/1/91 - 6/30/92	ACCUM DEPR 06/30/92	NET BOOK VALUE	CHECK
FURNITURE & EQUIP. CAMB.								
PRE-1982	MISC.	10	15,954	15,954	0	15,954	0	
1982	MISC.	10	844	757	84	841	2	
1983	MISC.	10	3,126	2,499	313	2,812	314	
1983	MISC.	5	1,523	1,523	0	1,523	0	
1984	MISC.	10	5,237	3,668	524	4,192	1,045	
1985	Air Conditioners	5	1,008	1,008	0	1,008	0	
1986	Reverse over cap on copier	5	-1,000	-1,000	0	-1,000	0	
89-90	A-copy-Fax	5	1,820	546	364	910	910	
89-90	Xerox-copier	5	14,445	4,334	2,889	7,223	7,222	
90-91	Staples- Desks & Chairs	10	1,604	80	160	240	1,364	
SUBTOTAL MISC. F&E			44,560	29,369	4,334	33,703	10,857	0
1984	COMPUTER	7	5,000	4,998	2	5,000	0	
1985	COMPUTER - PRINT	5	4,040	4,040	0	4,040	0	
1985	COMPUTER - SOFTW	7	7,025	4,015	0	4,015	3,010	
1986	COMPUTER - SOFTW	7	1,100	786	157	943	157	
1987	COMPUTER - 131	10	3,108	1,244	311	1,555	1,553	
1987	COMPUTER - 132	10	5,344	2,136	534	2,670	2,674	
1987	COMPUTER SAW-132	5	955	764	191	955	0	
1987	COMPUTER - MISC	10	10,693	4,276	1,069	5,345	5,348	
89-90	Copley-HP printer-131	5	785	236	157	393	392	
89-90	Computerland-Mac plus	10	1,259	189	126	315	944	
89-90	SIS-multiplexer	5	4,025	1,208	805	2,013	2,012	
89-90	Computerland-2 Mac plus	10	2,398	360	240	600	1,798	
89-90	Mac land-Hard Drive	10	888	133	89	222	666	
89-90	write-off Contel		-7,025	-4,015	0	-4,015	-3,010	
90-91	Computerland-SE30	10	2,835	142	284	426	2,410	
90-91	Qume Laser Printer	10	2,303	115	230	345	1,958	
SUBTOTAL COMPUTER			44,733	20,627	4,195	24,822	19,911	0
1986	RECLASS TO WORC.		-1,110				-1,110	
TOTAL F. & E. CAMB. -177/000			88,183	49,996	8,529	58,525	29,658	0
TELEPHONE EQUIP. CAMB.								
1986	TELEPHONE-MERLIN	10	23,652	9,461	2,365	11,826	11,826	
TOTAL TELEPHONE CAMB.-179/000			23,652	9,461	2,365	11,826	11,826	0
LEASEHOLD IMPRV. CAMB.								
1985	MISC.	10	1,845	1,109	185	1,294	552	
TOTAL LEASEHOLD IMPRV. 175/000			1,845	1,109	185	1,294	552	
TOTAL CAMBRIDGE			113,680	60,566	11,078	71,644	42,036	0

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Notes to Financial Statements

Amortization for the years ended June 30, 1992 and 1991 amounted to \$6,947 and \$7,040, respectively.

(5) Long-term debt

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

	<u>1992</u>	<u>1991</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%.	\$ -	174,933
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.	<u>-</u>	<u>58,444</u>
	-	233,377
Less current portion of long-term debt	<u>-</u>	<u>233,377</u>
Long-term debt - net	\$ <u>-</u>	<u>-</u>

During 1992, the League paid off the debt using proceeds of the capital campaign.

Interest expense related to long term debt was \$14,117 and \$25,460 for years ended June 30, 1992 and 1991, respectively.

(Continued)

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Notes to Financial Statements

(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>
1993	\$ 2,281	49,011
1994	<u>2,708</u>	<u>-</u>
Total minimum obligations	4,989	<u>49,011</u>
Less amount representing interest	<u>487</u>	
	4,502	
Less current installments	<u>2,038</u>	
	\$ <u>2,464</u>	

Interest expense related to capital lease obligations was \$1,127 and \$2,900 for years ended June 30, 1992 and 1991, respectively.

EIN#04-2698497
FORM 990 PART V
For Year Ending 7/1/91 - 6/30/92

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
99 BISHOP ALLEN DRIVE
CAMBRIDGE, MA 02139

BOARD OF DIRECTORS
1991 - 1992

A Name & Address	B Title & Hours/wk	C Compensation	D Contribution emp benefit plan	E Expense account & other allow
Mc Cord, Elisabeth E.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
Menitoff, Rabbi Paul J.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
MUNGER, Mark T.	President 1 hours per week	\$0.00	\$0.00	\$0.00
MUNOZ, Doralba	Director 1 hours per week	\$0.00	\$0.00	\$0.00
PARSONS, Rev. E. Spencer	Director 1 hours per week	\$0.00	\$0.00	\$0.00
PELL, Katharine M.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
PLACE, Susanna Badgley	Director 1 hours per week	\$0.00	\$0.00	\$0.00
PRATT, John D.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
SEGAL, Esq., Phyllis N.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
Shaer, Susan	Director 1 hours per week	\$0.00	\$0.00	\$0.00
SMITH, Judy Reed	Director 1 hours per week	\$0.00	\$0.00	\$0.00
SOSMAN, Esq., Martha B	Clerk 1 hours per week	\$0.00	\$0.00	\$0.00
WALLACE-BENJAMIN, Ph.D. Joan	Clerk 1 hours per week	\$0.00	\$0.00	\$0.00
WASSERMAN, Jr., Williams S.	Clerk 1 hours per week	\$0.00	\$0.00	\$0.00
YALE, Phyllis R.	Clerk 1 hours per week	\$0.00	\$0.00	\$0.00

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EIN#04-2698497
FORM 990 PART V
For Year Ending 7/1/91 - 6/30/92

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.
99 BISHOP ALLEN DRIVE
CAMBRIDGE, MA 02139

BOARD OF DIRECTORS
1991 - 1992

A Name & Address	B Title & Hours/wk	C Compensation	D Contribution emp benefit plan	E Expense account & other allow
ALTMAN, M.D., Alan M.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
ATKINSON, Jeannette	Director 1 hours per week	\$0.00	\$0.00	\$0.00
BARNHILL, Georgia B.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
BENNETT, Gordon R.	Treasurer 1 hours per week	\$0.00	\$0.00	\$0.00
BROWNING, Franklin S.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
COHEN, Ellen R.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
COHEN, M.D., John M.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
CORLETTE, Jane	Director 1 hours per week	\$0.00	\$0.00	\$0.00
FIELD, Frimette T.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
GERRITY, Melissa D.	Vice-President 1 hours per week	\$0.00	\$0.00	\$0.00
GLEASON, Nancy A.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
GRIFFIN, Jean T.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
HAAS, M.D., Susan T.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
JOHNSON, Abigail P.	Director 1 hours per week	\$0.00	\$0.00	\$0.00
MACOMBER, Kristin H.	Director 1 hours per week	\$0.00	\$0.00	\$0.00

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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

1991

Name

Planned Parenthood League of Massachusetts Inc

Employer identification number

04-2698497

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
Nicki Nicholas Gamble	Executive Director 40 hr	61,692	3177	none
Edythe Salzman	Ass. Director 40 hr	65,560	0-	none
Susan Newman	Ass. Director 40 hr	62,215	3142	none
Alice Verhoeven	Clinic Director 46 hr	49,393	2874	none
Wendy Gates	Clinic Director 40 hr	44,557	1271	none
Total number of other employees paid over \$30,000	8			

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
Stanton Goldstein MD	Physician	146,811
Mussa Menasha MD	Physician	76,790
Mary Hoyt Briggs MD	Physician	123,602
Wayland Group	Pub Fundraising/ education	43,143
Total number of others receiving over \$30,000 for professional services	none	

Part III Statements About Activities

- 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? \$ 67,286
If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ 67,286
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND either complete Part VI-B or attach a classified schedule of the expenses paid or incurred.
- 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.
- 3** Do you make grants for scholarships, fellowships, student loans, etc.?
- 4** Attach a statement explaining how you determine that individuals or organizations receiving grants or loans from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)

	Yes	No
1	X	
2a		X
2b		X
2c		X
2d		X
2e		X
3		X

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
N/A	

- 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) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,307,421	2,185,887	1,112,286	920,800	6,530,394
16 Membership fees received					
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	39,547	25,177	9,457	12,060	86,241
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	2,346,968	2,215,064	1,121,743	932,860	6,616,635
24 Line 23 minus line 17	2,346,968	2,215,064	1,121,743	932,860	6,616,635
25 Enter 1% of line 23	23,470	22,151	11,217	9,328	
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					132,333
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 1987 through 1990 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					261,584

(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:

(1990) (1989) (1988) (1987)

- b** Attach a list showing, for 1987 through 1990, 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:

(1990) (1989) (1988) (1987)

- 28** For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1987 through 1990, 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)

- 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?
- 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?
- 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.)

- 32** Do you maintain the following:
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by 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.)

33 Do you discriminate by race in any way with respect to:

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance? (See instructions.)
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34a** Do you receive any financial aid or assistance from a governmental agency?

- 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.

- 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.)

Yes No

29

30

31

32a

32b

32c

32d

33a

33b

33c

33d

33e

33f

33g

33h

34a

34b

35

Part VI-A Lobbying Expenditures by Electing 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	41,942
37 Total lobbying expenses to influence a legislative body	37	27,344
38 Total lobbying expenses (add lines 36 and 37)	38	69,286
39 Other exempt purpose expenses (see Part VI instructions)	39	3,620,156
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)	40	3,620,970
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
The lobbying nontaxable amount is—		
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	331,044
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) 1991	(b) 1990	(c) 1989	(d) 1988	(e) Total
45 Lobbying nontaxable amount (see instructions)	331,044	330,493	320,808	292,956	1,275,301
46 Lobbying ceiling amount (150% of line 45(e))					1,912,952
47 Total lobbying expenses (see instructions)	69,286	84,623	44,454	19,237	217,600
48 Grassroots nontaxable amount (see instructions)	82,761	82,623	80,202	73,239	318,825
49 Grassroots ceiling amount (150% of line 48(e))					478,238
50 Grassroots lobbying expenses (see instructions)	41,942	57,997	35,412	9,273	144,624

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For optional reporting by organizations that did not complete Part VI-A.)

During the year, did you attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

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

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:

(i) 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, indicate in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule.

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