

Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

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

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type</p> <p>See Specific Instructions.</p>	<p>C Name of organization CRIMINON INTERNATIONAL</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 778</p> <p>City or town state or country, and ZIP + 4 LA CANADA CA 91012-0778</p>	<p>D Employer ID number 91-2049396</p> <p>E Telephone number 818-487-9981</p> <p>F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)</p>
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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 no. of affiliates N/A

H(c) Are all affiliates included? N/A Yes No
(If "No" att a list See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site **WWW.CRIMINON.ORG**

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.

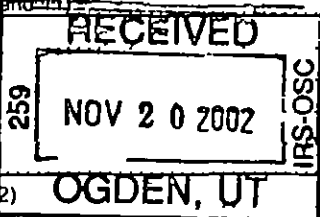
I Enter 4-digit GEN

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **187,439**

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

1	Contributions, gifts, grants and similar amounts received		
a	Direct public support	1a	177,866
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ <u>177,866</u> noncash \$ _____)	1d	177,866
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	6,276
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	1,771
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	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
b	Less cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	1,526
b	Less cost of goods sold	10b	1,045
c	Gross profit or (loss) from sales of inventory (attach sch.) (subtract line 10b from line 10a)	10c	STMT 1 481
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	186,394
13	Program services (from line 44, column (B))	13	93,907
14	Management and general (from line 44, column (C))	14	33,625
15	Fundraising (from line 44, column (D))	15	22,889
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	150,421
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	35,973
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	53,739
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, 19, and 20)	21	89,712



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 21)

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) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers directors, etc	25	41,600	12,480	4,160
26	Other salaries and wages	26	10,815	2,635	274
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	4,623	1,333	391
30	Professional fundraising fees	30			
31	Accounting fees	31	3,652	998	135
32	Legal fees	32	75	75	
33	Supplies	33	2,192	680	259
34	Telephone	34	9,869	7,375	479
35	Postage and shipping	35	14,586	13,540	360
36	Occupancy	36	19,631	15,131	643
37	Equipment rental and maintenance	37			
38	Printing and publications	38	1,484	1,016	400
39	Travel	39	1,670	1,660	10
40	Conferences, conventions and meetings	40			
41	Interest	41			
42	Depreciation, depletion etc (att sch)	42	1,161	1,161	
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 2	43b	39,063	17,742	15,788
	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	150,421	93,907	33,625

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 (See Specific Instructions on page 24)

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.)
▶ SEE STATEMENT 3 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 SEE ATTACHED STATEMENT 3A (Grants and allocations \$ _____)	30,016
b SEE ATTACHED STATEMENT 3A (Grants and allocations \$ _____)	37,373
c SEE ATTACHED STATEMENT 3A (Grants and allocations \$ _____)	26,518
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	93,907

Part IV Balance Sheets (See Specific Instructions on page 24)

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
45	Cash-non-interest-bearing	19,238	45	10,789
46	Savings and temporary cash investments	33,121	46	72,392
47a	Accounts receivable	47a		
b	Less allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	293
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings and equipment basis	57a	5,807	
b	Less accumulated depreciation (attach schedule) SEE STMT 4	57b	1,341	
58	Other assets (describe SEE STMT 5)		1,362	57c
			1,022	58
59	Total assets (add lines 45 through 58) (must equal line 74)	54,743	59	89,762
60	Accounts payable and accrued expenses	140	60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors trustees and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe SEE STMT 6)		864	65
66	Total liabilities (add lines 60 through 65)	1,004	66	50
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings endowment accumulated income or other funds	53,739	72	89,712
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	53,739	73	89,712
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	54,743	74	89,762

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
<p>a Total revenue, gains, and other support per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶</p>	<p>a Total expenses and losses per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 17 Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17 Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see Specific Instructions on page 26)

(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 P.O. BOX 778, LA CANADA, CA 91012	PRESIDENT 40+	41,600	0	0
SHELLEY BECKMANN P.O. BOX 778, LA CANADA, CA 91012	TREASURER	0	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 P.O. BOX 778, LA CANADA, CA 91012	DIRECTOR	0	0	0
JOAN LONSTEIN P.O. BOX 778, LA CANADA, CA 91012	SECRETARY	0	0	0
JOAN LONSTEIN P.O. BOX 778, LA CANADA, CA 91012	DIRECTOR	0	0	0
FRANK ZURN 7065 HOLLYWOOD BLVD., LOS ANGELES CA	DIRECTOR	0	0	0
See Statement 6A				

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? If "Yes," attach schedule-see Specific Instructions on page 27

▶ Yes No

Part VI Other Information (See Specific Instructions on page 27)

		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		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		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes" has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nation-wide organization) through common membership governing bodies, trustees officers, etc , to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
b	Did the organization file Form 1120-POL for this year?		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?		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 in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	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	N/A	
c	Dues assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	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?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> , section 4955 <u>0</u>		
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		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 <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	2
91	The books are in care of <u>SHELLEY BECKMANN</u> Located at <u>P.O. BOX 778, LA CANADA, CA</u>	Telephone no	<u>818-487-9981</u> ZIP + 4 <u>91012-0778</u>
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		<u>92</u>

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a TRADEMARK LICENSING FEES					6,276
b					
c					
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			14	1,771	
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					481
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,771	6,757
105 Total (add line 104, columns (B), (D), and (E))					8,528

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 32)

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)
93A	THESE FEES HELP SUPPORT MANAGEMENT OF THE SUBLICENSEES SO THAT THEIR PROGRAMS ALIGN WITH THE CHARITABLE PURPOSES OF CRIMINON INT.
102	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 33)

- (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

Signature of officer: Shelley L Beckmann Date: 15 Nov 2002

Type or print name and title: Shelley L Beckmann Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/13/02 Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): P00061505

Firm's name (or yours if self-employed): GREENBERG AND JACKSON CPAS EIN: 95-3387333

address and ZIP + 4: 2950 LOS FELIZ BOULEVARD SUITE 103 LOS ANGELES, CA 90039 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(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions)

OMB No 1545-0047

2001

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
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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
NONE		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 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 \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-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		X
2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services or facilities?		X
d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships fellowships student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note 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		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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 fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	135,853				135,853
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related 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	339				339
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets STMT 8	467				467
23 Total of lines 15 through 22	136,659				136,659
24 Line 23 minus line 17	136,659				136,659
25 Enter 1% of line 23	1,367				
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2,733
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 39,144
	c Total support for section 509(a)(1) test Enter line 24 column (e)				26c 136,659
	d Add Amounts from column (e) for lines				26d 39,950
	18 339	19	26b 39,144		
	22 467				
	e Public support (line 26c minus line 26d total)				26e 96,709
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 70.7667%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return Enter the sum of such amounts for each year				N/A
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c
	15	16	21		
	17	20			
	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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

-Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

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

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 12 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)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
Line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

CRIMINON INTERNATIONAL

91-2049396

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c) (3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7) (B) or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990 990-EZ, or 990-PF that received, during the year \$5 000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year a contribution of the greater of \$5 000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8) or (10) organization filing Form 990 or Form 990-EZ, that received from any one contributor during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5 000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

Name of organization

CRIMINON INTERNATIONAL

Employer identification number

91-2049396

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 131,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Depreciation and Amortization

OMB No 1545 0172

Form **4562**
(Rev. March 2002)
Department of the Treasury
Internal Revenue Service

(Including Information on Listed Property)

2001

Attachment
Sequence No **67**

▶ See separate instructions ▶ Attach to your tax return

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 Under Section 179

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

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$24,000
2 Total cost of section 179 property placed in service (see page 3 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 pg. 3 of the instr.	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property Enter the amount from line 29	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 line 13 of your 2000 Form 4562	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 2002 Add lines 9 and 10 less line 12	13	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after Sept. 10, 2001 (see pg. 3 of the instr.)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	308

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B-Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3-year property						
b 5-year property		4,265	5.0	HY	200DB	853
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-Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See page 6 of the instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	1,161
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2001) (Rev. 3-2002)

Federal Statements

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
SALES OF BOOKS/TRAINING MAT	\$ 1,526	\$ 1,045	\$ 481
TOTAL	<u>\$ 1,526</u>	<u>\$ 1,045</u>	<u>\$ 481</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BANK CHARGES	461		93	368
CASH OVER	-5		-5	
COMMISSIONS	15,320			15,320
CONSULTING	11,425	6,625	4,800	
COURSE MATERIALS	6,237	6,237		
DELIVERY EXPENSES	288	288		
FILING FEES	125		125	
LICENSE FEES	1,713	1,713		
MEALS & ENTERTAINMENT	291	129	162	
PROPERTY TAX	43		43	
REPAIRS & MAINTENANCE	196		196	
SALES TAX	119		119	
STAFF TRAINING	2,850	2,750		100
TOTAL	\$ 39,063	\$ 17,742	\$ 5,533	\$ 15,788

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

CRIMINON INTERNATIONAL

91-2049396

FYE 12/31/2001

Federal Statements – Statement 3a

CRIMINON INTERNATIONAL

2001

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

CRIMINON INTERNATIONAL AND ITS 52 GROUPS HAVE DELIVERED THE ABOVE COURSES TO INMATES RESULTING IN INMATES COMPLETING 2,362 COURSES INMATES CONSISTENTLY REPORT THAT THE CRIMINON PROGRAM ENABLES THEM TO LEAD A MORE POSITIVE LIFE

BY THE END OF 2001, THE CRIMINON CORRESPONDENCE COURSE DELIVERY GROUPS IN THE UNITED STATES, WERE DELIVERING COURSES TO INMATES IN 1467 PRISONS

CRIMINON INTERNATIONAL
91-2049396
FYE 12/31/2001

Federal Statements – Statement 3a

IN SAN JOSE, CALIFORNIA A PROGRAM FOR JUVENILE OFFENDERS STARTED IN A LOCAL JUVENILE HALL AND 20 STUDENTS HAVE COMPLETED THE PROGRAM ANOTHER JUVENILE PROGRAM THAT HAS BEEN RUNNING FOR FIVE YEARS AT THE SAN BERNADINO PROBATION DEPARTMENT WAS EXPANDED THIS YEAR TO INCLUDE THE REDLANDS PROBATION DEPARTMENT, WHICH IS NOW DELIVERING CRIMINON COURSES TO JUVENILE OFFENDERS

THIS YEAR, MISDEMEANOR OFFENDERS FROM TWO COURT HOUSES IN CALIFORNIA WERE SENT TO CRIMINON AS AN ALTERNATIVE SENTENCING PROGRAM

IN DENVER, COLORADO, A CRIMINON STAFF VOLUNTEER WAS INVITED TO THE DENVER NON-VIOLENCE DAY WHERE SHE MET REPRESENTATIVES FROM THE SAFE CITY OFFICE OF THE DENVER POLICE DEPARTMENT CRIMINON WAS ASKED TO DO A PRESENTATION TO THE POLICE DEPARTMENT ABOUT CRIMINON AND THE WAY TO HAPPINESS COURSE FOR USE WITH JUVENILES WITH MINOR OFFENSES A PROGRAM WILL BE STARTING IN THE COMING YEAR AT THE SAFE CITY OFFICE OF THE POLICE DEPARTMENT

IN SOUTH AFRICA, CRIMINON WAS DELIVERING COURSES TO 539 INMATES IN 44 PRISONS DURING 2001

AT THE CRIMINON NEW LIFE CENTRE IN PRETORIA, SOUTH AFRICA, OVER 100 JUVENILES HAVE COMPLETED THE FULL CRIMINON REHABILITATION PROGRAM INCLUDING DRUG DETOXIFICATION THIS PROGRAM OPERATES INSIDE THE PRETORIA MAGISTRATES COURT WHERE THE JUVENILES ARE REFERRED

CRIMINON IN ITALY EXPANDED ITS DELIVERY TO 120 INMATES IN 68 PRISONS

	GRANTS	EXPENSES
To Form 990, Part III, line a	<u>\$0</u>	<u>\$30,016</u>

CRIMINON INTERNATIONAL
91-2049396
FYE 12/31/2001

Federal Statements – Statement 3a

CRIMINON INTERNATIONAL

2001

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 600 VOLUNTEERS

	GRANTS	EXPENSES
To Form 990, Part III, line b	<u>\$0</u>	<u>\$37,373</u>

CRIMINON INTERNATIONAL

91-2049396

FYE 12/31/2001

Federal Statements – Statement 3a

CRIMINON INTERNATIONAL

2001

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.

	GRANTS	EXPENSES
To Form 990, Part III, line c	<u>\$0</u>	<u>\$26,518</u>

Federal Statements**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 1,542	\$ 180	\$ 5,807	\$ 1,341
TOTAL	<u>\$ 1,542</u>	<u>\$ 180</u>	<u>\$ 5,807</u>	<u>\$ 1,341</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 1,022	\$ 1,022
STATE TAX REFUND RECEIVABLE		800
TOTAL	<u>\$ 1,022</u>	<u>\$ 1,822</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
REIMBURSEMENTS PAYABLE	\$ 864	\$
SALES TAX PAYABLE		50
TOTAL	<u>\$ 864</u>	<u>\$ 50</u>

CRIMINON INTERNATIONAL
91-2049396
FYE 12/31/2001

Federal Statements – Statement 6b

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES and KEY EMPLOYEES

The President, who is also a staff member, is compensated for her duties as a staff member not for her duties as the President

Statement 7 - Form 990, Part VIII - Relationship of Activities

Line No

Description

102

MATERIALS PURCHASED ALLOWED DELIVERY OF CRIMINON
COURSES TO AT-RISK YOUTH

Federal StatementsStatement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
LICENSE FEES	\$ 467	\$	\$	\$
TOTAL	\$ 467	\$ 0	\$ 0	\$ 0