

Name of organization <b>CRIMINON INTERNATIONAL</b>	Employer identification number <b>91-2049396</b>
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**Part I** Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	..... ..... .....	\$ ..... 15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>	..... ..... .....	\$ ..... 85,372	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>	..... ..... .....	\$ ..... 29,610	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

2000

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 2000 calendar year, or tax year period beginning 6/01/00, and ending 12/31/00

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CRIMINON INTERNATIONAL
Number and street (or P.O. box if mail is not delivered to street address): 11712 MOORPARK ST.
Room/suite: 102
City or town, state or country, and ZIP code: STUDIO CITY CA 91604

D Employer ID number: 91-2049396
E Telephone number: 818-487-9981
F Check if application pending: [X]

G Org. type (check only one): [X] 501(c)(3) (insert no.) [ ] 527 or [ ] 4947(a)(1)

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

J Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

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.

Note: H and I are not applicable to section 527 orgs.

- H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, investment income, and special events.

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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. (See Specific Instructions on page 20.)

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 (attach schedule) <b>Stmt 1</b> (cash \$ <b>1,000</b> non-cash \$ )	22 1,000	1,000		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25 42,764	22,982	17,348	2,434
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 3,623	1,812	1,594	217
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 5,271	3,484	1,787	
34	Telephone	34 5,373	2,127	2,891	355
35	Postage and shipping	35 8,582	8,204	378	
36	Occupancy	36 11,351	6,445	4,497	409
37	Equipment rental and maintenance	37			
38	Printing and publications	38 951	951		
39	Travel	39 105	105		
40	Conferences, conventions, and meetings	40 284	284		
41	Interest	41			
42	Depreciation, depletion, etc. (att. sch.)	42 180		180	
43	Other expenses (itemize): a	43a			
	b <b>See Statement 2</b>	43b 3,436	1,228	1,973	235
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 82,920	48,622	30,648	3,650

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>See Statement 3</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <b>SEE ATTACHED STATEMENT 3A</b>  (Grants and allocations \$ 1,000 )	48,622
b  (Grants and allocations \$ )	
c  (Grants and allocations \$ )	
d  (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>48,622</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

Note: 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>45</b>	Cash-non-interest-bearing		<b>19,238</b>
<b>46</b>	Savings and temporary cash investments		<b>33,121</b>
<b>47a</b>	Accounts receivable		
<b>b</b>	Less: allowance for doubtful accounts		
<b>48a</b>	Pledges receivable		
<b>b</b>	Less: allowance for doubtful accounts		
<b>49</b>	Grants receivable		
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		
<b>51a</b>	Other notes and loans receivable (attach schedule)		
<b>b</b>	Less: allowance for doubtful accounts		
<b>52</b>	Inventories for sale or use		
<b>53</b>	Prepaid expenses and deferred charges		
<b>54</b>	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
<b>55a</b>	Investments-land, buildings, and equipment: basis		
<b>b</b>	Less: accumulated depreciation (attach schedule)		
<b>56</b>	Investments-other (attach schedule)		
<b>57a</b>	Land, buildings, and equipment: basis	<b>1,542</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>180</b>	
<b>58</b>	Other assets (describe <b>See Stmt 4</b> )		
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>0</b>	<b>54,743</b>
<b>60</b>	Accounts payable and accrued expenses		<b>140</b>
<b>61</b>	Grants payable		
<b>62</b>	Deferred revenue		
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		
<b>b</b>	Mortgages and other notes payable (attach schedule)		
<b>65</b>	Other liabilities (describe <b>See Stmt 5</b> )		<b>864</b>
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	<b>0</b>	<b>1,004</b>
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
<b>67</b>	Unrestricted		
<b>68</b>	Temporarily restricted		
<b>69</b>	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
<b>70</b>	Capital stock, trust principal, or current funds		
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		<b>53,739</b>
<b>73</b>	<b>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)	<b>0</b>	<b>53,739</b>
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>0</b>	<b>54,743</b>

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.  
DAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)**

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

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

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

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TAMMY TERRENZI 11712 MOORPARK 102, STUDIO CITY CA	PRESIDENT 40+	24,347	0	0
BOB GRAVES 11712 MOORPARK 102, STUDIO CITY CA	EXEC DIR	0	0	0
JACQUELYN WILSON 11712 MOORPARK 102, STUDIO CITY CA	TREASURER 40+	15,217	0	0
SHELLEY BECKMANN 11712 MOORPARK 102, STUDIO CITY CA	DIRECTOR	3,200	0	0
LAURIE ZURN 7065 HOLLYWOOD BLVD. LOS ANGELES, CA	TRUSTEE	0	0	0
PHIL HART 7060 HOLLYWOOD BLVD. LOS ANGELES, CA	TRUSTEE	0	0	0
JONI GINSBERG 7060 HOLLYWOOD BLVD, LOS ANGELES, CA	TRUSTEE	0	0	0
TAMMY TERRENZI 11712 MOORPARK 102, STUDIO CITY, CA	DIRECTOR	0	0	0
JOAN LONSTEIN 11712 MOORPARK 102, STUDIO CITY, CA	DIRECTOR	0	0	0

**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 Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	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.	77		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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?	80a		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	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?	82a		X
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 for reporting in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
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.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	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	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs. 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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> CA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		
91	The books are in care of <input type="checkbox"/> SHELLEY BECKMANN Telephone no. <input type="checkbox"/> 818-487-9981 Located at <input type="checkbox"/> 11712 MOORPARK ST #102, STUDIO CITY CA ZIP code <input type="checkbox"/> 91604			
92	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		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)**

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>TRADEMARK LICENSE FEE PAID BY</b>					<b>467</b>
b <b>AFFILIATED ORGANIZATIONS TO</b>					
c <b>CRIMINON INTERNATIONAL</b>					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			<b>14</b>	<b>339</b>	
96 Dividends and 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 personal property					
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))		<b>0</b>		<b>339</b>	<b>467</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>806</b>

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 Specific Instructions on page 31.)**

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 Specific Instructions on page 31.)**

(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 Specific Instructions on pg. 31.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W on page 14.)

Signature of officer: *Shelley L. Beckman* Date: *15 Nov 2001* Type or print name and title: *Shelley L. Beckman, Treasurer*

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: *11/15/01* Check if self-employed:  Preparer's SSN or PTIN: *P00061505*

Firm's name (or yours if self-employed) and address, and ZIP code: **GREENBERG AND JACKSON CPAs**  
**2950 LOS FELIZ BOULEVARD SUITE 103**  
**LOS ANGELES, CA 90039**

EIN: **95-3387333** Phone no: **323-666-7700**

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information-(See separate instructions.)**

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**CRIMINON INTERNATIONAL**

**91-2049396**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben. plans & deferred compensation	(e) Expense account and other allowances
<b>None</b>				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instr. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000



**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? <b>See Part V, Form 990 See Stmt 6</b>	2d	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.)		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)**

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable, etc., purpose					
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of services or facil. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	26c	
d Add: Amounts from column (e) for lines:	18 _____ 19 _____			
	22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person." Enter the sum of such amounts for each year: **N/A**

(1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

c Add: Amounts from column (e) for lines:	15 _____ 16 _____			
	17 _____ 20 _____ 21 _____	▶	27c	
d Add: Line 27a total _____ and line 27b total _____		▶	27d	
e Public support (line 27c total minus line 27d total)		▶	27e	

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)

**Part V Private School Questionnaire (See page 5 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....			
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....			
b	Admissions policies? .....			
c	Employment of faculty or administrative staff? .....			
d	Scholarships or other financial assistance? .....			
e	Educational policies? .....			
f	Use of facilities? .....			
g	Athletic programs? .....			
h	Other extracurricular activities? .....			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....			
b	Has the organization's right to such aid ever been revoked or suspended? .....			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

- Check here a if the organization belongs to an affiliated group.
Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Amount, and (a) Affiliated group totals. Rows include Total lobbying expenditures to influence public opinion, Total lobbying expenditures to influence a legislative body, Total lobbying expenditures (add lines 36 and 37), Other exempt purpose expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, Grassroots nontaxable amount, Subtract line 42 from line 36, and Subtract line 41 from line 38.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 9 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, and (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount (150% of line 45(e)), Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount (150% of line 48(e)), and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

Table with 3 columns: Yes, No, and Amount. Rows correspond to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Main table for question 51d with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, and (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked X)

b If "Yes," complete the following schedule:

Table for question 52ab with columns (a) Name of organization, (b) Type of organization, and (c) Description of relationship. First row contains 'N/A'.

**Schedule B**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

**2000**

Name of organization

Employer identification number

**CRIMINON INTERNATIONAL**

**91-2049396**

Organization type (check one)- Section:  501(c)( **3** ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had **no General** charitable contributors who contributed more than \$1,000 during the year. (But see rule below.)

Enter here the total gifts recieved during the year for a religious, charitable, etc., purpose **\$ 135,853**

**Note:** This form is generally not open to public inspection except for section 527 organizations.

# Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2000**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment  
Sequence No. **67**

Name(s) shown on return **CRIMINON INTERNATIONAL**

Identifying number  
**91-2049396**

Business or activity to which this form relates

## Indirect Depreciation

### Part I Election To Expense Certain Tangible Property (Section 179)

Note: If you have any "listed property," complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2 Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

### Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

#### Section A-General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

#### Section B-General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

### Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	<b>180</b>

### Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions	21	<b>180</b>
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the Instructions.

Form **4562** (2000)

**Federal Statements****Statement 1 - Form 990, Part II, Line 22 - Grants and Allocations**

Description	Cash Contribution	Noncash Contribution
CRIMINON NEW LIFE CENTER PRETORIA, SOUTH AFRICA	\$ 1,000	\$
Total	<u>\$ 1,000</u>	<u>\$ 0</u>

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Indirect Expense	\$	\$	\$	\$
Bank Charges	263		263	
Consulting	420		420	
Fundraising Software	195			195
License Fees	140	140		
Meals & Entertainment	131		131	
Payroll Service	648	324	284	40
Repairs	50		50	
Storage	744	744		
Utilities	40	20	20	
Web Site	805		805	
Total	<u>\$ 3,436</u>	<u>\$ 1,228</u>	<u>\$ 1,973</u>	<u>\$ 235</u>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO ELIMINATE THOSE FACTORS WHICH PRODUCE AND PRECIPITATE CRIMINAL BEHAVIOR, TO REPLACE A CRIMINAL CODE OF CONDUCT WITH COMMON-SENSE MORAL VALUES, TO REDUCE CRIMINAL RECIDIVISM BY PROVIDING EDUCATIONAL TOOLS AND LIFE SKILLS TO OFFENDERS SO THAT THEY MAY REJOIN SOCIETY AS RESPONSIBLE AND CONTRIBUTING MEMBERS, AND TO ASSIST THE CRIMINAL JUSTICE SYSTEM TO BRING ABOUT REFORMS THAT WILL HELP ACCOMPLISH THESE AIMS.

**Statement 4 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
DEPOSITS	\$	\$ 1,022
Total	<u>\$ 0</u>	<u>\$ 1,022</u>



CRIMINON INTERNATIONAL  
91-2049396  
FYE: 12/31/2000

**Federal Statements – Statement 3a**

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**CRIMINON INTERNATIONAL**

**2000**

**FORM 990, PART III**

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**c. DESCRIPTION OF PROGRAM SERVICE THREE**

**PUBLIC AWARENESS**

CRIMINON INTERNATIONAL INCREASES PUBLIC AWARENESS OF THE PROBLEM OF CRIME AND RECIDIVISM AND ITS SOLUTION THROUGH SEVERAL APPROACHES. CRIMINON HAS PROVIDED OVER 2,000 COPIES OF ITS BROCHURE TO INTERESTED INDIVIDUALS IN GOVERNMENTS, FOUNDATIONS, COMMUNITY GROUPS, ETC. IT HAS ALSO MADE ITS BROCHURE AVAILABLE ON THE INTERNET.

CRIMINON LAUNCHED A NEW INITIATIVE AIMED AT PROVIDING STATISTICS REGARDING CRIME AND ITS EFFECTS, WHICH WILL RESULT IN A WEB-BASED RESOURCE GIVING AN OVERVIEW OF THE PROBLEMS AND OF THE EFFECTIVE SOLUTIONS THAT ARE AVAILABLE.

CRIMINON EXECUTIVES AT BOTH THE INTERNATIONAL AND LOCAL LEVELS HAVE WORKED EXTENSIVELY WITH GOVERNMENTS, FOUNDATIONS, AND COMMUNITY GROUPS TO DEVELOP PROGRAMS THAT PREVENT CRIMINALITY AND LESSEN RECIDIVISM OF THOSE CURRENTLY INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM.

	<b>GRANTS</b>	<b>EXPENSES</b>
To Form 990, Part III, line c	\$0	\$12,648

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CRIMINON INTERNATIONAL

91-2049396

FYE: 12/31/2000

**Federal Statements – Statement 3a**

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**CRIMINON INTERNATIONAL**

**2000**

**FORM 990, PART III**

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**b. DESCRIPTION OF PROGRAM SERVICE TWO**

**PROGRAM SUPERVISION**

CRIMINON INTERNATIONAL ASSISTED ITS CONTINENTAL AND LOCAL CRIMINON GROUPS TO PROVIDE CRIMINAL REHABILITATION SERVICES TO INMATES IN THEIR LOCAL AREAS BY FURNISHING THE KNOW-HOW AND OTHER SUPPORT SERVICES TO NEARLY 700 VOLUNTEERS. THE CRIMINON PROGRAM WAS ESTABLISHED IN SIX NEW COUNTRIES WITH 12 NEW VOLUNTEER GROUPS STARTED IN THE YEAR 2000.

	<b>GRANTS</b>	<b>EXPENSES</b>
To Form 990, Part III, line b	<b>\$0</b>	<b>\$18,355</b>

CRIMINON INTERNATIONAL

91-2049396

FYE: 12/31/2000

**Federal Statements – Statement 3a**

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BY THE END OF 2000, THE TWO LARGEST CRIMINON CORRESPONDENCE COURSE DELIVERY GROUPS IN THE UNITED STATES, WERE DELIVERING TO THOUSANDS OF INMATES IN OVER 1,300 PRISONS ON A WEEKLY BASIS; CRIMINON GAUTENG IN SOUTH AFRICA, WAS DELIVERING COURSES TO 481 INMATES IN 28 PRISONS; AND CRIMINON HUNGARY WAS DELIVERING TO 200 INMATES IN 16 PRISONS;

IN FLORIDA, CRIMINON STARTED AN ON-SITE PROGRAM FOR 20 JUVENILES AT A PRIVATE JUVENILE FACILITY, HELPING TO GET THE STUDENTS FOCUSED AND MOTIVATED.

IN THE MEXICAN STATE OF BAJA CALIFORNIA, OFFICIALS LEGISLATIVELY CONVERTED THE STATE-FUNDED ENSENADA PRISON INTO A FULL REHABILITATION CENTER USING THE CRIMINON CRIMINAL REHABILITATION PROGRAMS.

CRIMINON NEW LIFE IN PRETORIA, SOUTH AFRICA, DELIVERED AN ON-SITE PROGRAM WITH 34 JUVENILES COMPLETING THE FULL CRIMINON REHABILITATION PROGRAM BY THE END OF 2000. THESE JUVENILES WERE REFERRED TO CRIMINON BY THE PRETORIA MAGISTRATES COURT.

CRIMINON COSTA RICA DELIVERED "THE WAY TO HAPPINESS" COURSE AND A COURSE ON HOW TO STUDY TO INSTRUCTORS OF THE NATIONAL ACADEMY OF POLICE, SIX OF WHOM HAD COMPLETED THE COURSE BY THE END OF 2000.

CRIMINON COLOMBIA STARTED A NEW ON-SITE PRISON PROGRAM WITH 160 INMATES ON "THE WAY TO HAPPINESS" COURSE BY THE END OF 2000.

	<b>GRANTS</b>	<b>EXPENSES</b>
To Form 990, Part III, line a	<b>\$1,000</b>	<b>\$17,619</b>

CRIMINON INTERNATIONAL

91-2049396

FYE: 12/31/2000

**Federal Statements – Statement 3a**

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**CRIMINON INTERNATIONAL**

**2000**

**FORM 990, PART III**

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**a. DESCRIPTION OF PROGRAM SERVICE ONE**

**CRIMINON – CRIMINAL REHABILITATION**

CRIMINON INTERNATIONAL SEEKS TO REDUCE CRIMINAL RECIDIVISM BY PROVIDING EDUCATIONAL TOOLS AND LIFE SKILLS TO OFFENDERS SO THAT THEY MAY REJOIN SOCIETY AS RESPONSIBLE AND CONTRIBUTING MEMBERS.

THE CRIMINON CORRESPONDENCE COURSE PROGRAM UTILIZES THE WAY TO HAPPINESS COURSE, WHICH IS BASED ON A BOOKLET OF THE SAME NAME BY L. RON HUBBARD. THE COURSE TEACHES A 21-PRECEPT COMMON SENSE MORAL CODE, WHICH IS EMBRACED AND FOLLOWED BY INMATES OF ALL RACES AND CREEDS. IT IS A PRIMARY ELEMENT IN THE CRIMINON PROGRAM, WHICH RESULTS IN THE INMATE REGAINING HIS SELF-RESPECT.

IN ADDITION TO THE WAY TO HAPPINESS COURSE, CRIMINON DELIVERS A WIDE RANGE OF EDUCATIONAL AND LIFE SKILLS COURSES THAT ADDRESS VARIOUS ASPECTS OF LIFE WHERE THE INMATE MAY BE HAVING DIFFICULTY. THESE COURSES GIVE HIM THE TOOLS TO HANDLE THOSE PROBLEMS. THESE COURSES TEACH COMMUNICATION SKILLS, DRUG EDUCATION, PARENTING, AND ADDRESS NEGATIVE INFLUENCES IN LIFE.

PRIOR TO JUNE 1, 2000, CRIMINON WAS PART OF ANOTHER CORPORATION, NARCONON INTERNATIONAL. SINCE ITS SEPARATE INCORPORATION IN JUNE, 2000, CRIMINON INTERNATIONAL AND ITS GROUPS HAVE DELIVERED THE ABOVE COURSES TO INMATES RESULTING IN INMATES COMPLETING 1,475 COURSES, INCLUDING 286 COMPLETING THE PRIMARY COURSE: "THE WAY TO HAPPINESS". INMATES CONSISTENTLY REPORT THAT THE CRIMINON PROGRAM ENABLES THEM TO LEAD A MORE POSITIVE LIFE.

**Federal Statements**

**Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
REIMBURSEMENTS PAYABLE	\$ _____	\$ 864
Total	\$ <u>0</u>	\$ <u>864</u>

**Statement 6 - Schedule A, Part III, Question 2d - Payment of Compensation**

SEE FORM 990, PART V

**Federal Asset Report**

**Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus % 179	Basis	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>								
1	COMPUTER EQUIPMENT	6/01/00	1,542		1,542	5 MO S/L	0	180
	<b>Total Other Depreciation</b>		<u>1,542</u>		<u>1,542</u>		<u>0</u>	<u>180</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,542</u>		<u>1,542</u>		<u>0</u>	<u>180</u>
	<b>Grand Totals</b>		1,542		1,542		0	180
	<b>Less: Dispositions</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>1,542</u>		<u>1,542</u>		<u>0</u>	<u>180</u>

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

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

**FILE** 545-1709

▶ 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 print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>CRIMINON INTERNATIONAL</b>	Employer identification number <b>95-2049396</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11712 MOORPARK ST. 102</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STUDIO CITY CA 91604</b>	

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 (sec. 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 8/15/01 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2000 or

▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

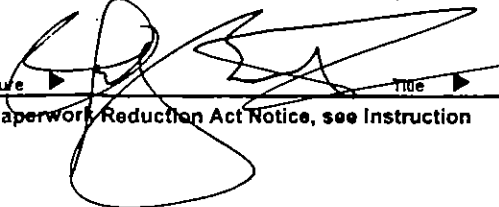
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 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  Title C/A

Date ▶ 5/11/01

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

*Please note that there was an error in the Employer identification number on these forms.*

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Criminon International	Employer Identification number 95-2049396
	Number, street, and room or suite no. if a P.O. box, see instructions. 11712 Moorpark St. #102	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Studion City, CA 91604	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**


- 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 is for.

- 4 I request an additional 3-month extension of time until November 15, 2001.
- 5 For calendar year 2000, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension Additional time is required to gather information to prepare a complete and accurate return.

- 8a 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 ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. 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 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  Title CPA Date 1/13/01

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Greenberg & Jackson CPAs
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 2950 Los Feliz Blvd. Suite 103
	City or town, province or state, and country (including postal or ZIP code) Los Angeles CA 90039