

Form **990-EZ**

Short Form

OMB No. 1545-1150

1999

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

This Form is 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 1999 calendar year, OR tax year beginning 1999, and ending 1999

B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting)

C Name of organization: Criminon Florida, Inc.
Number and street (or P.O. box, if mail is not delivered to address): PO Box 7727 Room/suite: _____
City, town, or country: Clearwater State: FL ZIP code: 33758-9875

D Employer identification number: 59-3132503

E Telephone number: 727-4490838

F Check if exemption application is pending

G Accounting method: Cash, Accrual, Other (specify) _____

H Enter four-digit group exemption number (GEN): _____

I Type of organization: Exempt under Section 501(c) (3) (insert no.) section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check 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, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ 29,095
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions on page 32.)

SCANNED JUL 17 2000

1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	29,095
2	Program service revenue including government fees and contracts	2	
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 (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule):		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
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 (line 7a less line 7b)	7c	0
8	Other revenue (describe _____)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	29,095
E	10 Grants and similar amounts paid (attach schedule)	10	
x	11 Benefits paid to or for members	11	
p	12 Salaries, other compensation, and employee benefits	12	
e	13 Professional fees and other payments to independent contractors	13	
n	14 Occupancy, rent, utilities, and maintenance	14	5,531
s	15 Printing, publications, postage, and shipping	15	9,575
e	16 Other expenses (describe <u>Dissemination & Administration</u>)	16	14,134
s	17 Total expenses (add lines 10 through 16)	17	29,240
Net	18 Excess or (deficit) for the year (line 9 less line 17)	18	-145
As-	19 Net assets or fund balances at beginning of year (from line 27, column (A))	19	4,089
sets	(must agree with end-of-year figure reported on prior year's return)		
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	3,944

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Part II Balance Sheets (See Specific Instructions on page 36.) If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,089	3,944
23 Land and buildings		
24 Other assets (describe _____)	0	0
25 Total assets	4,089	3,944
26 Total liabilities (describe _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,089	3,944

4-3 18

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

Expenses

What is the organization's primary exempt purpose? <u>Rehabilitation of criminals & juvenile offenders</u>		<small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)</small>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Criminon delivered over 250 personal rehabilitation courses to inmates in various prison facilities.</u>		15,792
	(Grants \$)	28a	
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		15,792

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

(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 & deferred compensation	(E) Expense account and other allowances
Jeanie Lan Clearwater, Fl	Director 20	0	0	0
Libby Wiegand Clearwater, Fl	Director 5	0	0	0
Edwin Bickel Clearwater, Fl	Director 20	0	0	0

Part V Other Information (See Specific Instructions on page 37.)

Yes or No

33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	No
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	No
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	
b	Did the organization file Form 1120-POL for this year?	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 unpaid at the start of the period covered by this return?	No
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b	
39	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	501(c)(3) organizations. - Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0	
b	501(c)(3) and (4) organizations. 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 an explanation.	No
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 0	
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization 0	
41	List the states with which a copy of this return is filed. <u>Florida</u>	
42	The books are in care of <u>Jeanie Lan</u> Telephone no. <u>727-4490838</u> Located at <u>Same</u> ZIP + 4	
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 0	

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. (IMPORTANT- See General Instruction U, page 14.)

Please Sign Here

Signature of officer: Jeanie Lan Date: 10/5/00 Type or print name and title: Jeanie Lan Director

Paid Preparer Use Only

Preparer's signature: M Greenberg CPA Date: 5.19.00 Check if self-employed: Preparer's SSN or PTIN: 121-28-0019

Firm's name (or yours): 1318 Nelson Avenue EIN: 59-3355775
and address: Clearwater State: Fl Phone: 727-441-9918
ZIP + 4: 33755

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name CRIMINON FLORIDA, INC	Employer identification number 5913182503
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) PO BOX 7727	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEARWATER, FL 33758	

Note: Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file **Form 1065, 1066, or 1041.**

- 1 I request an extension of time until 8/15/00, to file (check only one):
- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

- 2a For calendar year 1999, or other tax year beginning and ending
- b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
TAXPAYER CHANGED ACCOUNTANTS & JUST RECEIVED THIS DATA

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ -0-

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 ▶ M Greenberg Title ▶ ACCOUNTANT Date ▶ 5/15/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director _____ By _____ Date _____

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name MARTIN GABRIEL CPA
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 1318 NELSON AVE
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEARWATER, FL 33765

M-A