

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

87-0684606

### UTAH HEALTH POLICY PROJECT

|  |                |                |
|--|----------------|----------------|
| <b>Net Asset / Fund Balance at Beginning of Year</b> |                | <u>344,368</u> |
| <b>Revenue</b>                                       |                |                |
| Contributions  | <u>764,759</u> |                |
| Program service revenue                              | <u>8,775</u>   |                |
| Investment income                                    | <u>213</u>     |                |
| Capital gain / loss                                  | _____          |                |
| Fundraising / Gaming:                                |                |                |
| Gross revenue  | _____          |                |
| Direct expenses                                      | _____          |                |
| Net income   | _____          |                |
| Other income   | <u>0</u>       |                |
| <b>Total revenue</b>                                 |                | <u>773,747</u> |
| <b>Expenses</b>                                      |                |                |
| Program services                                     | <u>473,390</u> |                |
| Management and general                               | <u>160,914</u> |                |
| Fundraising  | <u>46,608</u>  |                |
| <b>Total expenses</b>                                |                | <u>680,912</u> |
| <b>Excess / (deficit)</b>                            |                | <u>92,835</u>  |
| Changes  |                | <u>-1</u>      |
| <b>Net Asset / Fund Balance at End of Year</b>       |                | <u>437,202</u> |

| Reconciliation of Revenue              |                |
|--|----------------|
| Total revenue per financial statements | <u>776,248</u> |
| Less:                                  |                |
| Unrealized gains                       | _____          |
| Donated services                       | <u>2,501</u>   |
| Recoveries                             | _____          |
| Other                                  | _____          |
| Plus:                                  |                |
| Investment expenses                    | _____          |
| Other                                  | _____          |
| <b>Total revenue per return</b>        | <u>773,747</u> |

| Reconciliation of Expenses              |                |
|---|----------------|
| Total expenses per financial statements | <u>683,413</u> |
| Less:                                   |                |
| Donated services                        | <u>2,501</u>   |
| Prior year adjustments                  | _____          |
| Losses                                  | _____          |
| Other                                   | _____          |
| Plus:                                   |                |
| Investment expenses                     | _____          |
| Other                                   | _____          |
| <b>Total expenses per return</b>        | <u>680,912</u> |

| Balance Sheet |                |                |               |
|---------------|----------------|----------------|---------------|
|               | Beginning      | Ending         | Differences   |
| Assets        | <u>352,705</u> | <u>451,247</u> |               |
| Liabilities   | <u>8,337</u>   | <u>14,045</u>  |               |
| Net assets    | <u>344,368</u> | <u>437,202</u> | <u>92,834</u> |

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 05/15/19  
Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning . . . . ., 2018, and ending . . . . ., 20 . . . . .

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2018**

Name of exempt organization

**UTAH HEALTH POLICY PROJECT**

Employer identification number

**87-0684606**

Name and title of officer

**MATT SLONAKER  
EXECUTIVE DIRECTOR**

**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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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 one line in Part I.

|    |                          |                                     |   |  |    |                |
|----|--------------------------|-------------------------------------|---|--|----|----------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <b>773,747</b> |
| 2a | Form 990-EZ check here   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |                |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance Due (Form 8868, line 3c)                                 | 5b |                |

**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 2018 electronic return and accompanying schedules and statements and 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) the reason for any delay in processing the return or refund, and (c) 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**

I authorize **LARSON & COMPANY, PC** to enter my PIN **32154** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } **11/05/19**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**87196312345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 for Business Returns.**

ERO's signature } **RICHARD SCORESBY, CPA** Date } **11/05/19**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury  
Internal Revenue Service

**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/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning , and ending**

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

**C** Name of organization: **UTAH HEALTH POLICY PROJECT**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1832 RESEARCH WAY, #60**  
 City or town, state or province, country, and ZIP or foreign postal code: **SALT LAKE CITY UT 84119**

**D** Employer identification number: **87-0684606**  
**E** Telephone number: **801-433-2299**  
**G** Gross receipts \$: **773,747**

**F** Name and address of principal officer:  
**MATT SLONAKER**  
**1832 RESEARCH WAY #60**  
**SALT LAKE CITY UT 84119**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.HEALTHPOLICYPROJECT.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **2005** **M** State of legal domicile: **UT**

**Part I Summary**

|   |   |                           |                |
|---|---|---------------------------|----------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>UTAH HEALTH POLICY PROJECT (UHPP) IS A NONPARTISAN, NONPROFIT ORGANIZATION ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDERSERVED UTAHNS THROUGH BETTER ACCESS, EDUCATION, AND PUBLIC POLICY.</b> |                           |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | <b>12</b>      |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | <b>12</b>      |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | <b>5</b>                  | <b>15</b>      |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | <b>20</b>      |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | <b>0</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38             | <b>7b</b>   | <b>0</b>                  |                |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>1,038,470</b>          | <b>764,759</b> |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>6,471</b>              | <b>8,775</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>5</b>                  | <b>213</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>0</b>                  | <b>0</b>       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>336,616</b>            | <b>11,250</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           | <b>0</b>       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>475,768</b>            | <b>540,560</b> |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           | <b>0</b>       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>   | <b>46,608</b>             |                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>136,465</b>            | <b>129,102</b> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>948,849</b>  | <b>680,912</b>            |                |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>96,097</b>   | <b>92,835</b>             |                |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year    |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>352,705</b>            | <b>451,247</b> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>8,337</b>              | <b>14,045</b>  |
|   |   | <b>344,368</b>            | <b>437,202</b> |

**Part II Signature Block**

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: **MATT SLONAKER** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00573067**

Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**  
 Firm's address: **11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123** Phone no.: **801-313-1900**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**UTAH HEALTH POLICY PROJECT (UHPP) IS A NONPARTISAN, NONPROFIT ORGANIZATION ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDERSERVED UTAHNS THROUGH BETTER ACCESS, EDUCATION, AND PUBLIC POLICY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **340,744** including grants of \$ **11,250** ) (Revenue \$ **8,775** )

**TAKE CARE UTAH IS A PROGRAM OF UTAH HEALTH POLICY PROJECT THAT HELPS UNDERSERVED UTAHNS ACCESS HEALTH CARE THROUGH OUTREACH, ENROLLMENT AND COVERAGE TO CARE SERVICES. THE PROGRAM WAS INITIATED IN 2010 AND IS FUNDED BY A VARIETY FUNDING SOURCES INCLUDING BUT NOT LIMITED TO CONTRACTS FOR SERVICES, FEDERAL GRANTS AND STATE GRANTS. TAKE CARE UTAH ALSO SERVES AS A BACKBONE SUPPORT STRUCTURE FOR ALL HEALTH INSURANCE OUTREACH AND ENROLLMENT ACTIVITIES IN THE STATE OF UTAH, CONVENING TRAINING SUMMITS AND PROVIDING TECHNICAL ASSISTANCE TO OUTSIDE ORGANIZATIONS.**

4b (Code: ) (Expenses \$ **132,646** including grants of \$ ) (Revenue \$ )

**UTAH HEALTH POLICY PROJECT IS A WELL-KNOWN CONSUMER ADVOCACY ORGANIZATION, PARTICIPATING IN NUMEROUS STATEWIDE EFFORTS TO REFORM AND IMPROVE HEALTH CARE IN UTAH. UTAH HEALTH POLICY PROJECT FOCUSES THESE POLICY ANALYSIS AND ADVOCACY EFFORTS FOCUSED ON IMPROVING HEALTH CARE ACCESS, QUALITY AND AFFORDABILITY FOR UNDERSERVED UTAHNS.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 473,390**

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>   | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | X   |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>   |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 12, Yes, No. Rows include questions about voting members, family relationships, management delegation, and organizational changes.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u UT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

UTAH HEALTH POLICY PROJECT 1832 RESEARCH WAY, #60 UT 84119 801-433-2299 SALT LAKE CITY



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                        |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SRI KODURI         | 2.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD CHAIR            | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) THERESE RUSSO      | 1.00   |   |                       |         |              |                              |        |  |   |   |
| VICE CHAIR             | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (3) KRISTY CHAMBERS    | 1.50   |   |                       |         |              |                              |        |  |   |   |
| TREASURER              | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) NANCY MITCHELL     | 1.00   |   |                       |         |              |                              |        |  |   |   |
| SECRETARY              | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) JENNY PATHAK       | 1.00   |   |                       |         |              |                              |        |  |   |   |
| FORMER CHAIR           | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (6) MARK MANAZER       | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) R. VICTOR SALDIVAR | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) DR. SCOTT POPPEN   | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) JANIDA EMERSON     | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) PAT FLEMING       | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE, TREASURER     | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (11) PAUL GIBBS        | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (12) SANDRA CARPIO    | 0.50   |   |                       |         |              |                              |        |  |   |   |
| TRUSTEE               | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (13) MATT SLONAKER    | 40.00  |   |                       |         |              |                              |        |  |   |   |
| EXECUTIVE DIRECTOR    | 0.00   |   |                       | X       |              |                              | 98,208 | 0  | 2,946   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |

|   |   |        |       |
|---|---|--------|-------|
| 1b Sub-total  | u | 98,208 | 2,946 |
| c Total from continuation sheets to Part VII, Section A | u |        |       |
| d Total (add lines 1b and 1c)                           | u | 98,208 | 2,946 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   |                                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|--------------------------------|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>      | <b>1a</b> Federated campaigns   | <b>1a</b> 135,000              |                      |  |   |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>                      |                      |  |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>                      |                      |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>                      |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b> 355,382              |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> 274,377              |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                                |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   | <b>u</b>                       | <b>764,759</b>       |  |   |  |  |
|  | <b>Program Service Revenue</b>  |                                | <b>Busn. Code</b>    |  |   |  |  |
| <b>2a</b> PROGRAM SERVICES   |   | 900099                         | 8,775                | 8,775  |   |  |  |
| <b>b</b>   |   |                                |                      |  |   |  |  |
| <b>c</b>   |   |                                |                      |  |   |  |  |
| <b>d</b>   |   |                                |                      |  |   |  |  |
| <b>e</b>   |   |                                |                      |  |   |  |  |
| <b>f</b> All other program service revenue                             |   |                                |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f  |   | <b>u</b>                       | <b>8,775</b>         |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)  | <b>u</b>                       | 213                  |  |   | 213  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   | <b>u</b>                       |                      |  |   |  |  |
|  | <b>5</b> Royalties  | <b>u</b>                       |                      |  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real                       |                      |  |   |  |  |
|  |   | (ii) Personal                  |                      |  |   |  |  |
|  | <b>b</b> Less: rental exps.   |                                |                      |  |   |  |  |
|  | <b>c</b> Rental inc. or (loss)  |                                |                      |  |   |  |  |
|  | <b>d</b> Net rental income or (loss)  | <b>u</b>                       |                      |  |   |  |  |
|  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities                 |                      |  |   |  |  |
|  |   | (ii) Other                     |                      |  |   |  |  |
|  | <b>b</b> Less: cost or other<br>basis & sales exps.   |                                |                      |  |   |  |  |
|  | <b>c</b> Gain or (loss)   |                                |                      |  |   |  |  |
|  | <b>d</b> Net gain or (loss)   | <b>u</b>                       |                      |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>                       |                      |  |   |  |  |
|  |   | <b>b</b> Less: direct expenses | <b>b</b>             |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                  |   | <b>u</b>                       |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 | <b>a</b>  |                                |                      |  |   |  |  |
|  | <b>b</b> Less: direct expenses  | <b>b</b>                       |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities  | <b>u</b>                       |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances    | <b>a</b>  |                                |                      |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>                       |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   | <b>u</b>                       |                      |  |   |  |  |
| Miscellaneous Revenue  |   | <b>Busn. Code</b>              |                      |  |   |  |  |
| <b>11a</b>   |   |                                |                      |  |   |  |  |
| <b>b</b>   |   |                                |                      |  |   |  |  |
| <b>c</b>   |   |                                |                      |  |   |  |  |
| <b>d</b> All other revenue   |   |                                |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                      | <b>u</b>  |                                |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions.                             | <b>u</b>  | <b>773,747</b>                 | <b>8,775</b>         | <b>0</b>   | <b>213</b>                              |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 11,250                | 11,250                          |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 101,154               | 73,108                          | 25,183                                 | 2,863                       |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 382,212               | 276,241                         | 95,154                                 | 10,817                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 5,931                 | 4,286                           | 1,477                                  | 168                         |
| 9 Other employee benefits  | 2,569                 | 1,856                           | 640                                    | 73                          |
| 10 Payroll taxes   | 48,694                | 35,193                          | 12,123                                 | 1,378                       |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 12,208                | 6,407                           | 2,135                                  | 3,666                       |
| d Lobbying   | 440                   | 231                             | 77                                     | 132                         |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 15,635                | 11,300                          | 3,893                                  | 442                         |
| 12 Advertising and promotion   | 6,695                 | 3,513                           | 1,171                                  | 2,011                       |
| 13 Office expenses   | 9,709                 | 7,061                           | 2,207                                  | 441                         |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 22,277                | 16,708                          | 5,569                                  |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 41,125                | 13,304                          | 5,055                                  | 22,766                      |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 1,800                 |                                 | 1,800                                  |                             |
| 23 Insurance   | 3,990                 | 2,346                           | 998                                    | 646                         |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>SUPPLIES</b>  | 10,102                | 7,577                           | 2,501                                  | 24                          |
| b <b>LICENSING FEES</b>  | 3,701                 | 1,943                           | 647                                    | 1,111                       |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   | 1,420                 | 1,066                           | 284                                    | 70                          |
| 25 Total functional expenses. Add lines 1 through 24e  | 680,912               | 473,390                         | 160,914                                | 46,608                      |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|                                    |  | (A)<br>Beginning of year  |         | (B)<br>End of year |         |
|------------------------------------|--|---|---------|--------------------|---------|
| <b>Assets</b>                      | 1  | Cash—non-interest bearing   | 201,853 | 1                  | 231,713 |
|                                    | 2  | Savings and temporary cash investments  | 4,431   | 2                  | 104,630 |
|                                    | 3  | Pledges and grants receivable, net  | 141,987 | 3                  | 112,270 |
|                                    | 4  | Accounts receivable, net  |         | 4                  |         |
|                                    | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |         | 5                  |         |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |         | 6                  |         |
|                                    | 7  | Notes and loans receivable, net   |         | 7                  |         |
|                                    | 8  | Inventories for sale or use   |         | 8                  |         |
|                                    | 9  | Prepaid expenses and deferred charges   |         | 9                  |         |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 19,629  |                    |         |
|                                    | b  | Less: accumulated depreciation  | 16,995  | 10c                | 2,634   |
|                                    | 11   | Investments—publicly traded securities  |         | 11                 |         |
|                                    | 12   | Investments—other securities. See Part IV, line 11  |         | 12                 |         |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |         | 13                 |         |
|                                    | 14   | Intangible assets   |         | 14                 |         |
|                                    | 15   | Other assets. See Part IV, line 11  |         | 15                 |         |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 352,705   | 16      | 451,247            |         |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 8,337   | 17                 | 14,045  |
|                                    | 18   | Grants payable  |         | 18                 |         |
|                                    | 19   | Deferred revenue  |         | 19                 |         |
|                                    | 20   | Tax-exempt bond liabilities   |         | 20                 |         |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |         | 21                 |         |
|                                    | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |         | 22                 |         |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |         | 23                 |         |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |         | 24                 |         |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |         | 25                 |         |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 8,337   | 26                 | 14,045  |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |         |                    |         |
|                                    | 27   | Unrestricted net assets   | 183,328 | 27                 | 307,202 |
|                                    | 28   | Temporarily restricted net assets   | 161,040 | 28                 | 130,000 |
|                                    | 29   | Permanently restricted net assets   |         | 29                 |         |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |         |                    |         |
|                                    | 30   | Capital stock or trust principal, or current funds  |         | 30                 |         |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |         | 31                 |         |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |         | 32                 |         |
| 33                                 | <b>Total net assets or fund balances</b>   | 344,368   | 33      | 437,202            |         |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 352,705   | 34      | 451,247            |         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |                |
|-----------|--|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>773,747</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>680,912</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>92,835</b>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | <b>344,368</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | <b>-1</b>      |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | <b>437,202</b> |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | <b>X</b> |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |          | <b>X</b> |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |          |          |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2018**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**UTAH HEALTH POLICY PROJECT**

Employer identification number

**87-0684606**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 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. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 15,246
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 100.00%. Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 15 100.00%.

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17                         | <b>18</b> | % |

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1.  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 .....   |                             |  |   |
| b From 2014 .....   |                             |  |   |
| c From 2015 .....   |                             |  |   |
| d From 2016 .....   |                             |  |   |
| e From 2017 .....   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 .....  |                             |  |   |
| b Excess from 2015 .....  |                             |  |   |
| c Excess from 2016 .....  |                             |  |   |
| d Excess from 2017 .....  |                             |  |   |
| e Excess from 2018 .....  |                             |  |   |



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

**UTAH HEALTH POLICY PROJECT****87-0684606**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- 
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

UTAH HEALTH POLICY PROJECT

Employer identification number

87-0684606

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | US DEPT OF HEALTH & HUMANS SERVICES<br>200 INDEPENDENCE AVE., SW<br>WASHINGTON DC 20201 | \$ 185,303                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | UNITED WAY OF SLC<br>257 E 200 S SUITE 300<br>SALT LAKE CITY UT 84111                   | \$ 135,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | CHIPRA<br>7500 SECURITY BLVD<br>BALTIMORE MD 21244                                      | \$ 41,360                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | UTAH DEPARTMENT OF HEALTH<br>288 N 1460 W<br>SALT LAKE CITY UT 84106                    | \$ 24,481                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | INTERMOUNTAIN HEALTHCARE<br>36 S. STATE STREET, SUITE 2200<br>SALT LAKE CITY UT 84111   | \$ 60,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | SELECTHEALTH<br>1538 BRYAN AVENUE<br>SALT LAKE CITY UT 84105                            | \$ 51,039                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

**UTAH HEALTH POLICY PROJECT**

Employer identification number

**87-0684606**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | <b>THE FAIRNESS PROJECT</b><br>1348 FLORIDA AVENUE NW<br>WASHINGTON DC 20009   | \$ 55,800                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <b>UTAH DEPARTMENT OF HUMAN SERVICES</b><br>195 N 1950 W<br>SALT LAKE CITY UT 84116  | \$ 104,238                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <b>UTAH DEPARTMENT OF HEALTH</b><br><b>OFFICE OF HEALTH DISPARITIES REDUCT.</b><br>288 N 1460 W<br>SALT LAKE CITY UT 84106 | \$ 82,017                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: UTAH HEALTH POLICY PROJECT
Employer identification number: 87-0684606

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
|---|--|--|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  | 0  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 7,272  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  | 7,272  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>d</b> Other exempt purpose expenditures .....  | 673,640  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  | 680,912  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   | 127,137  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | 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 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Not over \$500,000  | 20% of the amount on line 1e.                      |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| 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 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Over \$17,000,000   | \$1,000,000.                                       |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  | 31,784   |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  | 0  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  | 0  |  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |

**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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 174,843  | 182,229  | 167,327  | 127,137  | 651,536   |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          | 977,304   |
| <b>c</b> Total lobbying expenditures                             | 113,545  | 176      | 3,891    | 7,272    | 124,884   |
| <b>d</b> Grassroots nontaxable amount                            | 43,711   | 45,557   | 41,832   | 31,784   | 162,884   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 244,326   |
| <b>f</b> Grassroots lobbying expenditures                        | 29,467   | 176      | 3,891    | 0        | 33,534    |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; 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 similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

UTAH HEALTH POLICY PROJECT

87-0684606

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** .....
- b** Permanent endowment **u** .....
- c** Temporarily restricted endowment **u** .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....                  |                                      |                                 |                              |                |
| <b>b</b> Buildings .....              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements ..... |                                      |                                 |                              |                |
| <b>d</b> Equipment .....              |                                      | <b>19,629</b>                   | <b>16,995</b>                | <b>2,634</b>   |
| <b>e</b> Other .....                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,634**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and a Total row.

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows are numbered (1) through (9), and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows are numbered (1) through (9), and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9), and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 776,248, adjusted to 773,747.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 683,413, adjusted to 680,912.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION QUALIFIES AS A TAX- EXEMPT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAX PROVISIONS, ASSETS OR LIABILITIES. THE FASB HAS PROVIDED GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED AND DISCLOSED IN THE FINANCIAL STATEMENTS. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITION. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE TAX YEARS 2014 AND FORWARD.



**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**UTAH HEALTH POLICY PROJECT**

Employer identification number

**87-0684606**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE TRUSTEES RECEIVE A COPY OF FORM 990 PRIOR TO FILING THE RETURN. EACH  
BOARD MEMBER HAS AN OPPORTUNITY TO REVIEW THE RETURN INDIVIDUALLY AND IT IS  
DISCUSSED AT THE BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO  
ANNUALLY DISCLOSE ALL REAL OR APPARENT CONFLICTS OF INTEREST. AN ANNUAL  
STATEMENT IS CIRCULATED FOR EACH COVERED PERSON'S REVIEW AND SIGNATURE. THE  
BOARD CHAIR IS RESPONSIBLE FOR ENSURING THAT ALL OFFICERS, DIRECTORS,  
TRUSTEES, AND KEY EMPLOYEES ARE MADE AWARE OF THE ORGANIZATION'S CONFLICT  
OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE PROCESS FOR DETERMINING COMPENSATION IS THAT THE EXECUTIVE COMMITTEE  
REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND WITH COMPARABILITY  
DATA FROM OTHER UTAH NONPROFIT GROUPS, DETERMINES THE SALARY AND BENEFITS.  
THE BOARD OF TRUSTEES HAS A RETIRED VICE PRESIDENT OF HUMAN RESOURCES WHO  
ASSISTS THE EXECUTIVE COMMITTEE WITH THE REVIEW OF THE EXECUTIVE DIRECTOR'S  
PERFORMANCE AND SALARY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

**UTAH HEALTH POLICY PROJECT**

**87-0684606**

**ROUNDING**

**\$**

**-1**

|   |                                   |                        |
|---|-----------------------------------|------------------------|
| Form <b>990</b>   | <b>Two Year Comparison Report</b> | <b>2017 &amp; 2018</b> |
| For calendar year 2018, or tax year beginning _____, ending _____ |                                   |                        |

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**UTAH HEALTH POLICY PROJECT**

**87-0684606**

|  |  | 2017             | 2018           | Differences     |
|--|--|------------------|----------------|-----------------|
| <b>Revenue</b>   | 1. Contributions, gifts, grants                                | 344,719          | 409,377        | 64,658          |
|  | 2. Membership dues and assessments                             |                  |                |                 |
|  | 3. Government contributions and grants                         | 693,751          | 355,382        | -338,369        |
|  | 4. Program service revenue                                     | 6,471            | 8,775          | 2,304           |
|  | 5. Investment income   | 5                | 213            | 208             |
|  | 6. Proceeds from tax exempt bonds                              |                  |                |                 |
|  | 7. Net gain or (loss) from sale of assets other than inventory |                  |                |                 |
|  | 8. Net income or (loss) from fundraising events                |                  |                |                 |
|  | 9. Net income or (loss) from gaming                            |                  |                |                 |
|  | 10. Net gain or (loss) on sales of inventory                   |                  |                |                 |
|  | 11. Other revenue  |                  |                |                 |
|  | <b>12. Total revenue.</b> Add lines 1 through 11               | <b>1,044,946</b> | <b>773,747</b> | <b>-271,199</b> |
| <b>Expenses</b>  | 13. Grants and similar amounts paid                            | 336,616          | 11,250         | -325,366        |
|  | 14. Benefits paid to or for members                            |                  |                |                 |
|  | 15. Compensation of officers, directors, trustees, etc.        | 86,119           | 101,154        | 15,035          |
|  | 16. Salaries, other compensation, and employee benefits        | 389,649          | 439,406        | 49,757          |
|  | 17. Professional fundraising fees                              |                  |                |                 |
|  | 18. Other professional fees                                    | 16,693           | 28,283         | 11,590          |
|  | 19. Occupancy, rent, utilities, and maintenance                | 20,186           | 22,277         | 2,091           |
|  | 20. Depreciation and Depletion                                 | 1,800            | 1,800          |                 |
|  | 21. Other expenses   | 97,786           | 76,742         | -21,044         |
|  | <b>22. Total expenses.</b> Add lines 13 through 21             | <b>948,849</b>   | <b>680,912</b> | <b>-267,937</b> |
|  | <b>23. Excess or (Deficit).</b> Subtract line 22 from line 12  | <b>96,097</b>    | <b>92,835</b>  | <b>-3,262</b>   |
| <b>Other Information</b>                                   | 24. Total exempt revenue                                       | 1,044,946        | 773,747        | -271,199        |
|  | 25. Total unrelated revenue                                    |                  |                |                 |
|  | 26. Total excludable revenue                                   | 6,476            | 8,988          | 2,512           |
|  | 27. Total assets   | 352,705          | 451,247        | 98,542          |
|  | 28. Total liabilities  | 8,337            | 14,045         | 5,708           |
|  | 29. Retained earnings  | 344,368          | 437,202        | 92,834          |
|  | 30. Number of voting members of governing body                 | 11               | 12             |                 |
| 31. Number of independent voting members of governing body | 11   | 12               |                |                 |
| 32. Number of employees                                    | 15   | 15               |                |                 |
| 33. Number of volunteers                                   | 20   | 20               |                |                 |

|                 |                           |             |
|-----------------|---------------------------|-------------|
| Form <b>990</b> | <b>Tax Return History</b> | <b>2018</b> |
|-----------------|---------------------------|-------------|

|   |   |
|---|---|
| Name<br><b>UTAH HEALTH POLICY PROJECT</b> | Employer Identification Number<br><b>87-0684606</b> |
|---|---|

|   | 2014 | 2015 | 2016 | 2017             | 2018           | 2019 |
|---|------|------|------|------------------|----------------|------|
| Contributions, gifts, grants .....      |      |      |      | 1,038,470        | 764,759        |      |
| Membership dues .....                   |      |      |      |                  |                |      |
| Program service revenue .....           |      |      |      | 6,471            | 8,775          |      |
| Capital gain or loss .....              |      |      |      |                  |                |      |
| Investment income .....                 |      |      |      | 5                | 213            |      |
| Fundraising revenue (income/loss) ..... |      |      |      |                  |                |      |
| Gaming revenue (income/loss) .....      |      |      |      |                  |                |      |
| Other revenue .....                     |      |      |      |                  |                |      |
| <b>Total revenue</b> .....              |      |      |      | <b>1,044,946</b> | <b>773,747</b> |      |
| Grants and similar amounts paid .....   |      |      |      | 336,616          | 11,250         |      |
| Benefits paid to or for members .....   |      |      |      |                  |                |      |
| Compensation of officers, etc. ....     |      |      |      | 86,119           | 101,154        |      |
| Other compensation .....                |      |      |      | 389,649          | 439,406        |      |
| Professional fees .....                 |      |      |      | 16,693           | 28,283         |      |
| Occupancy costs .....                   |      |      |      | 20,186           | 22,277         |      |
| Depreciation and depletion .....        |      |      |      | 1,800            | 1,800          |      |
| Other expenses .....                    |      |      |      | 97,786           | 76,742         |      |
| <b>Total expenses</b> .....             |      |      |      | <b>948,849</b>   | <b>680,912</b> |      |
| <b>Excess or (Deficit)</b> .....        |      |      |      | <b>96,097</b>    | <b>92,835</b>  |      |
| <b>Total exempt revenue</b> .....       |      |      |      | <b>1,044,946</b> | <b>773,747</b> |      |
| Total unrelated revenue .....           |      |      |      |                  |                |      |
| Total excludable revenue .....          |      |      |      | 6,476            | 8,988          |      |
| Total Assets .....                      |      |      |      | 352,705          | 451,247        |      |
| Total Liabilities .....                 |      |      |      | 8,337            | 14,045         |      |
| Net Fund Balances .....                 |      |      |      | 344,368          | 437,202        |      |

# Federal Statements

## Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|---------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------|
| INTEREST           | \$ 213        |                           | 14                    |                    |                               |                         |
| TOTAL              | <u>\$ 213</u> |                           |                       |                    |                               |                         |

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

| <u>Description</u> | <u>Total<br/>Expenses</u> | <u>Program<br/>Service</u> | <u>Management &amp;<br/>General</u> | <u>Fund<br/>Raising</u> |
|--------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| CONTRACT SERVICES  | \$ 15,635                 | \$ 11,300                  | \$ 3,893                            | \$ 442                  |
| TOTAL              | <u>\$ 15,635</u>          | <u>\$ 11,300</u>           | <u>\$ 3,893</u>                     | <u>\$ 442</u>           |

**Form 990, Part IX, Line 24e - All Other Expenses**

| <u>Description</u> | <u>Total<br/>Expenses</u> | <u>Program<br/>Service</u> | <u>Management &amp;<br/>General</u> | <u>Fund<br/>Raising</u> |
|--------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| MISCELLANEOUS      | \$ 1,420                  | \$ 1,066                   | \$ 284                              | \$ 70                   |
| TOTAL              | <u>\$ 1,420</u>           | <u>\$ 1,066</u>            | <u>\$ 284</u>                       | <u>\$ 70</u>            |



C04271E01 Utah Health Policy Project

87-0684606

FYE: 12/31/2018

## Federal Statements

### Schedule A, Part II, Line 1(e)

| Description                         | Amount            |
|-------------------------------------|-------------------|
| OTHER                               | \$ 1,485          |
| US DEPT OF HEALTH & HUMANS SERVICES |                   |
| CASH CONTRIBUTION                   | 185,303           |
| UNITED WAY OF SLC                   |                   |
| CASH CONTRIBUTION                   | 135,000           |
| CHIPRA                              |                   |
| CASH CONTRIBUTION                   | 41,360            |
| UTAH DEPARTMENT OF HEALTH           |                   |
| CASH CONTRIBUTION                   | 24,481            |
| INTERMOUNTAIN HEALTHCARE            |                   |
| CASH CONTRIBUTION                   | 60,000            |
| SELECTHEALTH                        |                   |
| CASH CONTRIBUTION                   | 51,039            |
| AMERICAN EXPRESS                    |                   |
| CASH CONTRIBUTION                   | 1,000             |
| THE FAIRNESS PROJECT                |                   |
| CASH CONTRIBUTION                   | 55,800            |
| VOLUNTEERS OF AMERICA               |                   |
| CASH CONTRIBUTION                   | 12,000            |
| UTAH DEPARTMENT OF HUMAN SERVICES   |                   |
| CASH CONTRIBUTION                   | 104,238           |
| LDS FOUNDATION                      |                   |
| CASH CONTRIBUTION                   | 11,036            |
| UTAH DEPARTMENT OF HEALTH           |                   |
| CASH CONTRIBUTION                   | 82,017            |
| TOTAL                               | <u>\$ 764,759</u> |

C04271E01 Utah Health Policy Project

87-0684606

# Federal Statements

FYE: 12/31/2018

## Schedule A, Part II, Line 5 - Excess Gifts

| <u>Donor Name</u> | <u>Total</u>     | <u>Excess</u> |
|-------------------|------------------|---------------|
| SELECTHEALTH      | \$ 51,039        | \$            |
| TOTAL             | <u>\$ 51,039</u> | <u>\$ 0</u>   |

C04271E01 Utah Health Policy Project  
87-0684606  
FYE: 12/31/2018

## Federal Statements

### Schedule A, Part II, Line 8(e)

| Description | Amount        |
|-------------|---------------|
| INTEREST    | \$ 213        |
| TOTAL       | \$ <u>213</u> |

### Schedule A, Part II, Line 12 - Current year

| Description      | Amount          |
|------------------|-----------------|
| PROGRAM SERVICES | \$ 8,775        |
| TOTAL            | \$ <u>8,775</u> |