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Short AMENDED

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

CISPSCNST7

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01, 2009, and ending 06-30, 2010

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

SURVIVING PARENTS COALITION

Number and street (or P.O. box, if mail is not delivered to street address)

93930 BRIDGES CT

City or town, state or country, and ZIP + 4

INDIO, CA 92203

D Employer identification number

26-2829107

E Telephone number

(760) 989-2182

F Group Exemption Number

Number

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

G Accounting Method [X] Cash [] Accrual Other (specify)

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

I Website: SPCCOALITION.ROG

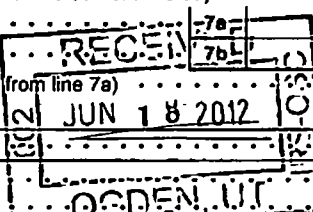
J Tax-exempt status (check only one) - [X] 501(c)(4) [] 4947(a)(1) or [] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 1,273

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

Table with 9 columns: Line number, Description, Sub-line (5a, 5b, 6a, 6b, 7a, 7b, 7c), and Total. Includes revenue items like contributions, program service revenue, and expenses like grants, salaries, and other expenses.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 4 columns: Line number, Description, (A) Beginning of year, and (B) End of year. Shows assets and liabilities totaling 249,812 at the beginning and 226,269 at the end.

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

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

What is the organization's primary exempt purpose? PREVENTION OF CRIMES AGAINST CHILDREN
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

Table with 2 columns: Description of program services and Expenses. Rows include 28 SEE STATEMENT, 29, 30, 31 Other program services, and 32 Total program service expenses (24,816).

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Lists ED SMART (President), ERIN RUNNION (Vice-President), AHMAD RIVAZFAR (Treasurer), MIKA MOULTON (Secretary), LINDA WALKER (Board Member), MARY KOZAKIEWICZ (Board Member), and KAREN FOSTER (Board Member).

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
36	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed. CA		
42a	42a The organization's books are in care of MIKA MOULTON Telephone no. 760-989-2182 Located at 83930 BRIDGES CT INDIO, CA ZIP + 4 92203		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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Form 990-EZ (2009)

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
47 Did the organization engage in lobbying activities?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

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

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization.

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

Sign Here 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.
Signature of officer: MIKA MOULTON, SECRETARY
Date: 2-7-12

Paid Preparer's Use Only Preparer's signature: AMS Tax Service Inc
Date: 2/6/12
Check if self-employed
Preparer's Identifying No. (See Inst.): 760-345-9111
Firm's name (or yours if self-employed), address, and ZIP + 4: 78078 Country Club Dr Suite 108, Bermuda Dunes, CA 92203

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

AMENDED

SURVIVING PARENTS COALITION

EIN: 26-2829107

Tax Year: 2009

Form 990EZ, Page 1, Box B, Amended Return:

Return is being amended to correct the tax year. Fiscal year 07/01/2009 - 06/30/2010 was originally incorrectly filed as tax year 2010. This return correctly reflects the activity on the 2009 tax year.

Form 990EZ, Part III, Line 28, Program Service Accomplishments:

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, exploitation, abduction and murder through public awareness, child safety education initiatives, youth and young adult safety education and empowerment, promoting expansion of DNA laws, and promotion of best practices to support law enforcement in responding to predatory crimes.

AMENDED

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CONFERENCES	7,488
PROMOTIONAL EXPENSES	2,745
TRAVEL	<u>14,533</u>
TOTAL	<u><u>24,766</u></u>