

Form **990EZ**
 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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) ▶ _____

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

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

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 ▶ \$ 115,114

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	80,114
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	239
	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	34,761	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	115,114	
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	6,065
	13 Professional fees and other payments to independent contractors	13	11,283
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,302
	16 Other expenses (describe in Schedule O)	16	45,250
	17 Total expenses. Add lines 10 through 16 ▶	17	63,900
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	51,214
	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	88,139
	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	139,353

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	119,005	22 152,555
23 Land and buildings	1,166	23 816
24 Other assets (describe in Schedule O)		24
25 Total assets	120,171	25 153,371
26 Total liabilities (describe in Schedule O).	32,032	26 14,018
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,139	27 139,353

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 <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	55,208

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
KATHERINE VENTI CHAIR	1 00	0	0	0
TAYLOR SNYDER VICE CHAIR	1 00	0	0	0
KAREN HALLADAY TREASURER	1 00	0	0	0
MARYANN MARTINDALE SECRETARY	1 00	0	0	0
AHARON SHULIMSON MD BOARD MEMBER	1 00	0	0	0
ALEXANDRA ELLER MD BOARD MEMBER	1 00	0	0	0
CARA HEUSER BOARD MEMBER	1 00	0	0	0
DANIELLE WATTERS MARZELLI BOARD MEMBER	1 00	0	0	0
DAVID MIDGET BOARD MEMBER	1 00	0	0	0
FORREST CRAWFORD BOARD MEMBER	1 00	0	0	0
JASMINE DESPAIN BOARD MEMBER	1 00	0	0	0
JAZMIN MARTINEZ BOARD MEMBER	1 00	0	0	0

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 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of LESLEY BAILEY Telephone no (801) 328-8939 Located at 654 SOUTH 900 EAST SALT LAKE CITY, UT ZIP + 4 84102

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
46		No

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

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

	Yes	No
47		
48		
49a		
49b		

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 "

(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: 2020-01-23
 Type or print name and title: KARRIE GALLOWAY PRESIDENT/CEO

Paid Preparer Use Only

Print/Type preparer's name CHRISTOPHER WINSLEY CPA	Preparer's signature	Date	Check <input type="checkbox"/> 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	45,244

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>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;">3,920</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;">6,044</p>

TY 2018 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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name 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 239

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS REVENUE AMOUNT 34,761

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MARKETING AND PROMOTION AMOUNT 3,596 DESCRIPTION BANK CHARGES AMOUNT 2,801 DESCRIPTION DEPRECIATION AMOUNT 350 DESCRIPTION INSURANCE AMOUNT 320 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,571 DESCRIPTION OTHER EXPENSES AMOUNT 17,333 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 4,300 DESCRIPTION TELEPHONE AMOUNT 775 DESCRIPTION TRAVEL AMOUNT 14,204 TOTAL TO FORM 990-EZ, LINE 16 45,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 4,571 END OF YEAR AMOUNT 2,145 DESCRIPTION DUE TO AFFILIATE BEG OF YEAR AMOUNT 27,461 END OF YEAR AMOUNT 11,873