See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

A Check box if address changed

Name of organization (☐ Check box if name changed and see instructions.)

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

Print or Type

B Exempt under section

☐ 501(c)(3) ☒ 401(a) ☐ 529(a)

Number, street, and room or suite no if a P O box, see page 9 of instructions

1055 COMMONWEALTH AVENUE

City or town, state, and ZIP code

BOSTON, MA 02215-1001 532000

C Book value of all assets at end of year

9,765,693.

D Employer identification number (Employees' trust, see instructions for Block D on page 9)

04-2698497

E Unrelated business activity codes (See instructions for Block E on page 9)

☐

F Group exemption number (see instructions for Block F) ▶

G Check organization type ▶

☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity ▶ LEASE PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No

J The books are in care of ▶ The Organization

Telephone number ▶ (617) 616-1600

Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>b Less returns and allowances</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Gross profit Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions, attach schedule)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>13</td>
<td>0.</td>
</tr>
</tbody>
</table>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions for activities directly connected with the unrelated business income.)

| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 |
| 22a Depletion | 22a |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30 | 32 | |
| 33 Specific deduction (Generally $1,000, but see instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

Form 990-T (2007)

13370107 735621 PPLM 2007.07020 PLANNED PARENTHOOD LEAGUE O PPLM 1
### Part III  Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation.
- Controlled group members (sections 1561 and 1563) check here ▶
  - Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order)
  - (1) $  
  - (2) $  
  - (3) $  
- Enter organization's share of (1) Additional 5% tax (not more than $11,750) $  
- (2) Additional 3% tax (not more than $100,000) $  
- Income tax on the amount on line 34 ▶ 35c 0.

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from
- Tax rate schedule or ▶ Schedule D (Form 1041) ▶ 36
- Proxy tax. See instructions ▶ 37
- Alternative minimum tax ▶ 38
- Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

### Part IV  Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)

40b Other credits (see instructions)

40c General business credit. Check here and indicate which forms are attached
- Form 3800 ▶
- Form(s) (specify) ▶

40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

40e Total credits. Add lines 40a through 40d 40g

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from
- Form 4255 ▶
- Form 8611 ▶
- Form 8697 ▶
- Form 8866 ▶
- Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44a Payments. A 2006 overpayment credited to 2007
- 2007 estimated tax payments ▶
- Tax deposited with Form 8868 ▶
- Foreign organizations Tax paid or withheld at source (see instructions) ▶
- Backup withholding (see instructions) ▶
- Other credits and payments ▶
- Form 2439 ▶
- Form 4136 ▶
- Other ▶

44d Total payments. Add lines 44a through 44f ▶ 44g

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.

49 Enter the amount of line 48 you want credited to 2008 estimated tax ▶

### Part V  Statements Regarding Certain Activities and Other Information

See instructions on page 18.

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1. If YES, enter the name of the foreign country here ▶

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶

#### Schedule A - Cost of Goods Sold

Enter method of inventory valuation ▶ N/A

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>6</td>
<td>Inventory at end of year</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>7</td>
<td>Cost of goods sold. Subtract line 6</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>8</td>
<td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sign Here**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Acting Chief Financial Officer**

**Preparer**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Check if self-employed</th>
<th>Preparer's SSN or PTIN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Firm's name or yours if self-employed, address, and ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Dennis &amp; Company, LLP 116 Huntington Avenue Boston, MA 02116</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EIN</th>
<th>Phone no</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-2734675</td>
<td>617 262-9898</td>
</tr>
</tbody>
</table>

**May the IRS discuss this return with the preparer shown below? (see instructions)?** Yes No
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

Do not send to the IRS. Keep for your records.

See instructions.

Return ID (20-digit number) □ N/A

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

Employer Identification number 04-2698497

Name and title of officer Meagan Gallagher

Acting Chief Financial Officer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ X Total revenue, if any (Form 990, line 12) 1b 23647075

2a Form 990-EZ check here □ 2b Total revenue, if any (Form 990-EZ, line 9)

3a Form 1120-POL check here □ 3b Total tax (Form 1120-POL, line 22)

4a Form 990-PF check here □ 4b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)

5a Form 8861 check here □ 5b Balance Due (Form 8861, line 3c)

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize Daniel Dennis & Company, LLP to enter my PIN: 22222

do not enter all zeros

□ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Officer's signature □

Heather Kelly President/CEO Date □ 11/09/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04143322222

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature □

Date □ 01/07/09

ERI Must Retain This Form - See Instructions

Do Not Submit This Form To The IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2007)

13370107 735621 PPLM 2007.0720 PLANNED PARENTHOOD LEAGUE O PPLM 1
Form 8868
(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ❑

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PLANNED PARENTHOOD LEAGUE OF</td>
<td>04-2698497</td>
</tr>
<tr>
<td></td>
<td>MASSACHUSETTS, INC.</td>
<td></td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

1055 COMMONWEALTH AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02215-1001

Check type of return to be filed (file a separate application for each return):

☒ Form 990
☐ Form 990-T (corporation)
☐ Form 990-3BL (sec. 401(a) or 408(a) trust)
☐ Form 990-EZ (trust other than above)
☐ Form 1041-A
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

Telephone No. ☐ (617) 616-1600

Fax No. ☐

• The books are in the care of The Organization

☐ If the organization does not have an office or place of business in the United States, check this box

☐ If this is a Group Return, enter the organization's four-digit Group Exemption Number (GEN): If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until

☐ February 15, 2009

☐ calendar year

☐ tax year beginning JUL 1, 2007

☐ 2008, and ending JUN 30, 2008

☐ 2 If this tax year is for less than 12 months, check reason:

☐ Initial return
☐ Final return
☐ Change in accounting period

☐ 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

☐ 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

☐ 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTĐ coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2008)