

**Return of Organization Exempt from Income Tax**

**2001**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See specific instructions

**DEPENDENCY COURT LEGAL SERVICES, INC**  
**PEGGY MORENO**  
 201 CENTRE PLAZA DRIVE #10  
 MONTEREY PARK, CA 91754-2178

**D Employer identification number**  
95-4252143

**E Telephone number**  
310-980-1700

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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 are not applicable to Section 527 organizations
- H (a)** Is this a group return for affiliates?  Yes  No
- H (b)** If yes enter number of affiliates \_\_\_\_\_
- H (c)** Are all affiliates included?  Yes  No  
(If no attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Web site** N/A

**J Organization type** (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

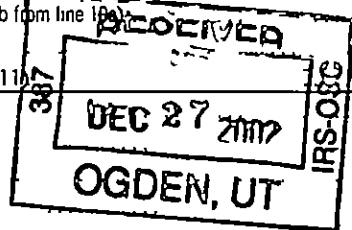
**I** Enter 4 digit group GEN \_\_\_\_\_

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **14,879,866**

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

1	Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	1a		
	<b>b</b> Indirect public support	1b		
	<b>c</b> Government contributions (grants)	1c	14,799,001	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 14,799,001 noncash \$ _____)	1d		14,799,001
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		80,865
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
	<b>b</b> Less rental expenses	6b		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8a		
		8b		
	<b>c</b> Gain or (loss) (attach schedule)	8c		
	<b>d</b> Net gain or (loss) (combine line 8c columns (A) and (B))	8d		
9	Special events and activities (attach schedule)			
9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
		9b		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
		10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		14,879,866
13	Program services (from line 44, column (B))	13		10,896,829
	14 Management and general (from line 44, column (C))	14		3,033,592
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		13,930,421
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		949,445
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,783,104
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20		-316,827
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,415,722



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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

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 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	530,037			
26 Other salaries and wages	26	10,101,590	8,081,272	2,020,318	
27 Pension plan contributions	27	281,291	225,033	56,258	
28 Other employee benefits	28	1,052,550	842,040	210,510	
29 Payroll taxes	29	818,088	654,470	163,618	
30 Professional fundraising fees	30				
31 Accounting fees	31	34,599		34,599	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	91,388	73,113	18,275	
35 Postage and shipping	35				
36 Occupancy	36	61,022	61,022		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	126,967	101,574	25,393	
40 Conferences, conventions, and meetings	40				
41 Interest	41	2,390	1,912	478	
42 Depreciation, depletion, etc (attach schedule)	42	153,977		153,977	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	1,206,559	856,393	350,166	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	14,460,458	10,896,829	3,033,592	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**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others )
a SEE STATEMENT 4 _____ _____ _____ (Grants and allocations \$ _____)	10,896,829
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	10,896,829

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

<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non interest bearing	1,439,932	<b>45</b>	3,012,794
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b> 7,340		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b> 7,340
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments – other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 990,315		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 630,618	406,371	<b>57c</b> 359,697
	<b>58</b> Other assets (describe ▶ <u>SEE STATEMENT 6</u> )		1,229	<b>58</b> 336,714
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		1,847,532	<b>59</b> 3,716,545	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	1,300,823
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____)		64,428	<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65)		64,428	<b>66</b> 1,300,823	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	1,783,104	<b>67</b>	2,415,722
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 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)	1,783,104	<b>73</b>	2,415,722	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,847,532	<b>74</b>	3,716,545	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements		N/A
<b>b</b> Amounts included on line a but not on line 12, Form 990		
<b>(1)</b> Net unrealized gains on investments	\$	
<b>(2)</b> Donated services and use of facilities	\$	
<b>(3)</b> Recoveries of prior year grants	\$	
<b>(4)</b> Other (specify)		
-----	\$	
Add amounts on lines (1) through (4)		<b>b</b>
<b>c</b> Line a minus line b		<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a		
<b>(1)</b> Investment expenses not included on line 6b, Form 990	\$	
<b>(2)</b> Other (specify)		
-----	\$	
Add amounts on lines (1) and (2)		<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)		<b>e</b>

<b>a</b> Total expenses and losses per audited financial statements		N/A
<b>b</b> Amounts included on line a but not on line 17, Form 990		
<b>(1)</b> Donated services and use of facilities	\$	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990	\$	
<b>(3)</b> Losses reported on line 20, Form 990	\$	
<b>(4)</b> Other (specify)		
-----	\$	
Add amounts on lines (1) through (4)		<b>b</b>
<b>c</b> Line a minus line b		<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line a		
<b>(1)</b> Investment expenses not included on line 6b, Form 990	\$	
<b>(2)</b> Other (specify)		
-----	\$	
Add amounts on lines (1) and (2)		<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)		<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		530,037	18,926	0
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes' attach schedule - see instructions

**Part VI Other Information** (See specific instructions)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
<b>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?			X
<b>82a</b>	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?			X
<b>82b</b>	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)	82b	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?			N/A
<b>85b</b>	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			N/A
<b>85c</b>	Dues, assessments, and similar amounts from members	85c	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	85d	N/A	
<b>85e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>85g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?			N/A
<b>85h</b>	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?			N/A
<b>86a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	87a	N/A	
<b>87b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
<b>88</b>	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			X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ N/A, Section 4912 ▶ N/A, Section 4955 ▶ N/A			
<b>89b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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			N/A
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			N/A
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization			N/A
<b>90a</b>	List the states with which a copy of this return is filed ▶ CALIFORNIA			
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	141	
<b>91</b>	The books are in care of ▶ PEGGY MORENO Telephone number ▶ 310 980 1700 Located at ▶ SEE RETURN ADDRESS ZIP + 4 ▶			
<b>92</b>	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		N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	80,865	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				80,865	
105 Total (add line 104, columns (B), (D), and (E))					80,865

**Note** Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
N/A	%			
	%			
	%			
	%			

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay pr
  - b Did the organization, during the year, pay premiums, directly or indi
- Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return including ac true correct and complete Declaration of preparer (other than officer) is based on

**Please Sign Here**

Signature of Officer *Miriam A. K...*

Type or Print Name and Title

**Paid Preparer's Use Only**

Preparer's Signature *[Signature]*

Firm's name (or yours if self-employed) and address and ZIP + 4

OBERSTEIN STOCK & FRIEDENTH  
14724 VENTURA BLVD, SUITE  
SHERMAN OAKS, CA 91403-350

**FEDERAL STATEMENTS**  
**DEPENDENCY COURT LEGAL SERVICES, INC.**  
**PEGGY MORENO**

**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN ACCOUNTING METHOD	\$ -316,827
TOTAL	<u>\$ -316,827</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
COMPUTER & SOFTWARE SUPPORT	101,293	81,034	20,259	
DUES & SUBSCRIPTIONS	38,034	38,034		
INSURANCE - GENERAL	400,830	320,664	80,166	
LAW LIBRARY	17,670	17,670		
LITIGATION EXPENSE	13,580	13,580		
OFFICE EXPENSE	106,085		106,085	
PAGERS	15,606	12,485	3,121	
PARKING	91,394		91,394	
PROCESS SERVICE	10,912	8,730	2,182	
STATIONERY & PRINTING	95,938	76,750	19,188	
TAXES & LICENSES	20		20	
TRAINING	176,442	176,442		
WORKERS' COMP INSURANCE	138,755	111,004	27,751	
TOTAL	<u>\$ 1206559</u>	<u>\$ 856,393</u>	<u>\$ 350,166</u>	<u>\$ 0</u>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

DEPENDENCY COURT LEGAL SERVICES' EXEMPT PURPOSE IS TO PROVIDE LEGAL SERVICES TO QUALIFIED PERSONS WHO ARE PARTIES TO DEPENDENCY COURT PROCEEDINGS ALL PERSONS ACCEPTED FOR REPRESENTATION ARE REFERRED BY THE LOS ANGELES SUPERIOR COURT

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
DEPENDENCY COURT LEGAL SERVICES' ("DCLS") EXEMPT PURPOSE IS TO PROVIDE LEGAL SERVICES TO QUALIFIED PERSONS WHO ARE PARTIES TO DEPENDENCY COURT PROCEEDINGS DURING THE CURRENT FISCAL YEAR, DCLS HAD 15,753 ACTIVE CASES INCLUDING 364 NEW APPOINTMENTS DCLS ALSO CLOSED 377 FILES DURING THE CURRENT FISCAL YEAR		10,896,829
	<u>\$ 0</u>	<u>\$ 10896829</u>

**FEDERAL STATEMENTS**  
**DEPENDENCY COURT LEGAL SERVICES, INC.**  
**PEGGY MORENO**

**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 250,606	\$ 107,044	\$ 143,562
MACHINERY AND EQUIPMENT	668,848	464,516	204,332
MISCELLANEOUS	70,861	59,058	11,803
<b>TOTAL</b>	<b>\$ 990,315</b>	<b>\$ 630,618</b>	<b>\$ 359,697</b>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

BRANCH OFFICE PROJECT IN PROGRESS	\$ 308,006
DEPOSITS	28,707
ROUNDING	1
<b>TOTAL</b>	<b>\$ 336,714</b>

**STATEMENT 7**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MIRIAM KRINSKY SAME AS PAGE 1	PRESIDENT 40	\$ 31,124	\$ 0	\$ 0
PEGGY MORENO SAME AS PAGE 1	TREASURER 40	49,978	1,674	0
KAY STEVENSON SAME AS PAGE 1	SECRETARY 40	61,687	2,171	0
KENNETH P SHERMAN SAME AS PAGE 1	LAW DIRECTOR 40	132,874	5,027	0
ANNE FRAGASSO SAME AS PAGE 1	LAW DIRECTOR 40	132,832	5,027	0
LIS MANDEL SAME AS PAGE 1	LAW DIRECTOR 40	121,542	5,027	0



**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA PINTO SAME AS PAGE 1	BOARD MEMBER 2	\$ 0	\$ 0	\$ 0
RICHARD MARTINEZ SAME AS PAGE 1	BOARD MEMBER 2	0	0	0
TOTAL		<u>\$ 530,037</u>	<u>\$ 18,926</u>	<u>\$ 0</u>

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## 2001 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEPENDENCY COURT LEGAL SERVICES, INC.  
PEGGY MORENO

CLIENT 31458

95-4252143

11/08/02

03 09PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR	
FORM 990/990 PF																	
FURNITURE AND FIXTURES																	
2	FURNITURE & FIXTURES	1/12/95		31,778							31,778	29,509	S/L HY	7	07140	2,269	
10	FURNITURE & FIXTURES	10/13/97		2,344							2,344	1,612	200DB HY	7	08930	209	
11	FURNITURE & FIXTURES	10/18/00		4,665							4,665	666	200DB HY	7	24490	1,142	
13	FURNITURE & FIXTURES	11/04/97		1,303							1,303	896	200DB HY	7	08930	116	
14	FURNITURE & FIXTURES	11/04/97		1,510							1,510	1,038	200DB HY	7	08930	135	
15	FURNITURE & FIXTURES	11/04/97		461							461	317	200DB HY	7	08930	41	
16	FURNITURE & FIXTURES	11/04/97		940							940	646	200DB HY	7	08930	84	
17	FURNITURE & FIXTURES	12/03/97		1,265							1,265	870	200DB HY	7	08930	113	
18	FURNITURE & FIXTURES	7/01/98		2,467							2,467	1,388	200DB HY	7	12490	308	
19	FURNITURE & FIXTURES	6/21/99		26,500							26,500	14,912	200DB HY	7	12490	3,310	
20	FURNITURE & FIXTURES	6/14/00		1,054							1,054	163	200DB HY	7	17490	184	
21	FURNITURE & FIXTURES	6/23/00		3,781							3,781	540	200DB HY	7	17490	661	
22	FURNITURE & FIXTURES	7/25/00		2,766							2,766	395	200DB HY	7	24490	677	
23	FURNITURE & FIXTURES	8/10/00		12,652							12,652	1,808	200DB HY	7	24490	3,098	
24	FURNITURE & FIXTURES	10/03/00		2,250							2,250	321	200DB HY	7	24490	551	
25	FURNITURE & FIXTURES	10/19/00		2,858							2,858	408	200DB HY	7	24490	700	
26	FURNITURE & FIXTURES	10/23/00		8,536							8,536	1,219	200DB HY	7	24490	2,090	
27	FURNITURE & FIXTURES	6/30/01		136,103							136,103		200DB HY	7	24490	33,332	
57	FURNITURE & FIXTURES	12/31/01		7,373							7,373		200DB MQ	7	17850	1,316	
TOTAL FURNITURE AND FIXTURE				250,606				0	0	0	0	0	250,606	56,708			50,336
MACHINERY AND EQUIPMENT																	
1	EQUIPMENT	6/01/91		238,316							238,316	238,316	S/L MQ	5		0	
3	EQUIPMENT	1/26/95		5,275							5,275	5,275	S/L HY	5		0	

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
4	EQUIPMENT	6/01/96		3,799							3,799	3,799	S/L HY	5		0
5	EQUIPMENT	4/03/96		3,799							3,799	3,799	S/L HY	5		0
6	EQUIPMENT	2/08/96		3,799							3,799	3,799	S/L HY	5		0
7	EQUIPMENT	1/01/96		14,091							14,091	14,091	S/L HY	5		0
8	EQUIPMENT	2/15/97		20,321							20,321	18,289	S/L HY	5	10000	2,032
9	EQUIPMENT	5/31/97		14,239							14,239	12,815	S/L HY	5	10000	1,424
12	EQUIPMENT	6/01/91		14,079							14,079	14,079	S/L HY	5		0
28	EQUIPMENT	7/01/97		30,559							30,559	25,278	200DB HY	5	11520	3,520
29	EQUIPMENT	8/07/97		687							687	569	200DB HY	5	11520	79
30	EQUIPMENT	11/01/97		7,025							7,025	5,811	200DB HY	5	11520	809
31	EQUIPMENT	6/29/98		2,360							2,360	1,952	200DB HY	5	11520	272
38	EQUIPMENT	7/28/00		16,367							16,367	2,806	200DB HY	5	32000	5,237
39	EQUIPMENT	8/01/00		2,594							2,594	451	200DB HY	5	32000	830
40	EQUIPMENT	8/09/00		42,560							42,560	7,407	200DB HY	5	32000	13,619
41	EQUIPMENT	10/02/00		9,240							9,240	1,672	200DB HY	5	32000	2,957
42	EQUIPMENT	10/02/00		9,377							9,377	1,697	200DB HY	5	32000	3,001
43	EQUIPMENT	10/06/00		1,565							1,565	283	200DB HY	5	32000	501
44	EQUIPMENT	10/06/00		46,389							46,389	8,394	200DB HY	5	32000	14,844
45	EQUIPMENT	10/25/00		1,895							1,895	379	200DB HY	5	32000	606
46	EQUIPMENT	12/19/00		5,020							5,020	1,004	200DB HY	5	32000	1,606
47	EQUIPMENT	5/31/01		14,238							14,238	1,017	200DB HY	5	32000	4,556
48	EQUIPMENT	5/31/01		61,324							61,324	4,375	200DB HY	5	32000	19,624
49	COMPUTER EQUIPMENT	2/01/02		560							560		200DB MQ	5	15000	84
50	COMPUTER EQUIPMENT	2/28/02		17,297							17,297		200DB MQ	5	15000	2,595
51	COMPUTER EQUIPMENT	4/02/02		9,479							9,479		200DB MQ	5	05000	474
52	COMPUTER EQUIPMENT	4/30/02		43,135							43,135		200DB MQ	5	05000	2,157
53	COMPUTER EQUIPMENT	5/31/02		768							768		200DB MQ	5	05000	38
54	COMPUTER EQUIPMENT	6/30/02		4,399							4,399		200DB MQ	5	05000	220

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DEPENDENCY COURT LEGAL SERVICES, INC.  
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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
55	VARIOUS COMPUTER EQPMNT	12/31/01		23,542							23,542		200DB MQ	5	25000	5,886
56	TELEPHONE SYSTEM	12/31/01		750							750		200DB MQ	5	25000	188
TOTAL MACHINERY AND EQUIPME				668,848		0	0	0	0	0	668,848	377,357				87,159
MISCELLANEOUS																
32	SOFTWARE	6/04/99		636							636	589	S/L HY	3	16670	47
33	SOFTWARE	6/04/99		21,033							21,033	19,475	S/L HY	3	16670	1,558
34	SOFTWARE	6/22/99		5,860							5,860	5,426	S/L HY	3	16670	434
35	SOFTWARE	3/21/00		8,461							8,461	3,525	S/L HY	3	33330	2,820
36	SOFTWARE	4/18/00		1,086							1,086	422	S/L HY	3	33330	362
37	SOFTWARE	5/11/00		33,785							33,785	13,139	S/L HY	3	33330	11,261
TOTAL MISCELLANEOUS				70,861		0	0	0	0	0	70,861	42,576				16,482
TOTAL DEPRECIATION				990,315		0	0	0	0	0	990,315	476,641				153,977
GRAND TOTAL DEPRECIATION				990,315		0	0	0	0	0	990,315	476,641				153,977

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or pntt File by the due date for filing your return See instructions	Name of Exempt Organization <b>PEGGY MORENO DEPENDENCY COURT LEGAL SERVICES, INC</b>	Employer Identification Number <b>95-4252143</b>
	Number Street and Room or Suite Number If a P O Box see instructions <b>201 CENTRE PLAZA DRIVE #10</b>	
	City, Town or Post Office For a foreign address see instructions <b>MONTEREY PARK, CA 91754-2178</b>	State ZIP Code

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 7/01, 20 01, and ending 6/30, 20 02

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

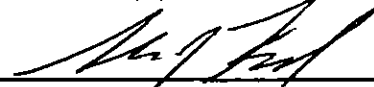
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶  Title ▶ C.P.A. Date ▶ 11/1/02

BAA For Paperwork Reduction Act Notice, see instructions