

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)

2002

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

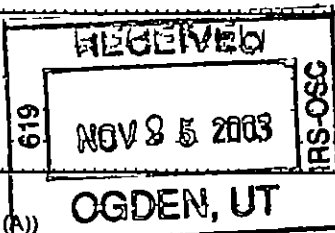
A For the 2002 calendar year, or tax year beginning, and ending
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending
C Name of organization: CRIMINON INTERNATIONAL
D Employer ID number: 91-2049396
E Telephone number: 323-962-2404
F Accounting method: Cash

G Web site: WWW.CRIMINON.ORG
J Organization type: 501(c)(3)
K Check here if the organization's gross receipts are normally not more than \$25,000
L Gross receipts: 30,101
M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (27,660); 2 Program service revenue (1,854); 4 Interest on savings (487); 10a Gross sales of inventory (100); 12 Total revenue (30,101); 17 Total expenses (90,072); 21 Net assets or fund balances at end of year (29,741).

DEC 18 '03



**Part I 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 page 21 of the instructions.)

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	36,895	20,666	13,208
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	1,953	1,172	586
30 Professional fundraising fees	30			
31 Accounting fees	31	1,936	657	1,169
32 Legal fees	32	6,002		5,687
33 Supplies	33	1,287	32	1,253
34 Telephone	34	4,825	2,556	1,843
35 Postage and shipping	35	12,563	11,982	559
36 Occupancy	36	14,570	10,071	3,870
37 Equipment rental and maintenance	37	23		23
38 Printing and publications	38	262	262	
39 Travel	39	100		100
40 Conferences, conventions, and meetings	40			
41 Interest	41	18		18
42 Depreciation, depletion, etc (attach schedule)	42	1,673		1,673
43 Other expenses not covered above (itemize) a	43a			
b See Statement 2	43b	7,965	6,095	1,461
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	90,072	53,493	31,450

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 page 24 of the instructions)

What is the organization's primary exempt purpose? ▶ 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.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
a SEE ATTACHED STATEMENT 3A  (Grants and allocations \$ _____ )	24,637
b SEE ATTACHED STATEMENT 3A  (Grants and allocations \$ _____ )	20,095
c SEE ATTACHED STATEMENT 3A  (Grants and allocations \$ _____ )	8,761
d  (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	53,493

**Part IV Balance Sheets** (See page 24 of the instructions.)

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	10,789	45	2,074
46	Savings and temporary cash investments	72,392	46	24,556
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	293	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	3,014	
58	Other assets (describe <input type="checkbox"/> See Stmt 5 )		4,466	57c
			1,822	58
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	89,762	59	29,741
60	Accounts payable and accrued expenses		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 <input type="checkbox"/> See Stmt 6 )		50	65
66	<b>Total liabilities (add lines 60 through 65)</b>		50	66
				0
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	89,712	72	29,741
73	<b>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)</b>	89,712	73	29,741
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	89,762	74	29,741

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 page 26 of the instructions)**

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

**N/A**

<b>a</b> Total revenue, gains, & other support per audited financial statements	<b>a</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990	<b>b</b>
(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 a minus line b	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a	<b>d</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 c plus line d)	<b>e</b>

**N/A**

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b> Amounts included on line a but not on line 17, Form 990	<b>b</b>
(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 a minus line b	<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line a	<b>d</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 c plus line d)	<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)**

(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 7060 HOLLYWOOD #220 L.A., CA 90028	PRES/DIR 31	21,600	0	0
JOAN LONSTEIN 7060 HOLLYWOOD #220 L.A., CA 90028	SECRETARY 2	0	0	0
SHELLEY BECKMANN 7060 HOLLYWOOD #220 L.A., CA 90028	TREASURER 10	4,145	0	0
LAURIE ZURN 7060 HOLLYWOOD #220 L.A., CA 90028	TRUSTEE 0	0	0	0
PHIL HART 7060 HOLLYWOOD #220 L.A., CA 90028	TRUSTEE 0	0	0	0
JONI GINSBERG 7060 HOLLYWOOD #220 L.A., CA 90028	TRUSTEE 0	0	0	0
JOAN LONSTEIN 7060 HOLLYWOOD #220 L.A., CA 90028	DIRECTOR 0	0	0	0
FRANK ZURN	DIRECTOR 0	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 page 26 of the instructions

**Part VII Other Information (See page 27 of the instructions)**

		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?		
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 nationwide 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"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr	81a	0
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 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?	N/A	84a
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a
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	85b
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?	N/A	85g
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	85h
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	90b	1
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	The books are in care of <input type="checkbox"/> SHELLEY BECKMANN Located at <input type="checkbox"/> 7060 HOLLYWOOD BLVD 220, LOS ANGELES CA	Telephone no	323-962-2404
		ZIP + 4	90028
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>TRADEMARK LICENSING FEES</b>					1,854
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	487	
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					100
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		487	1,954
105 Total (add line 104, columns (B), (D), and (E))					2,441

**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 page 32 of the instructions)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	See Statement 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)**

- (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: Nancy Pomerantz Date: 11-17-03

Type or print name and title: Nancy Pomerantz - President

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**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 11/17/03 Check if self-employed:

Firm's name (or yours if self-employed): GREENBERG AND JACKSON CPAs Preparer's SSN or PTIN (See Gen Instr W): P00061505

address, and ZIP + 4: 2950 LOS FELIZ BOULEVARD SUITE 103 EIN: 95-3387333

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

**2002**

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) 2002

**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 <b>\$</b> _____ (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)? <b>See Part V, Form 990</b>	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
<b>Note</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		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 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 )
- 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 fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	177,866	135,853			313,719
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	1,771	339			2,110
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	6,276	467			6,743
23 Total of lines 15 through 22	185,913	136,659			322,572
24 Line 23 minus line 17	185,913	136,659			322,572
25 Enter 1% of line 23	1,859	1,367			

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶ 26a	6,451
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		▶ 26b	156,257
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶ 26c	322,572
d Add Amounts from column (e) for lines	18 <u>2,110</u> 19 _____	▶ 26d	165,110
	22 <u>6,743</u> 26b <u>156,257</u>	▶ 26e	157,462
e Public support (line 26c minus line 26d total)		▶ 26f	48.8145%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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

(2001)	(2000)	(1999)	(1998)
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 <span style="float: right;">N/A</span>			
c Add Amounts from column (e) for lines	15 _____ 16 _____	▶ 27c	
	17 _____ 20 _____ 21 _____	▶ 27d	
d Add Line 27a total _____ and line 27b total _____		▶ 27e	
e Public support (line 27c total minus line 27d total)		▶ 27f	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		▶ 27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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
<b>29</b> 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?			
<b>30</b> 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?			
<b>31</b> 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.)			
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> 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 )	<b>32d</b>		
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b> 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	<b>35</b>		

**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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
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-		
	<b>If the amount on line 40 is-</b>		
	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		
	<b>The lobbying nontaxable amount is-</b>		
	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		
	\$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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 of the instr.)

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
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0
	<input checked="" type="checkbox"/>	0

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 12 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. 'No' column has 'X' marks for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' in column (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 (X)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A' in column (a).

# Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

**2002**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax 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 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 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 pg. 2 of the instr.	5	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
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 2001 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 2003. 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 qualified prop. (other than listed prop.) placed in service during the tax year (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 2002	17	1,365
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"/>	18	

**Section B-Assets Placed In Service During 2002 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						
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	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C-Assets Placed In Service During 2002 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	1,673
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 (2002)

DAA

There are no amounts for Page 2

CRIMINON INTERNATIONAL

91-2049396

Form 4562 (2002)

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution See page 8 of the Instructions for limits for passenger automobiles)

Form section for Section A, including lines 24a through 29, with columns for property type, date, cost, basis, recovery, method, depreciation, and elected cost.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Form section for Section B, including lines 30 through 36, with columns for vehicle 1 through 6 and Yes/No columns for availability and use.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Form section for Section C, including lines 37 through 41, with Yes/No columns for policy statements and requirements.

Part VI Amortization

Form section for Part VI, including lines 42 through 44, with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period, and amortization for this year.

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

Description	Gross Sales	COGS	Gross Profit
SALES OF BOOKS/TRAINING MAT	\$ 100	\$	\$ 100
Total	\$ 100	\$ 0	\$ 100

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Bank Charges	825		416	409
Consulting	235	175	60	
Course Materials	4,746	4,746		
Filing Fees	560		560	
License Fees	1,140	1,140		
Meals & Entertainment	61	34	27	
Property Tax	104		104	
Outside Services	294		294	
Total	<u>\$ 7,965</u>	<u>\$ 6,095</u>	<u>\$ 1,461</u>	<u>\$ 409</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 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Computers	\$ 5,807	\$ 1,341	\$ 5,807	\$ 3,014
Total	<u>\$ 5,807</u>	<u>\$ 1,341</u>	<u>\$ 5,807</u>	<u>\$ 3,014</u>

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

Description	Beginning of Year	End of Year
DEPOSITS	\$ 1,022	\$ 25
STATE TAX REFUND RECEIVABLE	800	
Total	<u>\$ 1,822</u>	<u>\$ 25</u>

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

Description	Beginning of Year	End of Year
SALES TAX PAYABLE	\$ 50	\$
Total	<u>\$ 50</u>	<u>\$ 0</u>

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

<u>Line No</u>	<u>Description</u>
93a	Criminon licenses organizations to use its criminal rehabilitation program.
102	Sale of educational and program related materials.

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2001	2000	1999	1998
LICENSE FEES	\$ 6,276	\$ 467	\$	\$
Total	\$ 6,276	\$ 467	\$ 0	\$ 0

**Federal Asset Report**

**Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Pnor	Current
<b>Prior MACRS:</b>										
2	DELL COMPUTERS	3/15/01	<u>4,265</u>				<u>4,265</u>	5 HY 200DB	<u>853</u>	<u>1,365</u>
			<u>4,265</u>				<u>4,265</u>		<u>853</u>	<u>1,365</u>
<b>Other Depreciation:</b>										
1	COMPUTER EQUIPMENT	6/01/00	<u>1,542</u>				<u>1,542</u>	5 MO S/L	<u>488</u>	<u>308</u>
	<b>Total Other Depreciation</b>		<u>1,542</u>				<u>1,542</u>		<u>488</u>	<u>308</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,542</u>				<u>1,542</u>		<u>488</u>	<u>308</u>
	<b>Grand Totals</b>		<u>5,807</u>				<u>5,807</u>		<u>1,341</u>	<u>1,673</u>
	<b>Less Dispositions</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>5,807</u>				<u>5,807</u>		<u>1,341</u>	<u>1,673</u>

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	Name of Exempt Organization <b>CRIMINON INTERNATIONAL</b>	Employer identification number <b>91-2049396</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 778</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LA CANADA CA 91012-0778</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-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**CP** 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 11/17/03

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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 requested 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 \$ \_\_\_\_\_

8b 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 \$ \_\_\_\_\_

8c **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 \$ \_\_\_\_\_

**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 *[Signature]* Title *ED* Date 8/12/03

**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 date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for us 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 \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension

address different than the one entered above

Type or print	Name <b>GREENBERG AND JACKSON CPAs</b>
	Number and street (include suite, room, or apt no.) Or a P O box number <b>2950 LOS FELIZ BOULEVARD SUITE 103</b>
	City or town, province or state, and country (including postal or ZIP code) <b>LOS ANGELES CA 90039</b>

**FILE**

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

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

OMB No 1545-1709

▶ 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	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return See instructions	<b>CRIMINON INTERNATIONAL</b>	<b>91-2049396</b>
	Number, street, and room or suite no If a P O box, see instructions	
	<b>P.O. BOX 778</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>LA CANADA CA 91012-0778</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 8/15/03 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year 2002 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 \$ \_\_\_\_\_

#### 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 ▶ *Peggy Hines* **PH**

Date ▶ **5/12/03**

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

**CRIMINON INTERNATIONAL**  
**Federal ID 91-2049396**  
**Statement #3A**

**2002**

**FORM 990, PART III**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**  
**PROGRAM SERVICE ONE**

**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 PRECEPTS 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 INMATES MAY BE HAVING DIFFICULTY. THESE COURSES GIVE HIM THE TOOLS TO HANDLE THOSE PROBLEMS. THESE COURSES TEACH COMMUNICATION SKILLS, DRUG EDUCATION, PARENTING, AND ADDRESS HOW TO HANDLE NEGATIVE INFLUENCES IN LIFE

CRIMINON INTERNATIONAL AND ITS 53 GROUPS HAVE DELIVERED THE ABOVE COURSES TO INMATES RESULTING IN INMATES COMPLETING 8,537 COURSES, 2242 COMPLETIONS WERE THROUGH THE CORRESPONDENCE COURSE PROGRAM AND 6,295 COMPLETIONS WERE FROM ON-SITE PROGRAMS INMATES CONSISTENTLY REPORT THAT THE CRIMINON PROGRAM ENABLES THEM TO LEAD A MORE POSITIVE LIFE

BY THE END OF 2002, THE CRIMINON CORRESPONDENCE COURSE DELIVERY GROUPS IN THE UNITED STATES, ALONE, WERE DELIVERING TO INMATES IN 1,875 CORRECTIONAL INSTITUTIONS AN INCREASE OF 189 PRISONS FROM 2001

CRIMINON INTERNATIONAL COMPILED A STARTER PACK FOR OPENING CRIMINON CORRESPONDENCE GROUPS. THIS STARTER PACK GIVES VERY DETAILED INSTRUCTIONS ON HOW TO SET UP AND START DELIVERING CORRESPONDENCE COURSES TO INMATES AND HOW TO FOLLOW UP AND ADMINISTER THE PROGRAM OVERALL

To Form 990, Part III, Line A	Grants	Expenses
		\$24,637

**CRIMINON INTERNATIONAL**  
**Federal ID 91-2049396**  
**Statement #**

**FORM 990, PART III**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**  
**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 OVER 650 VOLUNTEERS.

THE CRIMINON NEW LIFE CENTER IN PRETORIA, SOUTH AFRICA, DELIVERS THE FULL CRIMINON SERVICES TO JUVENILES SENTENCED BY THE COURT. DURING 2002, THERE WAS AN AVERAGE OF 30 JUVENILES UNDERGOING THE REHABILITATION PROGRAM EACH WEEK. THERE WERE 444 COMPLETIONS FROM THIS CENTER AND SINCE THE PROGRAM BEGAN IN 1999, THERE HAS BEEN A 94% SUCCESS RATE OF THE JUVENILES COMPLETING THE PROGRAM

CRIMINON ISRAEL EXPANDED ITS ON-SITE DELIVERY TO THREE PRISONS AND HAD 86 PROGRAM COMPLETIONS BY THE END OF THE YEAR. CRIMINON ALSO DELIVERED A SEMINAR TO 20 ISRAELI CORRECTIONAL OFFICERS ON THE *CRIMINON COMMUNICATION COURSE*.

CRIMINON STARTED AN ON-SITE PROGRAM AT THE MORAN FACILITY IN RHODE ISLAND WITH 13 INMATES.



CRIMINON STARTED NEW PROGRAMS IN EUROPE, IN DURBAN, SOUTH AFRICA AND IN CAIRNS, AUSTRALIA DURING 2002

CRIMINON TEXAS STARTED IN 2002 WITH 26 INMATES AND BY THE END OF THE YEAR HAD 270 INMATES IN 68 PRISONS ON THE CRIMINON PROGRAM.

	Grants	Expenses
To Form 990, Part III, Line A		\$20,095

**CRIMINON INTERNATIONAL**  
**Federal ID 91-2049396**  
**Statement #**

**FORM 990, PART III**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**  
**PROGRAM SERVICE THREE**

**PUBLIC AWARENESS**

THE CRIMINON NEW LIFE CENTER PRESENTS COMMUNITY EDUCATION PROGRAMS PRIMARILY TO SCHOOLS AND IN 2002, A TOTAL OF 23,458 RECEIVED SERVICES FROM THESE COMMUNITY PROGRAMS.

THE NEW LIFE CENTER IS LOCATED IN THE PRETORIA MAGISTRATES COURT. THIS COURT IS THE SECOND LARGEST MAGISTRATES COURT IN THE COUNTRY THE NEW LIFE CENTER HAS A LARGE DISPLAY OF THE WAY TO HAPPINESS PRECEPTS AND AN INFORMATION BOARD ABOUT THE CRIMINON ACTIVITIES IN THE HALLS OF THE MAGISTRATE COURT APPROXIMATELY 7,000 GO THROUGH THESE COURTS IN ONE DAY

THE HEAD OF THE EDUCATION DEPARTMENT FOR THE ISRAELI JAILS TOURED THE CRIMINON PROGRAM AT NEVE TIRZA JAIL IN ISRAEL. THIS JAIL STARTED THE CRIMINON PROGRAM IN 2002 WITH 10 FEMALE INMATES AS A RESULT OF HEARING ABOUT THE PROGRESS AND SUCCESSES FROM THE INMATES THEMSELVES, THE DEPARTMENT OF EDUCATION INCREASED THEIR FUNDING FOR THIS PROGRAM.

To Form 990, Part III, Line A

Grants

Expenses  
\$8,761

CRIMINON INTERNATIONAL  
91-2049396

Statement re

Form 990, Page 4, Part 5, List of Officers, Directors, Trustees & Key  
Employees:

The President, who was also a staff member part of the year and an  
independent contractor part o the year, was paid for her duties as an  
employee and independent contractor respectively and not as the President

Form 8868 (12-2000)

Page 2

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)

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

Type or print	Name of Exempt Organization <b>CRIMINON INTERNATIONAL</b>	Employer identification number <b>91-2049396</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 778</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr. <b>LA CANADA CA 91012-0778</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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8069	

TOP 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 11/17/03

5 For calendar year 2002 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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 requested 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 8069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 8069, 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. \$ \_\_\_\_\_

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 [Signature] Title ED Date 8/12/03

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 extensions 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 \_\_\_\_\_

EXTENSION APPROVED

SEP 02 2003

Director LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, COPEN

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

Type or print	Name <b>GREENBERG AND JACKSON CPAs</b>
	Number and street (include suite, room, or apt no.) Or a P.O. box number <b>2950 LOS FELIZ BOULEVARD SUITE 103</b>
	City or town, province or state, and country (including postal or ZIP code) <b>LOS ANGELES CA 90039</b>

CRIMINON 05/12/2003 10:53 AM Pg 1

**FILE**

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1708

▶ 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	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	<b>CRIMINON INTERNATIONAL</b>	<b>91-2049396</b>
	Number, street, and room or suite no. If a P.O. box, see instructions	
	<b>P.O. BOX 778</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>LA CANADA CA 91012-0778</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 8/15/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2002 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 \$ \_\_\_\_\_

#### 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 ▶  EB

For Paperwork Reduction Act Notice, see Instruction

Date ▶ 5/12/03

Form 8868 (12-2000)