

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

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PLANNED PARENTHOOD ACTION COUNCIL OF UTAH INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
654 SOUTH 900 EAST
City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY, UT 84102

D Employer identification number
87-0489105
E Telephone number
(801) 532-1586
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: WWW.PPACUTAH.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 141,510

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	102,943
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	70
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	38,497
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	141,510
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	25,113
13	Professional fees and other payments to independent contractors	13	14,671
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	4,601
16	Other expenses (describe in Schedule O)	16	74,114
17	Total expenses. Add lines 10 through 16	17	118,499
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,011
		Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	65,128
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	88,139

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,775	22 119,005
23 Land and buildings	0	23 1,166
24 Other assets (describe in Schedule O)		24
25 Total assets	100,775	25 120,171
26 Total liabilities (describe in Schedule O).	35,647	26 32,032
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,128	27 88,139

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 PLANNED PARENTHOOD ACTION COUNCIL IS ADVANCING A CULTURE OF PROUD AND AUTHENTIC SEXUALITY AND IDENTITY, FREE FROM STIGMA AND JUDGMENT THIS IS DONE BY ADVOCATING FOR LAWS, POLICIES, AND EVERY DAY PRACTICES THAT SUPPORT AND PROMOTE SEXUAL AND REPRODUCTIVE FREEDOM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 50,530

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DEL DRAPER	1 00	0	0	0
CHAIR				
KATHERINE VENTI	1 00	0	0	0
VICE CHAIR				
BRANDI SIMPSON	1 00	0	0	0
TREASURER				
ALEXANDRA ELLER MD	1 00	0	0	0
SECRETARY				
JENNY BELL MD	1 00	0	0	0
BOARD MEMBER				
SAMATHA CASTLETON	1 00	0	0	0
BOARD MEMBER				
TRINA EYRING	1 00	0	0	0
BOARD MEMBER				
THERUS KOLFF MD	1 00	0	0	0
BOARD MEMBER				
BETH NOYMER LEVINE	1 00	0	0	0
BOARD MEMBER				
TINA RUGA	1 00	0	0	0
BOARD MEMBER				
AHARON SHULIMSON MD	1 00	0	0	0
BOARD MEMBER				
TAYLOR SNYDER	1 00	0	0	0
BOARD MEMBER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here *****
Signature of officer
Date 2019-01-25
KARRIE GALLOWAY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name CHRISTOPHER WINSLEY CPA
Preparer's signature
Date
Check if self-employed
PTIN P01698710
Firm's name EIDE BAILLY LLP
Firm's EIN 45-0250958
Firm's address 5 TRIAD CENTER STE 600
SALT LAKE CITY, UT 841801106
Phone no (801) 532-2200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 87-0489105

Name: PLANNED PARENTHOOD ACTION COUNCIL OF
UTAH INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDED PUBLIC WITH INFORMATION AND EDUCATION CONCERNING REPRODUCTIVE HEALTH CARE ISSUES (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	25,265

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<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 STRENGTHENED BASE OF SUPPORT THROUGH PRO-CHOICE VOTER LISTS, MEMBERSHIPS, INFORMATION BOOTHS, AND VOTER REGISTRATION (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">20,717</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 FACE TO FACE, PHONE, AND MAIL CONTACT TO FEDERAL AND STATE ELECTED OFFICIALS PROMOTING REPRODUCTIVE HEALTH CARE ISSUES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">4,548</p>

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: PLANNED PARENTHOOD ACTION COUNCIL OF
UTAH INC

EIN: 87-0489105

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
PLANNED PARENTHOOD ACTION COUNCIL OF
UTAH INC

Employer identification number

87-0489105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 70

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS REVENUE AMOUNT 38,497

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MARKETING AND PROMOTION AMOUNT 40,368 DESCRIPTION BANK CHARGES AMOUNT 2,521 DESCRIPTION DEPRECIATION AMOUNT 669 DESCRIPTION INSURANCE AMOUNT 320 DESCRIPTION OFFICE SUPPLIES AMOUNT 706 DESCRIPTION OTHER EXPENSES AMOUNT 1,399 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 9,300 DESCRIPTION REPAIRS AND MAINTENANCE AMOUNT 1,923 DESCRIPTION TELEPHONE AMOUNT 588 DESCRIPTION TRAVEL AMOUNT 16,147 DESCRIPTION CONTRACTS AMOUNT 173 TOTAL TO FORM 990-EZ, LINE 16 74,114

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 2,100 END OF YEAR AMOUNT 4,571 DESCRIPTION DUE TO AFFILIATE BEG OF YEAR AMOUNT 33,547 END OF YEAR AMOUNT 27,461