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Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

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

A For the 2007 calendar year or tax year beginning 05-29 2008 and ending 06-30 2008

B Check if applicable: Address change, Name change, Termination, Amended return, Application pending. C Name of organization: SURVIVING PARENTS COALITION. D Employer identification number: 26-2829107. E Telephone number: (760) 989-2182. F Accounting method: Cash.

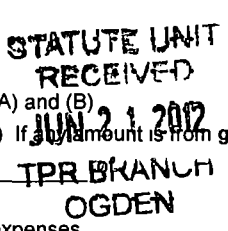
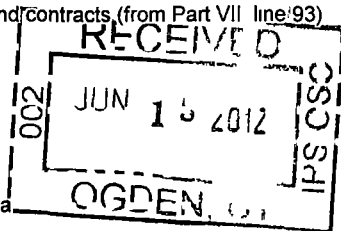
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I: Is this a group return for affiliates? (a) Yes (b) No. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Organization type: 501(c)(4). Check if the organization is a 509(a)(3) support organization. Gross receipts: 250,000.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes revenue from contributions (250,000), program service revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, inventory, and other revenue. Total revenue is 250,000. Total expenses are 0. Net assets at end of year are 250,000.



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers directors key employees etc listed in Part V A	25a			
b	Compensation of former officers directors key employees etc listed in Part V B	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a b and c	26			
27	Pension plan contributions not included on lines 25a b and c	27			
28	Employee benefits not included on lines 25a 27	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences conventions and meetings	40			
41	Interest	41			
42	Depreciation depletion etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	_____	43e			
f	_____	43f			
g	_____	43g			
44	<b>Total functional expenses</b> Add lines 22a through 43g (Organizations completing columns (B) (D) carry these totals to lines 13 15)	44	0	0	0

**Joint Costs** Check  if you are following SOP 98 2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If Yes enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>PREVENTION OF CRIMES</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> See SERVICES     (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b</b>     (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>     (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>     (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	

**Part IV Balance Sheets** (See the instructions)

Note		(A) Beginning of year	(B) End of year
Where required attached schedules and amounts within the description column should be for end of year amounts only			
45	Cash non interest bearing		45
46	Savings and temporary cash investments		46 250 000
47 a	Accounts receivable	47a	
b	Less allowance for doubtful accounts	47b	47c
48 a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50 a	Receivables from current and former officers directors trustees and key employees (attach schedule)		50a
A s s e t s	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
51 a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54 a	Investments publicly traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b	Investments other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a	Investments land buildings and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments other (attach schedule)		56
57 a	Land buildings and equipment basis	57a	
b	Less accumulated depreciation (attach schedule)	57b	57c
58	Other assets including program related investments (describe <input type="checkbox"/> )		58
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	0	59 250 000
L i a b i l i t i e s	60 Accounts payable and accrued expenses		60
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers directors trustees and key employees (attach schedule)		63
64 a	Tax exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe <input type="checkbox"/> )		65
66	<b>Total liabilities</b> Add lines 60 through 65	0	66 0
N e t A s s e t B a l a n c e s	<b>Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>		
67	Unrestricted	0	67 250 000
68	Temporarily restricted	0	68 0
69	Permanently restricted	0	69 0
70	<b>Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 70 through 74</b>		
70	Capital stock trust principal or current funds		70
71	Paid in or capital surplus or land building and equipment fund		71
72	Retained earnings endowment accumulated income or other funds		72
73	<b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	0	73 250 000
74	<b>Total liabilities and net assets/fund balances</b> Add lines 66 and 73	0	74 250 000

**Part IV.A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue gains and other support per audited financial statements	<b>a</b>	250 000
<b>b</b>	Amounts included on line a but not on Part I line 12	<b>b</b>	
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines b1 through b4	<b>b</b>	
<b>c</b>	Subtract line b from line a	<b>c</b>	250 000
<b>d</b>	Amounts included on Part I line 12 but not on line a	<b>d</b>	
<b>1</b>	Investment expenses not included on Part I line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I line 12) Add lines c and d	<b>e</b>	250 000

**Part IV.B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	0
<b>b</b>	Amounts included on line a but not on Part I line 17	<b>b</b>	
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I line 20	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines b1 through b4	<b>b</b>	
<b>c</b>	Subtract line b from line a	<b>c</b>	0
<b>d</b>	Amounts included on Part I line 17 but not on line a	<b>d</b>	
<b>1</b>	Investment expenses not included on Part I line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I line 17) Add lines c and d	<b>e</b>	0

**Part V.A Current Officers Directors Trustees and Key Employees** (List each person who was an officer director trustee or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plan & deferred compensation plans	(E) Expense account and other allowances
<b>ED SMART</b>	<b>PRESIDENT</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>ERIN RUNNION</b>	<b>VICE PRES</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>AHMAD RIVAZFAR</b>	<b>TREASURER</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>MIKA MOULTON</b>	<b>SECRETARY</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>LINDA WALKER</b>	<b>BOARD MEMBER</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>MARY KOZAKIEWICZ</b>	<b>BOARD MEMBER</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0
<b>KAREN FOSTER</b>	<b>BOARD MEMBER</b>			
83930 BRIDGES CT INDIO CA 92203	1	0	0	0



Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value? 82b If Yes you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4) (5) or (6) Were substantially all dues nondeductible by members? 85b Did the organization make only in house lobbying expenditures of \$2 000 or less? If Yes was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year 85c Dues assessments and similar amounts from members 85d Section 162(e) lobbying and political expenditures 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a 86b Gross receipts included on line 12 for public use of club facilities 87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a 87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 88a At any time during the year did the organization own a 50 / or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes complete Part IX 88a 88b At any time during the year did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If Yes complete Part XI 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955 89b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes attach a statement explaining each transaction 89b 89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 89d Enter Amount of tax on line 89c above reimbursed by the organization 89e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? 89e 89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f 89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year? 89g 90a List the states with which a copy of this return is filed CA 90b Number of employees employed in the pay period that includes March 12 2007 (See instructions) 91a The books are in care of MIKA MOULTON Telephone no 760-989-2182 Located at 83930 BRIDGES COURT INDIO CA ZIP + 4 92203 91b At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)? If Yes enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts

**Part VI Other Information** (continued)

**c** At any time during the calendar year did the organization maintain an office outside of the United States? 91c  Yes  No

If Yes enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here ▶

and enter the amount of tax exempt interest received or accrued during the tax year ▶ **92**

**Part VII Analysis of Income Producing Activities** (See the instructions)

**Note** Enter gross amounts unless otherwise indicated

	U n r e l a t e d b u s i n e s s c o m e		E l i c i t e d b y		(E) Related or ex e m p t f u n c t i o n c o m
	(A) B u s i n e s s c o d e	(B) A m o u n t	(C) E x c l u s i o n c o d e	(D) A m o u n t	
<b>93</b> Program service revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agency					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt financed property					
<b>b</b> not debt financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

**Note** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▶	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	/			
	/			
	/			
	/			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

**(a)** Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?  Yes  No

**Note** If Yes to (b) file Form 8870 and Form 4720 (see instructions)

**Part X** Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity

Yes	No

	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity

Yes	No

	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17 2006 covering the interest rents royalties and annuities described in question 107 above?

Yes	No

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Please Sign Here**

Signature of officer: *MIKA MOULTON* Date: 12/7/12

Type or print name and title: MIKA MOULTON

**Paid Preparer's Use Only**

Preparer's signature: *Ruth Meyer* Date: 02-07-2012 Check if self employed:

Preparer's SSN or PTIN (See Gen Inst X): \_\_\_\_\_

Firm's name (or yours if self employed) address and ZIP 4: AMS TAX SERVICE INC  
78-078 COUNTRY CLUB DRIVE 108  
BERMUDA DUNES CA 92203

EIN: \_\_\_\_\_ Phone no: 7603459111

**Statement of Program Service Accomplishments**

**2007 01**

Name(s) as shown on return

Your Social Security Number

**SURVIVING PARENTS COALITION**

**26-2829107**

**FORM 990 PART III (a)**

**Grants and Allocations** \$0  
**Program Service Expenses** \$0  
**Includes Foreign Grants** NO

**Explanation**

**TO ADVOCATE FOR EDUCATION AND LEGISLATION THAT WILL AID IN THE PREVENTION OF CRIMES  
AGAINST CHILDREN AND YOUNG PEOPLE ESPECIALLY CHILD SEXUAL ABUSE SEXUAL ASSAULT  
EXLPOITATION ABDUCTION AND MURDER**