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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 year may use this form

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012 , and ending 08-31-2013

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
PARENTAL DEFENSE ALLIANCE OF UTAH

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
7919 S CHADBOURNE DR
ROOM/SUITE A

City or town, state or country, and ZIP + 4
COTTONWOOD HEIGHTS, UT 84121

D Employer identification number
20-3373058

E Telephone number
(801) 834-7646

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ PARENTALDEFENSE ORG

J Tax-exempt status(check only one)—☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 110,671

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

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	99,436
	2	Program service revenue including government fees and contracts			2	11,235
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	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 subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	110,671
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	32,081
	13	Professional fees and other payments to independent contractors			13	8,457
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	20
	16	Other expenses (describe in Schedule O)			16	68,687
	17	**Total expenses.** Add lines 10 through 16 ▶			17	109,245
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1,426
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	42,736
	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	44,162

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	25,560	22	27,955
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	17,176	24	16,207
25	**Total assets**	42,736	25	44,162
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	42,736	27	44,162

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

Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?

THE PARENTAL DEFENSE OF UTAH IS DEDICATED TO HELPING IMPROVE OUTCOMES FOR UTAH'S FAMILIES WE EXIST TO PROVIDE EDUCATION AND SUPPORT TO ATTORNEYS WHO REPRESENT PARENTS IN JUVENILE COURT CHILD WELFARE PROCEEDINGS WHETHER THE CASE INVOLVES REMOVAL OF A CHILD FROM HIS/HER HOME OR IN-HOME PROTECTIVE SUPERVISION SERVICES, KNOWLEDGE OF DCFS PRACTICES & POLICIES AND DUE DILIGENCE AND CREATIVE REPRESENTATION FOR PARENTS IMPROVE OUTCOMES FOR ALL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 IN FULFILLING ITS OBLIGATIONS UNDER THE CONTRACT AND MEETING THE RESPONSIBILITIES OF THE OFFICE OF CHILD WELFARE PARENTAL DEFENSE, THE PDA, IN FY 2012 PRODUCED AN ANNUAL CONFERENCE DESIGNED TO IMPROVE THE QUALITY OF LEGAL REPRESENTATION 129 PEOPLE ATTENDED THE CONFERENCE, OVER 110 ATTORNEYS RECEIVED 11 5 HOURS OF CONTINUING LEGAL EDUCATION CREDITS, INCLUDING 1 HOUR EACH OF ETHICS, AND PROFESSIONALISM AND CIVILITY PRESENTERS INCLUDED -MARTIN GUGGENHEIM, NYU LAW SCHOOL -WHY WE SHOULD BE PROUD TO REPRESENT PARENTS IN CHILD WELFARE PROCEEDINGS -LISA LOKKEN, LOKKEN & ASSOCIATES-PROFESSIONALISM AND CIVILITY -LINCOLN MEAD, UTAH BAR-PAPERLESS OFFICE AND TABLET COMPUTING -NICOLE BLACK, MYCASE COM-SAFETY & SECURITY IN A DIGITAL WORLD -MICHAEL RAWSON, COLEEN COEBERG, NEIL SKOUSEN, CAROL MORTENSEN-TIPS & TRICK PANELOMICHAEL RAWSON, COLEEN COEBERG, NEIL SKOUSEN, CAROL MORTENSEN-TIPS & TRICK PANEL -DOUGLAS F GOLDSMITH, PH D , THE CHILDREN'S CENTER-THE CHARACTERISTICS OF A "GOOD ENOUGH" PARENT -JEFF HARROP, DCFS-DCFS PROGRAM & PRACTICE IMPROVEMENTS -KEVIN JACKSON, DCFS-DCFS PROGRAM FOR IN-HOME SERVICES -BRENT SALAZAR-HALL, LOKKEN & ASSOCIATES-USING THE PRACTICE GUIDELINES IN PARENTAL DEFENSE -TROY BOOHER, ZIMMERMAN, JONES & BOOHER, LLC-APPELLATE ADVOCACY FOR NON- APPELLATE ATTORNEYS -DANIELLE ALLISON, EXPERT PARALEGAL SERVICES-CASE LAW UPDATE THE 2013 ANNUAL CONFERENCE WAS VERY WELL RECEIVED 63% OF THE ATTORNEYS WHO ATTENDED REPORTED THAT THE CONFERENCE WAS EXCELLENT AND ANOTHER 36% REPORTED THAT IT WAS GOOD WE RECEIVED POSITIVE FEEDBACK ON NEARLY ALL OF THE PRESENTATIONS MR GUGGENHEIM AND DR GOLDSMITH WERE PARTICULARLY WELL RECEIVED ONE ATTENDEE REPORTED, "I HAVE COME FOR THE PAST 3 YEARS CONTENT WAS THE BEST YET " ANOTHER STATED, "I LEARNED THINGS THAT I CAN APPLY TO MY PRACTICE ON MONDAY " HELD SEMINAR IN SANDY, UTAH ON THE TOPIC OF UNDERSTANDING DRUG TESTS WITH NATIONALLY RECOGNIZED SPEAKER 46 ATTORNEYS ATTENDED AND RECEIVED CLE CREDIT 64% OF ATTENDEES FOUND THE INFORMATION EXTREMELY USEFUL, AND 27% FOUND IT VERY USEFUL NEARLY 73% OF ATTENDEES CONSIDERED THEIR SKILLS TO HAVE IMPROVED BECAUSE OF THE TRAINING EITHER "A LOT" OR "A GREAT DEAL " HELD LUNCH CLE ON THE TOPIC OF RAISING A DUE PROCESS CHALLENGE TO THE JUVENILE APPELLATE PROCESS IN PROVO, UTAH 11 ATTORNEYS ATTENDED AND RECEIVED CLE CREDIT CONFERRED WITH, AND ACTED AS A RESOURCE FOR PARENTAL DEFENSE ATTORNEYS IN UTAH CONTINUED TO PROVIDE VALUABLE INFORMATION - PRACTICE TIPS, LEGISLATIVE AND LEGAL UPDATES, AND NEWS RELEVANT TO REPRESENTING PARENTS - VIA E-BULLETINS AND NEWSLETTERS EXTENDED FINANCIAL ASSISTANCE TO INDIGENT PARENTAL DEFENDANTS FOR EXPERT WITNESS SERVICES, PARALEGAL SERVICES, AND COURT TRANSCRIPTS ON APPEAL, SUBJECT TO CERTAIN MONETARY LIMITS THE PDA CONTINUES TO SOLICIT PRACTITIONERS AND OBSERVE COURT PROCEEDINGS FOR IDEAS ABOUT EDUCATIONAL AND TRAINING OPPORTUNITIES TO HELP ENSURE THAT IT CONTINUES TO PROVIDE EFFECTIVE TRAINING TO PARENTAL DEFENSE ATTORNEYS

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 104,577

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . ▶ **32** 104,577

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

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
JOHN B NORMAN EXECUTIVE DI	3 00	8,396		
SHARON S SIPES DIRECTOR	4 00	13,909		
KATE HANSEN EXECUTIVE DI	7 00	9,776		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . 39a			
b	Gross receipts, included on line 9, for public use of club facilities . 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ________, section 4912 ▶ ________, section 4955 ▶ ________			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
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 . . . ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
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	40e		No

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ KATE HANSEN Telephone no ▶ (801) 834-7646

Located at ▶ 7919 S CHADBOURNE DR A COTTONWOOD HEIGHTS, UT ZIP + 4 ▶ 84121

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

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 . . . . ▶ 43

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

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ **Yes** ☐ **No**

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

Sign Here		
	****** Signature of officer	2014-02-27 Date
	KATE HANSEN EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature TARINA CHASE CPA	Date 2014-02-28	Check ☐ if self-employed	PTIN
Firm's name ▶ CHASE ACCOUNTING SERVICES PC			Firm's EIN ▶	
Firm's address ▶ 920 CHAMBERS ST STE 16 OGDEN, UT 844035155			Phone no (801) 393-1111	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990EZ)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PARENTAL DEFENSE ALLIANCE OF UTAH

Employer identification number
20-3373058

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	122,113	92,947	90,327	129,312	99,436	534,135
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	122,113	92,947	90,327	129,312	99,436	534,135
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						534,135

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	122,113	92,947	90,327	129,312	99,436	534,135
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)						534,135

12 Gross receipts from related activities, etc (see instructions) | 12 | 11,235

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 100 000 %

15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2012.** 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 ▶☑

b **33 1/3% support test—2011.** 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—2012.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** 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 IV 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 purpose						
3 Gross receipts from activities that 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492059002194

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PARENTAL DEFENSE ALLIANCE OF UTAH

Employer identification number
20-3373058

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES & COPIES 28 WEBSITE MAINTENANCE 799 ANNUAL SOFTWARE FEE 367 TRAVEL & MEALS 1,631 ANNUAL CONFERENCE 62,534 INSURANCE 3,328 TOTAL 68,687
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 17,176 16,207 TOTAL 17,176 16,207
ADDITIONAL INFORMATION	FORM 990-EZ, PART III	WE HAVE AN OVERSIGHT COMMITTEE THAT OVERSEES OUR CONTRACT WITH THE STATE THE 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 DEPT OF ADMINISTRATIVE SERVICES, AS WELL AS THE EXECUTIVE DIRECTOR OF THE GUARDIAN AD LITEM'S OFFICE & THE DEPARTMENT HEAD FOR THE DIVISION OF CHILD WELFARE IN THE ATTORNEY GENERAL'S OFFICE
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE PARENTAL DEFENSE OF UTAH IS DEDICATED TO HELPING IMPROVE OUTCOMES FOR UTAH'S FAMILIES WE EXIST TO PROVIDE EDUCATION AND SUPPORT TO ATTORNEYS WHO REPRESENT PARENTS IN JUVENILE COURT CHILD WELFARE PROCEEDINGS WHETHER THE CASE INVOLVES REMOVAL OF A CHILD FROM HIS/HER HOME OR IN-HOME PROTECTIVE SUPERVISION SERVICES, KNOWLEDGE OF DCFS PRACTICES & POLICIES AND DUE DILIGENCE AND CREATIVE REPRESENTATION FOR PARENTS IMPROVE OUTCOMES FOR ALL
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	IN FULFILLING ITS OBLIGATIONS UNDER THE CONTRACT AND MEETING THE RESPONSIBILITIES OF THE OFFICE OF CHILD WELFARE PARENTAL DEFENSE, THE PDA, IN FY 2012 PRODUCED AN ANNUAL CONFERENCE DESIGNED TO IMPROVE THE QUALITY OF LEGAL REPRESENTATION 129 PEOPLE ATTENDED THE CONFERENCE, OVER 110 ATTORNEYS RECEIVED 11 5 HOURS OF CONTINUING LEGAL EDUCATION CREDITS, INCLUDING 1 HOUR EACH OF ETHICS, AND PROFESSIONALISM AND CIVILITY PRESENTERS INCLUDED -MARTIN GUGGENHEIM, NYU LAW SCHOOL -WHY WE SHOULD BE PROUD TO REPRESENT PARENTS IN CHILD WELFARE PROCEEDINGS -LISA LOKKEN, LOKKEN & ASSOCIATES-PROFESSIONALISM AND CIVILITY -LINCOLN MEAD, UTAH BAR-PAPERLESS OFFICE AND TABLET COMPUTING -NICOLE BLACK, MYCASE COM-SAFETY & SECURITY IN A DIGITAL WORLD -MICHAEL RAWSON, COLEEN COEBERG, NEIL SKOUSEN, CAROL MORTENSEN-TIPS & TRICK PANELOMICHAEL RAWSON, COLEEN COEBERG, NEIL SKOUSEN, CAROL MORTENSEN-TIPS & TRICK PANEL -DOUGLAS F GOLDSMITH, PH D , THE CHILDREN'S CENTER-THE CHARACTERISTICS OF A "GOOD ENOUGH" PARENT -JEFF HARROP, DCFS-DCFS PROGRAM & PRACTICE IMPROVEMENTS -KEVIN JACKSON, DCFS-DCFS PROGRAM FOR IN-HOME SERVICES -BRENT SALAZAR-HALL, LOKKEN & ASSOCIATES-USING THE PRACTICE GUIDELINES IN PARENTAL DEFENSE -TROY BOOHER, ZIMMERMAN, JONES & BOOHER, LLC-APPELLATE ADVOCACY FOR NON- APPELLATE ATTORNEYS -DANIELLE ALLISON, EXPERT PARALEGAL SERVICES-CASE LAW UPDATE THE 2013 ANNUAL CONFERENCE WAS VERY WELL RECEIVED 63% OF THE ATTORNEYS WHO ATTENDED REPORTED THAT THE CONFERENCE WAS EXCELLENT AND ANOTHER 36% REPORTED THAT IT WAS GOOD WE RECEIVED POSITIVE FEEDBACK ON NEARLY ALL OF THE PRESENTATIONS MR GUGGENHEIM AND DR GOLDSMITH WERE PARTICULARLY WELL RECEIVED ONE ATTENDEE REPORTED, "I HAVE COME FOR THE PAST 3 YEARS CONTENT WAS THE BEST YET " ANOTHER STATED, "I LEARNED THINGS THAT I CAN APPLY TO MY PRACTICE ON MONDAY " HELD SEMINAR IN SANDY, UTAH ON THE TOPIC OF UNDERSTANDING DRUG TESTS WITH NATIONALLY RECOGNIZED SPEAKER 46 ATTORNEYS ATTENDED AND RECEIVED CLE CREDIT 64% OF ATTENDEES FOUND THE INFORMATION EXTREMELY USEFUL, AND 27% FOUND IT VERY USEFUL NEARLY 73% OF ATTENDEES CONSIDERED THEIR SKILLS TO HAVE IMPROVED BECAUSE OF THE TRAINING EITHER "A LOT" OR "A GREAT DEAL " HELD LUNCH CLE ON THE TOPIC OF RAISING A DUE PROCESS CHALLENGE TO THE JUVENILE APPELLATE PROCESS IN PROVO, UTAH 11 ATTORNEYS ATTENDED AND RECEIVED CLE CREDIT CONFERRED WITH, AND ACTED AS A RESOURCE FOR PARENTAL DEFENSE ATTORNEYS IN UTAH CONTINUED TO PROVIDE VALUABLE INFORMATION - PRACTICE TIPS, LEGISLATIVE AND LEGAL UPDATES, AND NEWS RELEVANT TO REPRESENTING PARENTS - VIA E-BULLETINS AND NEWSLETTERS EXTENDED FINANCIAL ASSISTANCE TO INDIGENT PARENTAL DEFENDANTS FOR EXPERT WITNESS SERVICES, PARALEGAL SERVICES, AND COURT TRANSCRIPTS ON APPEAL, SUBJECT TO CERTAIN MONETARY LIMITS THE PDA CONTINUES TO SOLICIT PRACTITIONERS AND OBSERVE COURT PROCEEDINGS FOR IDEAS ABOUT EDUCATIONAL AND TRAINING OPPORTUNITIES TO HELP ENSURE THAT IT CONTINUES TO PROVIDE EFFECTIVE TRAINING TO PARENTAL DEFENSE ATTORNEYS

TY 2012 Compensation Explanation

Name: PARENTAL DEFENSE ALLIANCE OF UTAH

EIN: 20-3373058

Person Name	Explanation
JOHN B NORMAN	
SHARON S SIPES	
KATE HANSEN	