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efile GRAPHIC print - DO NOT PROCESS

C Name of organization

PARENTAL DEFENSE ALLIANCE OF UTAH THE

As Filed Data -

DLN: 93492062005362

Open to Public

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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

Inspection

D Employer identification number

20-3373058

year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

_	ame ch	Tall be and street (of the Bek) it mains not delivered to street address) its employer	E Telephone num	nber	
_	ıtıal ret		(801)	718-6468	
	eminat	City or town, state or country, and ZIP + 4	F Group Exempti	on	
_		BOUNTIFUL, UT 84010	Number 🟲		
		ing method Cash Accrual Other (specify) ▶	_		
		www parentaldefense org	H Check ► required to at		
J Tax	-Exemp	bt status (check only one)— 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527	(Form 990, 99		
\$5	0,000	If the organization is not a section 509(a)(3) supporting organization and its gross A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) tion chooses to file a return, be sure to file a complete return			
		b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total as Form 990 instead of Form 990-EZ	sets (Part II, line 25, co ► \$		w) are \$500,000 or 90,327
	rt I		• +		
		Check if the organization used Schedule O to respond to any question in this Part I			``
	1	Contributions, gifts, grants, and similar amounts received		1	74,772
	2	Program service revenue including government fees and contracts		2	15,555
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a	1		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a		5c	
ě	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	1		
	ь	Gross income from fundraising events (not including \$ _of contributions from fundrai reported on line 1) (attach Schedule G if the sum of such gross income and contribut \$15,000)	-		
	c	Less direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and s	ubtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	90,327
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	24,130
iA O	13	Professional fees and other payments to independent contractors		13	18,485
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
Ë	15	Printing, publications, postage, and shipping		15	659
	16	Other expenses (describe in Schedule O)	•	16	55,879
	17	Total expenses. Add lines 10 through 16		17	99,153
5	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,826
φ 	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
Net.Assets		end-of-year figure reported on prior year's return)		19	43,066
ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	34,240

Part II Balance Sheets						
Check if the organization us	sed Schedule O to respond to	any question in th	his Pa	rt II		<u></u>
(See the instr	ructions for Part II)	Г	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments		[41,215	22	33,304
23 Land and buildings		[23	
24 Other assets (describe in Schedule	eO)			1,851	24	936
25 Total assets		[43,066	25	34,240
26 Total liabilities (describe in Schedu	ıle O)				26	
27 Net assets or fund balances (line 2)	7 of column (B) must agree wit	th line 21) .		43,066	27	34,240
Part III Statement of Progra	m Service Accomplishn	nents				Expenses
Check if the organization u	sed Schedule O to respond to	any question in t	hıs Pa	rt III . 🔽		equired for section 501)(3) and 501(c)(4)
THE PARENTAL DEFENSE OF UTAH IS FAMILIES WE EXIST TO PROVIDE EDPARENTS IN JUVENILE COURT CHILL REMOVAL OF A CHILD FROM HIS/HE KNOWLEDGE OF DCFS PRACTICES & PARENTS IMPROVE OUTCOMES FOR Describe what was achieved in carrying describe the services provided, the numprogram title	DUCATION AND SUPPORT T D WELFARE PROCEEDINGS ' R HOME OR IN-HOME PROT POLICIES & DUE DILIGENT ALL out the organization's exempt	O ATTORNEYS V WHETHER THE C ECTIVE SUPERV & CREATIVE RE t purposes In a c	WHO F ASE I 'ISIO PRES lear ar	REPRESENT NVOLVES N SERVICES, ENTATION FOR nd concise manner,	49	ganizations and section 147(a)(1) trusts, tional for others)
28 SEE ATTACHED ANNUAL REPORT					t	
(Grants \$ 90,327) If	this amount includes foreign (grants, check here	e .	▶ ┌	28a	91,027
29						
(Grants \$)	this amount includes foreign (grants, check here	e .	▶ ┌	29a	1
30						
(Grants \$)	this amount includes foreign (grants, check here	e .	▶┌	30a	,
31 O ther program services (describe in (Grants \$)	Schedule O) this amount includes foreign (31a	
32 Total program service expenses (add					32	
	Trustees, and Key Employees.					
Check if the organization us	sed Schedule O to respond to	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 				
(a) Name and address	(b) Title and average hours per week	(If not paid		employee benefit pl		
	devoted to position	enter -0)	-	deferred compens		
JOHN B NORMAN 678 W 3600 S Bountiful, UT 84010	PRESIDENT 5 00	14	,815			
SHARON S SIPES 2564 WASHINGTON BLVD Ogden, UT 84401	VICE PRESIDENT 5 00	9	,315			

Pa		iformation (Note the statement requirements in the instr ne organization used Schedule O to respond to any question in this	-			
	Clieck ii tii	le organization used Schedule O to respond to any question in this	S rait V		Yes	No
33		on engage in any activity not previously reported to the IRS? If "Y h activity in Schedule O		33		No
34	of the amended do	ant changes made to the organizing or governing documents? If "Y ocuments if they reflect a change to the organization's name. Othe nstructions)	rwise, explain the change on	34		No
35	others), but not re	n had income from business activities, such as those reported on leported on Form 990-T, explain in Schedule O why the organizatio	n did not report the income on			
а	•	on have unrelated business gross income of \$1,000 or more or wa 6) organization subject to section 6033(e) notice, reporting, and p	()())	35a		No
ь	If "Yes," has it file	ed a tax return on Form 990-T for this year? (see instructions) .		35b		No
36		on undergo a liquidation, dissolution, termination, or significant dis " complete applicable parts of Schedule N		36		No
37a	Enter amount of politic	cal expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization	on file Form 1120-POL for this year?		37b		No
38a	Did the organization	on borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any such loans ma	ade in a prior year and still outstanding at the end of the tax year o	covered by this return?	38a		No
b	If "Yes," complete	Schedule L, Part II and enter the total amount involved .	38b			
39	, , , ,	organizations. Enter				
		d capital contributions included on line 9	39a	-		
		cluded on line 9, for public use of club facilities	39b	-		
40a		organizations. Enter amount of tax imposed on the organization duri				
		, section 4912 🟲, section 4955				
	transaction during reported on any of	and 501(c)(4) organizations. Did the organization engage in any sect of the year or did it engage in an excess benefit transaction in a price fits prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been art I	40b		No
С) and 501(c)(4) organizations Enter amount of tax imposed on org ns during the year under sections 4912, 4955, and 4958	=			
	organization .) and 501(c)(4) organizations Enter amount of tax on line 40c reir	•			
	transaction? If "Ye	At any time during the tax year, was the organization a party to a pes," complete Form 8886-T		40e		No
		nich a copy of this return is filed 🕨 UT				
42a		s books are in care of > JOHN NORMAN	Telephone no	(80	1)718	-6468
	Located at F Boun	W 3600 S ntıful, UT	ZIP + 4	8 4	4010	
ь	At any time during	g the calendar year, did the organization have an interest in or a si	anature or other authority			Γ
	over a financial ac	count in a foreign country (such as a bank account, securities acc	=	421	Yes	No
	account)?	611 6 h		42b		No
		name of the foreign country ►				
	Financial Accounts	s.				
С	At any time during	g the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes," enter the	name of the foreign country 🕨				_
43		.) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 unt of tax-exempt interest received or accrued during the tax year			• •	▶ 1
					Yes	No
44a		on maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i>	completed instead of			
	Form 990-EZ.			44a		No
b	Did the organization instead of Form990	on operate one or more hospital facilities during the year? <i>If 'Yes,'</i> D-EZ	Form 990 must be completed	44b		No
c	Did the organization	on receive any payments for indoor tanning services during the ye	ar?	44c		No
d	If'Yes' to line 44c	c, has the organization filed a Form 720 to report these payments?	? If 'No,' provide an explanation	44d		No

								Page
							Yes	No
	y related organization a controlle		_	fsection 51	2(b)(13)? <i>If</i>			
'Yes,'	Form 990 and Schedule R must be	completed instead of For	m990-EZ			45		Νo
	ne organization receive any paym							
	ing of section 512(b)(13)? <i>If 'Ye</i>					45a		No
	ne organization engage, directly of dates for public office? If "Yes,"			ehalf of or Ir	n opposition to	46		No
Part VI								
	All section 501(c)(3) organ 47-49b and 52.	nizations and section	4947(a)(1) nonexem	pt charitab	le trusts must	answ	er que	stion
	Check if the organization used	Schedule O to respond	to any question in this F	Part VI .				. [
							Yes	No
. D.d.+l	ne organization engage in lobbyir	a patuutiaa 2 If "Vaa " a	ampleta Schadula C. Da	-+ TT		47		No
						48		No
Is the	e organization a school described	d in section 170(b)(1)(A	(II)? If "Yes," complete S	Schedule E				
a Did th	ne organization make any transfe	rs to an exempt non-ch	arıtable related organıza	tion?		49a		No
b If "Ye	es," was the related organization	a section 527 organiza	tion?			49b		No
) Comp	plete this table for the organization	on's five highest comper	nsated employees (other	than officer:	s. directors. trus	stees a	nd kev	
emplo	oyees) who each received more t	han \$100,000 of compe	ensation from the organiz	zation Ifthe	re is none, ente	r "None	e "	
	and address of each employee	(b) Title and average hours per week	(c) Compensation		tributions to benefit plans &	-	Expe	
раі	id more than \$100,000	devoted to position	(c) Compensation		compensation		er allowa	
NE								
ΝE								
D(f) Tota	al number of other employees pa	ıd over \$100,000 .				-		
L Comp of cor	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper n If there is none, enter	"None"		each received n		an \$10 Compen	
L Comp	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
L Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
L Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
L Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
. Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
Comp of cor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"					
Compoficor (a) Na	plete this table for the organization	on's five highest comper If there is none, enter indent contractor paid mi	"None " ore than \$100,000					
Compoficor (a) Na NE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Sche	on's five highest comper If there is none, enter indent contractor paid min dent contractor paid min ontractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	Compen	satio
Compoficor (a) Na NE	plete this table for the organization mpensation from the organization ame and address of each independent call number of other independent c	on's five highest comper If there is none, enter indent contractor paid min dent contractor paid min ontractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	Compen	satio
. Compofcor (a) Na NE . (d) Tota . Did mu:	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule sties of perjury, I declare that I have	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust
Compoficor (a) Na NE (d) Tota Did mu: der penalities wiedge a	plete this table for the organization mpensation from the organization ame and address of each independent and address of each independent of the organization complete Schest attach a completed Schedule	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust
Compoficor (a) Na NE (d) Tota Did mu: der penalt wiedge a	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule sties of perjury, I declare that I have	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust
Compoficor (a) Na NE (d) Tota Did mu: der penalt wiedge a	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule sties of perjury, I declare that I have	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	7 (a)(1) nonexen	npt cha	aritable fes	trust No
. Compofcor (a) Na NE . (d) Tota . Did must der penalt owledge a owledge.	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Schest attach a completed Schedule attach a true, correct, and cound belief, it is true, correct, and cound in the organization complete is true, correct, and cound belief, it is true, correct, and cound is the organization consists of perjury.	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	a of service	npt cha	aritable fes	trust No
Composition of correct (a) Na ONE C(d) Total (c) Did (c) must (c) der penalt (c) owledge a owledge.	al number of other independent control the organization arms and address of each independent of the organization complete. So the stattach a completed Schedule states of perjury, I declare that I have and belief, it is true, correct, and control to the organization complete.	on's five highest compendent of the second o	"None" ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization	(b) Type	a of service	npt cha	aritable fes	trust No
L Composition of correct (a) Na ONE L(d) Total (c) Did (c) must be ownedge a powledge.	al number of other independent collete the organization arms and address of each independent of the organization complete. So the stattach a complete of the stattach a correct, and complete of the stattach as stattach a	on's five highest compendent fithere is none, enterndent contractor paid modern contractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable fes stof my prepare	trust No r has
L Composition of correction (a) Na ONE L(d) Total Owledge a cowledge a cowledge.	al number of other independent control the organization arms and address of each independent of the organization complete. So the stattach a completed Schedule states of perjury, I declare that I have and belief, it is true, correct, and control to the organization complete.	on's five highest compend on If there is none, enter and and contractor paid months on tractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type	a of service	npt cha	aritable fes stof my prepare	trust: No
L Composition of correction (a) Na L(d) Total L(d) Total Did mu: der penalt owledge a owledge. gn ere	al number of other independent continues of perjury, I declare that I have and belief, it is true, correct, and continues of officer JOHN B NORMAN PRESIDENT Type or print name and title Preparer's signature TARINA CHASE CPA Firm's name (or yours CHASE ACC	on's five highest compend on If there is none, enter and and contractor paid months on tractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	ons and 494	of service 7 (a)(1) nonexen tatements, and to all information of the service Preparer's taxpay (See instructions)	npt cha	aritable fes stof my prepare	trust: No
L Compoficor (a) Na ONE L(d) Tota Did mus	al number of other independent continued in the organization are and address of each independent of the organization complete. Schedule is attach a completed Schedule in the organization complete Schedule is attach a completed Schedule in the organization complete Schedule in the organization complete Schedule is attach a completed Schedule in the organization complete Sc	on's five highest compendent fithere is none, enterndent contractor paid mindent contractor paid mindent contractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	ons and 494	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable fes stof my prepare	trusts No r has a

Form 990-EZ (2010)

DLN: 93492062005362

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

PARENTAL DEFENSE ALLIANCE OF UTAH THE

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

20-3373058

Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	anızatıons	must comp	lete this p	art.) See ır	nstructio	ons		
The c	rganiz	zation is	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throu	gh 11, check	only one bo) x				
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
2	\sqcap	A schoo	ol described	ın section 170(b)(1	.)(A)(ii). (Att	tach Schedu	ıle E)						
3	Γ	A hospı	tal or a coo	perative hospital ser	rvice organiza	atıon descri	bed in sectio i	170(b)(1)	(A)(iii).				
4	Γ		medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the ospital's name, city, and state										
5	Γ	An orga	nızatıon ope	erated for the benefit	t of a college	or universit	y owned or op	perated by a	government	tal unıt d	escribe	d ın	
	_			A)(iv). (Complete Pa									
6		A feder	al, state, or	local government or	government	al unit desci	rıbed ın secti d	on 170(b)(1	.)(A)(v).				
7	▽	describ	ed ın	it normally receives A)(vi) (Complete Pa		l part of its s	support from	a governme	ntal unit or fr	rom the o	general	public	
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Com	plete Part II)					
9	\sqcap	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% d	of its support	from contrib	outions, mem	bership	fees, ar	nd gro	SS
		receipts	from activ	ities related to its ex	empt functio	ns—subject	to certain ex	ceptions, a	nd (2) no mo	re than 3	3 3 1/3%	of	
		ıts supp	ort from gro	oss investment incor	me and unrela	ated busines	ss taxable ind	ome (less s	section 511	tax) from	n busıne	esses	
		acquire	d by the org	anızatıon after June	30,1975 S	ee section 5	09(a)(2). (Co	mplete Par	tIII)				
10	Γ			anızed and operated									
11	Г _	one or r the box	nore publicl	anized and operated y supported organiza bes the type of supp b Type II	atıons descrı ortıng organı	bed in section and c	on 509(a)(1)	or section ! 11e throug	509(a)(2) So gh 11h	ee secti o		a)(3).	Check
e f	ı	other th section	an foundation 509(a)	ox, I certify that the on managers and oth received a written de	ner than one	or more pub	licly supporte	d organizat	ions describ	ed in sec	tion 50	9 (a)(:	L) or
g				006, has the organı	zatıon accep	ted any gıft	or contributio	on from any	of the				Γ
				rectly or indirectly c	ontrols, eithe	er alone or to	ogether with p	ersons des	cribed in (ii)	_		Yes	No
		and (III)	below, the	governing body of th	e the support	ted organıza	tion?				11g(i)		
		(ii) a fa	mıly membe	r of a person describ	bed ın (ı) abo	ve [?]				<u> </u>	11g(ii)		
				led entity of a persor							11g(iii)		
h		Provide	the followin	ig information about	the supporte	d organizati	on(s)						
9	organization or IRC section document?					(vii) A mount of support							
				(see instructions))	Yes	No	Yes	No	Yes	No			
										1			

Total

Cat No 11285F

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.)

	ection A. Public Support	organization ra	alls to qualify ur	ider the tests ii	stea below, pie	ease co	mpiete P	art III.)
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	2010	(f) Total
1	in) F Gifts, grants, contributions, and membership fees received (Do not include any "unusual	113,798	83,203	122,113	92,947		90,327	502,388
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
_	furnished by a governmental unit to the organization without charge	113,798	83,203	122,113	92,947		90,327	502,388
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on		03,203	122,113	92,947		90,327	302,366
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							502,388
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	113,798	83,203	122,113	92,947		90,327	502,388
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, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							502,388
12	Gross receipts from related activition					12		
13	First Five Years If the Form 990 is to check this box and stop here			thırd, fourth, or fil	fth tax year as a	501(c)(:	3) organız ———	ation, ▶┌
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2010			1 column (f))		144	<u> </u>	100 000 %
15	Public Support Percentage for 2009			i Column (1))		14		100 000 %
	33 1/3% support test—2010. If the	•	•	on line 13, and li	ne 14 ıs 33 1/3%	15 or more	L a, check tl	his box
	and stop here. The organization qua							▶ ▼
	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a pu — 2010. If the orga tion meets the "fa	blicly supported o nization did not cl ects and circumsta	rganization heck a box on line ances" test, chec	e 13, 16a, or 16b k this box and st	and line	e 14 Explain	▶ ┌
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization is properly to the organization.	ıızatıon meets the	"facts and circun	nstances" test, c	heck this box and	d stop he	ere.	>
18	Explain in Part IV how the organization private Foundation If the organization							▶⊏ ▶⊏
	ınstructıons							F

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

(Complete only if you checked the box on line 9 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.)

<u> </u>	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not	113,798	83,203	122,113	92,947	90,327	502,388
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	110 70		100 110	00.047		500.000
6	Total. Add lines 1 through 5	113,798	83,203	122,113	92,947	90,327	502,388
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						502,388
	from line 6)						302,300
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) ⊤otal
9	A mounts from line 6	113,798	83,203	122,113	92,947	90,327	502,388
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b Net income from unrelated	-					
11	business activities not included						
	ın line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						502,388
	11 and 12)				. Ct.		·
14	First Five Years If the Form 990 is fo check this box and stop here	r the organization	on s first, secona,	tnira, fourth, or fi	iπn tax year as a	section501(c)(s	s) organization, ►
	check this box and stop here						- 1
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public Support Percentage for 2010			13 column (f))		15	
16	Public support percentage from 2009	3 Schedule A , Pa	art III, line 15			16	
		,					
Se	ction D. Computation of Inve	stment Inco	me Percentag	ie			
17	Investment income percentage for 20				(f))	17	
18	Investment income percentage from	•				18	
	33 1/3% support tests—2010. If the				line 15 is more t		lline 17 is not
	more than 33 1/3%, check this box a					55 1/5/6 and	. IIIIe 17 13 110€

33 1/3% support tests—2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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2010

Open to Public Inspection

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization
PARENTAL DEFENSE ALLIANCE OF UTAH THE

Employer identification number

20-3373058

ldentifier	Return Reference	Explanation
		ITEM #1 PAGE 2 PART III- ADDITIONAL INFORMATION WE HAVE AN OVERSIGHT COMMITTEE THAT OVERSEES OUR CONTRACT WITH THE STATE OF UTAH THAT COMMITTEE IS COMPILED OF PUBLIC AND PRIVATE CITIZENS WHO HAVE AN INTEREST IN THE CHILD WELFARE SYSTEM THE COMMITTEE INCLUDES ONE STATE SENATOR, AND THE DEPUTY DIRECTOR OF THE DEPARTMENT OF ADMINISTRATIVE SERVICES, AS WELL AS THE EXECUTIVE DIRECTOR OF THE GUARDIAN AD LITEM'S OFFICE AND THE DEPARTMENT HEAD FOR THE DIVISION OF CHILD WELFARE IN THE ATTORNEY GENERAL'S OFFICE ITEM #2 FORM 990 PG 1 PART 1 LINE 16 ANNUAL CONFERENCE \$42,153 TRAINING \$10,408 INSURANCE \$1,898 DUES & LICENSES \$1,345 MEETINGS \$50 MISC \$25 ITEM #3 FORM 990 PG 2 PART II LINE 24 MISC RECEIVABLE \$936

THE PARENTAL DEFENSE ALLIANCE OF UTAH

FORM 990-EZ EIN 20-3373058

PAGE 1 - 990EZ - PAGE 3, PART III

The Office of Child Welfare Parental Defense (CWPD), is charged with providing training, assistance, and advice to parental defense attorneys. CWPD has contracted with the Parental Defense Alliance of Utah to provide assistance to defense attorneys in an effort to ensure that families receive skilled, competent legal representation.

Highlights

• Held a two-day conference designed to improve the quality of legal representation for parents in Utah Conference topics and speakers were solicited from the community of child welfare attorneys

We held the conference May 20-21, 2011 The conference was held at Snowbird Resort in Little Cottonwood Canyon. It was well attended by 100 parental defense attorneys, 90% percent of whom indicated that they have attended this conference in years past.

The feedback from our conference was largely very positive. However, it snowed over 14 inches both days that the canyon was closed for a avalanche control each morning. Thus, our attempts at holding the conference closer to the Salt Lake Valley for the convenience of some of the attendees was thwarted. We started a bit late each day in order to allow for everyone to arrive, including some of our presenters. Additionally, the conference was held in another building apart from the hotel, thus attendees who were staying at the resort had to make trek from one building to another which was made difficult in the snow.

The feedback obtained from parental defense attorneys follows

1. Was the program relevant to your work?

Yes 97% No 0 Somewhat 3%

2. Overall, how would you rate the conference?

Fair 3%Good 42% Excellent 55%

A few of the comments in relation to why the conference was so good were

Why?

- Great keynote and main speakers
- Good presenters

The final agenda follows

Thursday, M ay 19, 2011

Conference Registration & Continental Breakfast

8 30 AM - 10 30 AM

Key Note Address - Why We Should Be Proud to Represent Parents in Child Welfare Proceedings

Martin Guggenheim (Fiorello LaGuardia Professor of Clinical Law - NYU)

Mr Guggenheim is one of the nation's foremost experts on children's rights and family law, Martin Guggenheim has taught at NYU School of Law since 1973 He served as Director of

Clinical and Advocacy Programs from 1988 to 2002 and also was the Executive Director of Washington Square Legal Services, Inc. from 1987 to 2000. For 15 years, he taught the Juvenile Rights Clinic in which students represented accused juvenile delinquents in New York's Family Court. He then created the Family Defense Clinic, which represents parents and other adult relatives of children in foster care in New York City.

Mr Guggenheim's presentation will focus on the constitutional rights of parents and the family. Including the relationship of the state and the family in constitutional terms and in terms of democratic theory. Also covering what is problematic about the way we handle child welfare today, why parents need and deserve excellent representation, and why we need a movement of parents' advocates to help change current law and practice.

11 30 AM - 12 30 PM

Case Law Update - Danielle Allison

Danielle Allison, of Expert Paralegal Services will review a few of the most significant appellate decisions and discuss with the group the top few areas that are most ripe for appeal. She will also outline what to preserve for the record in order to have a more successful appeal.

1 30 PM - 2 30 PM

Adoption Failure and Youth Aging Out of Foster Care - Marty Shannon, DCFS

Adopting children who have experienced trauma from abuse, neglect, drug exposure, grief and loss is a challenging undertaking. This presentation will explore data and experience regarding dissolved adoptions involving children who had been in foster care, as well as, data regarding youth who age out of foster care.

Presented by, Marty Shannon, a Licensed Clinical Social Worker working for Utah's Division of Child and Family Services as the Adoption Program Administrator. She has been working actively in the arena of child welfare since 1983. Prior to working for state government, she worked in two private non-profit child welfare agencies, first as a therapist with birth families, foster families, and adoptive families and then as director of an agency from 1991 to 2001. She has been involved with many boards and advisory boards, and presented at local and national conferences over the years. Identifying permanent families for youth in foster care is a personal passion of Ms. Shannon, as she is herself an adoptive parent of a daughter who lived in foster care when she was a teenager.





Friday, May 20, 2011



welfare issues at trial 9 30 AM - 12 30 PM Breakout - Trial Preparation: Caseworker Cross Examination - Attorneys Lisa Lokken & **Sharon Sipes** This session will focus on examining a caseworker on the stand Sample questions will be

distributed

1 30 PM - 3 30 PM

Developing a Theory of a Case and Executing that Theory at Trial - Attorney Greg Skordas



Greg Skordas is a shareholder in the firm of Skordas, Caston, & Hyde, LLC His practice focuses primarily on criminal defense, criminal appeals, attorney disciplinary matters, juvenile defense and police labor law Greg is the former Chief Deputy Salt Lake County Attorney, where he worked as a prosecutor from 1987 until 1995 Prior to his employment at the Salt Lake County Attorney's Office, he worked for the Salt Lake Legal

Defender's Association

Greg is a past President of the Salt Lake County Bar Association and Criminal Law Section of the Utah State Bar. He currently serves on the Utah Commission on Criminal & Juvenile Justice, the Utah Sexual Violence Council, and the Boards of the Children's Justice Center at the Utah Law Related Education Project, as well as serving as attorney for the Board of the Rape Recovery Center and Intermountain Specialized Abuse Treatment Center. He has also served as legal advisor to the Intermountain Division of the National Ski Patrol

- Conducted training seminars in Brigham City, St. George and Roosevelt
- Extended limited financial assistance to two parental defendants who have been found by the court to be indigent for costs related to appeals
- Conferred with, and acted as a resource for parental defense attorneys in Utah