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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

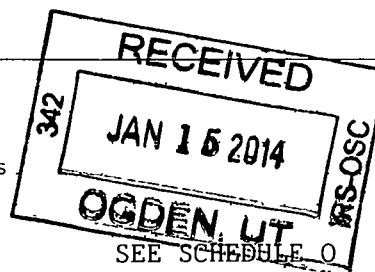
A For the 2012 calendar year, or tax year beginning <u>7/01</u> , 2012, and ending <u>6/30</u> , 2013	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C PLANNED PARENTHOOD ACTION COUNCIL OF UTAH, INC. 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102
D Employer identification number <u>87-0489105</u> E Telephone number <u>801-532-1586</u> F Group Exemption Number _____	
G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____ I Website: <u>WWW.PPACUTAH.ORG</u> J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(<u>4</u>) (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 Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	
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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 65,169.	

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	65,139.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	30.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,169.	
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	24,144.
	13	Professional fees and other payments to independent contractors	13	2,262.
	14	Occupancy, rent, utilities, and maintenance	14	59.
	15	Printing, publications, postage, and shipping	15	5,306.
	16	Other expenses (describe in Schedule O)	16	29,052.
	17	Total expenses. Add lines 10 through 16	17	60,823.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,346.
	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	-35,866.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-31,520.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

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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	22,120.	22 35,514.
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	2,302.	24 5,381.
25	Total assets	24,422.	25 40,895.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	60,288.	26 72,415.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	-35,866.	27 -31,520.

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

28	<u>PROVIDED PUBLIC WITH INFORMATION AND EDUCATION CONCERNING REPRODUCTIVE HEALTH CARE ISSUES.</u>		
	(Grants \$) If this amount includes foreign grants, check here	☐	28 a 28,104.
29	<u>STRENGTHENED BASE OF SUPPORT THROUGH PRO-CHOICE VOTER LISTS, MEMBERSHIPS, INFORMATION BOOTHS, AND VOTER REGISTRATION</u>		
	(Grants \$) If this amount includes foreign grants, check here	☐	29 a 14,828.
30	<u>FACE TO FACE, PHONE, AND MAIL CONTACT TO FEDERAL AND STATE ELECTED OFFICIALS PROMOTING REPRODUCTIVE HEALTH CARE ISSUES</u>		
	(Grants \$) If this amount includes foreign grants, check here	☐	30 a 1,241.
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31 a
32	Total program service expenses (add lines 28a through 31a)	☐	32 44,173.

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

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[illegible]

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 ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed UT		

42 a 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

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 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

	Yes	No
46		X

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

	Yes	No
47		
48		
49 a		
49 b		

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

- 49 a 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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 <i>Karrie Galloway</i>		Date <i>1.13.14</i>		
	Type or print name and title KARRIE GALLOWAY EXECUTIVE DIREC				
Paid Preparer Use Only	Print/Type preparer's name TED L. HILL	Preparer's signature <i>Ted L. Hill</i>	Date 1/09/14	Check ☐ if self-employed	PTIN P00097426
	Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958	
	Firm's address ▶ 6695 SOUTH 1300 EAST SALT LAKE CITY, UT 84121			Phone no (801) 947-7500	

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

PLANNED PARENTHOOD ACTION COUNCIL OF
UTAH, INC.

Employer identification number

87-0489105

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PUBLIC INFORMATION AND ADVOCACY

PLANNED PARENTHOOD ACTION COUNCIL OF
UTAH, INC.

87-0489105

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	691.
BANK CHARGES		1,893.
CONTRACT LABOR		367.
DEPRECIATION		2,190.
DUES & SUBSCRIPTIONS		8,511.
INFORMATION TECHNOLOGY		708.
OFFICE EXPENSES		3,722.
OTHER EXPENSE		9,675.
TRAVEL		1,295.
TOTAL	\$	<u>29,052.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 2,302.	\$ 4,159.
NOTES AND LOANS RECEIVABLE	0.	1,222.
TOTAL	<u>\$ 2,302.</u>	<u>\$ 5,381.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 60,288.	\$ 72,415.
TOTAL	<u>\$ 60,288.</u>	<u>\$ 72,415.</u>

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
KARRIE GALLOWAY EXECUTIVE DIREC	1	\$ 5,031.	\$ 0.	\$ 0.
LESLEY BAILEY CFO	1	215.	0.	0.
HOLLY MARTAK BOARD MEMBER	1	0.	0.	0.
ELIZABETH CRAIG BOARD MEMBER	1	0.	0.	0.

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ARLYN BRADSHAW BOARD MEMBER	1	\$ 0.	\$ 0.	0.
LAURIE HOFMANN BOARD MEMBER	1	0.	0.	0.
BRANDON MARK BOARD MEMBER	1	0.	0.	0.
LINDA WEBSTER BOARD MEMBER	1	0.	0.	0.
D. WARE BRANCH BOARD MEMBER	1	0.	0.	0.
RAYMOND BETANCOURT BOARD MEMBER	1	0.	0.	0.
RICHARD CHAPA, MD BOARD MEMBER	1	0.	0.	0.
DEL DRAPER BOARD MEMBER	1	0.	0.	0.
JOHN C. ERLACHER BOARD MEMBER	1	0.	0.	0.
GENEVIEVE GREENLEY BOARD MEMBER	1	0.	0.	0.
SARAH MCCLELLAN BOARD MEMBER	1	0.	0.	0.
GERALDINE P. MINEAU BOARD MEMBER	1	0.	0.	0.
TRINA EYRING BOARD MEMBER	1	0.	0.	0.
GONZALO PALZA VICE CHAIRMAN	1	0.	0.	0.
SARA RICH TREASURER	1	0.	0.	0.
NANCY SASSANO BOARD MEMBER	1	0.	0.	0.

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
JESSICA STENGEL BOARD MEMBER	1	\$ 0.	\$ 0.	\$ 0.
MARY TROXELL BOARD MEMBER	1	0.	0.	0.
SARAH ILSTRUP CHAIR	1	0.	0.	0.
PUBA MARIK BOARD MEMBER	1	0.	0.	0.
KATHERINE VENTI BOARD MEMBER	1	0.	0.	0.
TOTAL		\$ 5,246.	\$ 0.	\$ 0.