

Return of Organization Exempt From Income Tax

2004

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 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 identification number: 91-2049396. E Telephone number: 323-962-2404. F Accounting method: X Cash, Accrual.

G Website: WWW.CRIMINON.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

J Organization type: X 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. L Gross receipts: 191603.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances.

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

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 \$ 200 • noncash \$)	200.	200.	STATEMENT 6		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	24700.	14820.	7410.	2470.	
26	Other salaries and wages					
27	Pension plan contributions					
28	Other employee benefits					
29	Payroll taxes	2219.	1331.	666.	222.	
30	Professional fundraising fees					
31	Accounting fees	2353.		2353.		
32	Legal fees	9970.	6639.	3331.		
33	Supplies	2629.	1577.	789.	263.	
34	Telephone	7093.	4256.	2128.	709.	
35	Postage and shipping	12665.	12158.	380.	127.	
36	Occupancy	39941.	23965.	11982.	3994.	
37	Equipment rental and maintenance					
38	Printing and publications	2574.	2289.	285.		
39	Travel	40548.	36389.	2114.	2045.	
40	Conferences, conventions, and meetings					
41	Interest					
42	Depreciation, depletion, etc (attach schedule)	1728.	1037.	518.	173.	
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 4	43e	14668.	13731.	419.	518.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	161288.	118392.	32375.	10521.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
SEE STATEMENT 5	
a CRIMINAL REHABILITATION SEE STATEMENT 9 (Grants and allocations \$ 200.)	78105.
b PUBLIC AWARENESS SEE STATEMENT 10 (Grants and allocations \$)	40287.
c (Grants and allocations \$)	
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)	118392.

Part IV Balance Sheets

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
Assets	45 Cash - non-interest-bearing	7988.	45	5677.
	46 Savings and temporary cash investments	88.	46	1013.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	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	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a	12029.		
b Less accumulated depreciation STMT 7	57b	5898.	57c	
58 Other assets (describe <input type="checkbox"/>)		1777.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		10146.	59	13114.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		0.	66	0.
Net Assets or Fund Balances	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	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	10146.	72	13114.
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)	10146.	73	13114.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	10146.	74	13114.	

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	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a N/A</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>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c _____</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>Add amounts on lines (1) and (2) ▶ d _____</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e _____</p>	<p>a Total expenses and losses per audited financial statements ▶ a N/A</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>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c _____</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>Add amounts on lines (1) and (2) ▶ d _____</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e _____</p>

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NANCY POMERANTZ 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	PRESIDENT/DIRECTOR 45	24700.	0.	0.
MICHAEL LAUNITZ 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	SECRETARY/DIRECTOR 0	0.	0.	0.
TERRY JOHNSTON 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TREASURER 0	0.	0.	0.
JOAN LONSTEIN 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	DIRECTOR 0	0.	0.	0.
LAURIE ZURN 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0	0.	0.	0.
PHIL HART 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0	0.	0.	0.
JONI GINSBERG 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0	0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ▶ Yes No

Part VI Other Information		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
78 a	Did the organization have unrelated business gross income 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? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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) <input type="checkbox"/> 82b N/A		
83 a	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	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
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? N/A		
	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		
c	Dues, assessments, and similar amounts from members <input type="checkbox"/> 85c N/A		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <input type="checkbox"/> 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <input type="checkbox"/> 87b N/A		
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
89 a	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) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach 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 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CA		
b	Number of employees employed in the pay period that includes March 12, 2004 <input type="checkbox"/> 90b 1		
91	The books are in care of <input type="checkbox"/> NANCY POMERANTZ Telephone no <input type="checkbox"/> 323-962-2404		
	Located at <input type="checkbox"/> 7060 HOLLYWOOD BLVD. #220, LOS ANGELES, CA ZIP + 4 <input type="checkbox"/> 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 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TRADEMARK LICENSE FEES					28079.
b PROGRAM FEES					250.
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					
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					-6223.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a COMMISSIONS					25.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	22131.
105 Total (add line 104, columns (B), (D), and (E))					22131.

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 34 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)
93A	CRIMINON LICENSES OTHER EXEMPT ORGANIZATIONS TO USE ITS CRIMINAL REHABILITATION PROGRAM.
103A	FUNDRAISING COMMISSIONS FROM OTHER EXEMPT ORGANIZATIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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.

Nancy Pomerantz 11-14-05 NANCY POMERANTZ, PRESIDENT

Signature of officer Date Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed) address, and ZIP + 4 EIN Phone no

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **CRIMINON INTERNATIONAL** Employer identification number **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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions 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 ▶	0	

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 amounts 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 expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	30854.	27660.	177866.	135853.	372233.		
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	11547.	1854.	6276.	467.	20144.		
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	101.	487.	1771.	339.	2698.		
19 Net income from unrelated business activities not included in line 18							
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	50.	100.	SEE STATEMENT 8		150.		
23 Total of lines 15 through 22	42552.	30101.	185913.	136659.	395225.		
24 Line 23 minus line 17	31005.	28247.	179637.	136192.	375081.		
25 Enter 1% of line 23	426.	301.	1859.	1367.			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 7502.		
	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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 153104.		
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 375081.		
	d Add Amounts from column (e) for lines	18 2698.	19	22 150.	26d 155952.		
			26b 153104.		26e 219129.		
	e Public support (line 26c minus line 26d total)				26f 58.4218%		
	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		
	(2003)	(2002)	(2001)	(2000)			
	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		
	(2003)	(2002)	(2001)	(2000)			
	c Add Amounts from column (e) for lines	15	16	17	20	21	27c N/A
							27d N/A
							27e N/A
	d Add Line 27a total	and line 27b total					27f N/A
	e Public support (line 27c total minus line 27d total)						27g N/A %
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f	N/A	27h N/A %
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						
	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 2000 through 2003, 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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
34 a	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)

N/A

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

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)			
		N/A	
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 -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	}
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$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				N/A (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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 instructions)

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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

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

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTERS	060100	SL	5.00	16	1542.			1542.	1105.		308.
2	COMPUTERS	031501	DB	5.00	16	4265.			4265.	3037.		491.
3	COMPUTERS	060103	DB	5.00	16	140.			140.	28.		45.
4	DIGITAL CAMERAS	070104	SL	5.00	16	795.			795.			80.
5	COMPUTERS	070104	SL	5.00	16	538.			538.			54.
6	FILE CABINETS	070104	SL	5.00	16	619.			619.			62.
7	2000 TOYOTA ECHO	070104	SL	3.00	16	4130.			4130.			688.
	* TOTAL 990 PAGE 2 DEPR					12029.		0.	12029.	4170.	0.	1728.

FOOTNOTES

STATEMENT 1

OFFICERS, DIRECTORS AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES AND NOT FOR THEIR DUTIES AS OFFICERS, DIRECTORS AND TRUSTEES.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING DINNER	71953.	69753.	2200.	8423.	-6223.
TO FM 990, PART I, LINE 9	71953.	69753.	2200.	8423.	-6223.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
ASSOCIATION FOR BETTER LIVING & EDUCATION INTERNATIONAL	7065 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	18924.
PURPOSE OF PAYMENT		
TRADEMARK LICENSING FEES		18924.
TOTAL TO FORM 990, PART I, LINE 16		18924.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM DELIVERY EXPENSES	5434.	5434.		
PROMOTION	7880.	7486.		394.
LICENSES & FEES	46.		46.	
MEMBERSHIPS & DUES	65.	65.		
BANK CHARGES	1243.	746.	373.	124.
TOTAL TO FM 990, LN 43	14668.	13731.	419.	518.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CRIMINAL REHABILITATION	SAN FRANCISCO NEW LIFE CENTER	1082 FOLSOM ST., SAN FRANCISCO, CA 94103	LICENSEE	200.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				200.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	1542.	1413.	129.
COMPUTERS	4265.	3528.	737.
COMPUTERS	140.	73.	67.
DIGITAL CAMERAS	795.	80.	715.
COMPUTERS	538.	54.	484.
FILE CABINETS	619.	62.	557.
2000 TOYOTA ECHO	4130.	688.	3442.
TOTAL TO FORM 990, PART IV, LN 57	12029.	5898.	6131.

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
SALE OF INVENTORY	50.	100.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	50.	100.	0.	0.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE ONE

CRIMINAL REHABILITATION

CRIMINON INTERNATIONAL SEEKS TO ASSIST INMATES AND EX-OFFENDERS THROUGH EDUCATIONAL AND LIFE SKILLS TRAINING SO THAT THEY CAN REJOIN SOCIETY AS RESPONSIBLE AND CONTRIBUTING MEMBERS, THEREBY REDUCING RECIDIVISM RATES.

THE CRIMINON PROGRAM CONSISTS OF CORRESPONDENCE AND ON-SITE COURSES, WHICH ARE DELIVERED IN PRISONS, RE-ENTRY FACILITIES AND COMMUNITY SETTINGS IN COORDINATION WITH PAROLE OFFICES AND PROBATION OFFICES.

THE CRIMINON PROGRAM UTILIZES AS A CORNERSTONE OF ITS DELIVERY, A CHARACTER AND VALUES EDUCATIONAL COURSE, THE WAY TO HAPPINESS COURSE, BASED ON A BOOKLET THE WAY TO HAPPINESS BY L. RON HUBBARD. THE COURSE TEACHES 21 PRECEPTS OF COMMON SENSE VALUES, WHICH REPLACE THE CRIMINAL CODE OF CONDUCT. THE VALUES LEARNED ARE EMBRACED AND FOLLOWED BY INMATES OF ALL RACES AND CREEDS, WHICH RESULTS IN THE INMATE REGAINING HIS SELF-RESPECT AND THEREBY ADOPTING A POSITIVE MODE OF BEHAVIOR.

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 LITERACY, COMMUNICATION SKILLS, DRUG EDUCATION, PARENTING, AND ADDRESS HOW TO HANDLE NEGATIVE INFLUENCES IN LIFE.

CRIMINON INTERNATIONAL AND ITS 54 GROUPS HAVE DELIVERED 14,665 OF THESE COURSES TO DATE. INMATES CONSISTENTLY REPORT THAT THE CRIMINON PROGRAM ENABLES THEM TO LEAD A MORE POSITIVE LIFE.

IN THE YEAR 2004, 6,765 NEW INMATES AND EX-OFFENDERS STARTED ON THE CRIMINON PROGRAM. THERE WERE 3,793 CRIMINON COURSE COMPLETIONS INTERNATIONALLY BOTH FROM CORRESPONDENCE AND ON-SITE PROGRAMS. THIS WAS AN INCREASE OF 1,404 OVER 2003. AT THE END OF THE YEAR, THERE WERE 7,728 INMATES OR EX-OFFENDERS STUDYING CRIMINON COURSES INTERNATIONALLY.

DURING 2004, CRIMINON CORRESPONDENCE COURSE DELIVERY IN THE UNITED STATES REACHED INMATES IN 2,017 INSTITUTIONS AND FACILITIES.

EXAMPLES OF CRIMINON SERVICES PROVIDED WITHIN THE UNITED STATES WERE: CRIMINON FLORIDA DELIVERED CRIMINON COURSES IN OVER 867 PRISONS WITH AN AVERAGE OF 1700 STUDENTS ON THE COURSE AT ANY TIME; CRIMINON ILLINOIS DELIVERED TO APPROXIMATELY 600 INMATES IN 54 PRISONS; AND CRIMINON TEXAS DELIVERED TO 260 IN 85 INSTITUTIONS.

IN MID 2004, CRIMINON NEW JERSEY WAS ESTABLISHED AND BY THE END OF THE YEAR THEY WERE DELIVERING TO 90 INMATES IN 16 PRISONS IN NEW JERSEY AND NEW YORK STATE.

IN 2004, CRIMINON INCREASED ITS DELIVERY IN ITS FIRST RESIDENTIAL RE-ENTRY CENTER IN SAN FRANCISCO BY EXPANDING TO A SECOND BUILDING. THIS CENTER DELIVERS CRIMINON COURSES TO PAROLEES, PROBATIONERS (MANY FORMERLY HOMELESS) AS WELL AS THOSE SENTENCED TO DO REHABILITATIVE SERVICES BY THE COURTS.

AS A FORM OF ALTERNATIVE SENTENCING, CRIMINON HAS CONTINUED DELIVERING THE WAY TO HAPPINESS COURSE TO JUVENILE OFFENDERS IN LIAISON WITH THE SAN BERNADINO COUNTY, CALIFORNIA PROBATION DEPARTMENT. THERE WAS ALSO A PROGRAM DELIVERED IN A TEXAS PAROLE OFFICE TO PAROLEES TO ASSIST WITH COMMUNICATION AND EDUCATION ON DRUGS.

TO ASSIST THE GROWING NUMBER OF CRIMINON CORRESPONDENCE SUPERVISORS, CRIMINON INTERNATIONAL UPGRADED ITS WEBSITE SO THAT INDIVIDUAL SUPERVISORS CAN MORE QUICKLY DOWNLOAD LESSONS AND FORMS FOR INMATES IN ORDER TO INCREASE THE SPEED OF RESPONSE TO THE INMATES.

INTERNATIONALLY, OTHER CRIMINON GROUPS HAVE EXPANDED IN 2004 AS FOLLOWS: CRIMINON IN FRANCE EXPANDED TO 46 PRISONS; CRIMINON SOUTH AFRICA INCREASED DELIVERY FROM 684 STUDENTS ON THE PROGRAM AT THE BEGINNING OF 2004 TO ALMOST 1,100 AT THE END OF 2004; CRIMINON GROUPS IN ITALY EXPANDED FROM 36 PRISONS AT THE BEGINNING OF THE YEAR TO 46 PRISONS AT THE END OF THE YEAR.

CRIMINON ISRAEL HAS EXPANDED THEIR ON-SITE PROGRAMS FROM 3 PRISONS IN 2003 TO 9 PRISONS IN 2004. APPROVAL WAS OBTAINED FROM THE HEAD OF EDUCATION FOR THE PRISON SYSTEM IN ISRAEL TO DELIVER CRIMINON COURSES TO PRISON EDUCATION OFFICERS. AS WELL, THE GOVERNMENT PROVIDED FUNDING FOR COURSE SUPERVISOR PAY AND TRANSPORTATION COSTS FOR PROVISION OF SERVICES TO INMATES IN FOUR OF THESE PRISONS.

CRIMINON INDONESIA TRAINED CORRECTIONAL OFFICERS ON CRIMINON COURSES AND ALSO TRAINED 34 SUPERVISORS IN 2004 WHO THEN PUT 194 INMATES THROUGH THE CRIMINON COURSES.

CRIMINON COLOMBIA WAS ESTABLISHED AND BEGAN DELIVERING ON-SITE IN SEVERAL COLOMBIAN PRISONS.

A CRIMINON GROUP WAS ESTABLISHED ON THE ISLAND OF MARTINIQUE, WHICH THEN DELIVERED CORRESPONDENCE COURSES TO INMATES IN THE PRISONS THERE.

CRIMINON CIS PROVIDED SERVICES TO INMATES THROUGH ITS THREE ACTIVE CHAPTERS IN ST. PETERSBURG, MOSCOW AND NOVOSIBIRSK.

THE CRIMINON COURSES HAVE NOW BEEN TRANSLATED INTO SPANISH, FRENCH, ITALIAN, DUTCH, HEBREW, HUNGARIAN, AND THE INDONESIAN LANGUAGE.

CRIMINON UK WAS ACCEPTED AS A MEMBER OF THE OPEN COLLEGE NETWORK AND THE CRIMINON LEARNING SKILLS FOR LIFE COURSE WAS APPROVED FOR COLLEGE CREDITS IN THE UK.

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 GUIDANCE AND OTHER SUPPORT SERVICES TO THEIR MORE THAN 780 VOLUNTEERS.

CRIMINON INTERNATIONAL EXECUTIVES PERSONALLY VISITED LOCAL CRIMINON GROUPS IN SOUTH AFRICA, LONDON, CANADA, SAN FRANCISCO, WASHINGTON D.C., FLORIDA AND ILLINOIS AND ASSISTED THEM IN INCREASING THE SCOPE AND QUALITY OF THEIR DELIVERY.

TRAINING SEMINARS WERE PROVIDED BY CRIMINON INTERNATIONAL IN SOUTH AFRICA, ILLINOIS, WASHINGTON D.C. AND FLORIDA AS WELL AS CALIFORNIA FOR CRIMINON SUPERVISORS AND OTHER INTERESTED PERSONS.

AN INTERNATIONAL CONFERENCE OF EXECUTIVE DIRECTORS OF CRIMINON GROUPS WAS HELD IN ENGLAND WHERE REPRESENTATIVES FROM ENGLAND, SCOTLAND, RUSSIA, HUNGARY, FRANCE, CANADA, GERMANY, INDONESIA AND SEVERAL U.S. STATES WERE BRIEFED BY CRIMINON INTERNATIONAL ON EXPANSION PLANS, SUCCESSFUL ACTIONS AND AVAILABLE MATERIALS.

THE WAY TO HAPPINESS CORRESPONDENCE COURSE WAS RE-WRITTEN AT A LOWER LITERACY LEVEL AND WAS RE-PACKAGED FOR USE WITH INMATES REQUIRING A LOWER GRADIENT.

THE COMMUNICATION COURSE AND LEARNING COURSE FOR LOWER LITERACY LEVEL ON-SITE DELIVERY, WERE ILLUSTRATED IN PREPARATION FOR DISTRIBUTION IN 2005.

GRANTS	EXPENSES
200.	78,105.
STATEMENT(S) 9	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE TWO

PUBLIC AWARENESS

THE CRIMINON PRETORIA NEW LIFE CENTER IS LOCATED IN THE PRETORIA MAGISTRATES COURT WHICH IS THE SECOND LARGEST MAGISTRATES COURT IN THE COUNTRY. THE CRIMINON 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 PEOPLE GO THROUGH THESE COURTS IN A DAY.

IN COORDINATION WITH THE DEPARTMENT OF CORRECTIONS, CRIMINON SOUTH AFRICA, ESTABLISHED THE L. RON HUBBARD STUDY CENTER IN THE LIBRARY OF THE LEEUWKOP PRISON IN JOHANNESBURG IN 2003. THE LIBRARY CONTINUED TO BE USED FOR CRIMINON MEETINGS, SEVERAL SERIES OF SEMINARS HELD BY CRIMINON TO TRAIN CORRECTIONAL STAFF AND FOR CORRECTIONAL STAFF TO FURTHER THEIR OWN TRAINING ON CRIMINAL JUSTICE MATTERS.

REPRESENTATIVES OF CRIMINON INTERNATIONAL SPOKE AT A CONGRESSIONAL BREAKFAST IN WASHINGTON D.C. ON CRIMINAL REHABILITATION AND THE CRIMINON PROGRAM.

CRIMINON REPRESENTATIVES JOINED IN AND ATTENDED A COMMUNITY COLLABORATIVE CONFERENCE AT THE INVITATION OF THE CALIFORNIA DEPARTMENT OF CORRECTIONS WHERE THE CRIMINON REHABILITATION SERVICES WERE PROMOTED.

OFFICIAL MEETINGS AND/OR TOURS OF PRISONS WERE HELD IN CALIFORNIA, ILLINOIS, AND WASHINGTON D.C. WITH THE FEDERAL BUREAU OF PRISONS WITH THE VIEW TO IMPLEMENTING THE CRIMINON PROGRAMS.

A VIDEO PRESENTATION OF CRIMINON RESULTS WAS PREPARED AND DISTRIBUTED TO GROUPS AND OFFICIALS. VIDEO PRESENTATIONS WERE MADE BY CRIMINON INDONESIA AND CRIMINON SOUTH AFRICA TO SHOW THE RESULTS OF THE PROGRAM.

CRIMINON INTERNATIONAL CONTINUED IT'S LECTURES TO SCHOOL CHILDREN IN LOS ANGELES AS PART OF ITS CRIME PREVENTION CAMPAIGN WHICH BEGAN AS A RESULT OF CRIMINON INTERACTION WITH INTER-AGENCY GANG TASK FORCE MEMBERS, FORMER GANG MEMBERS AND POLICE OFFICERS

A BROCHURE WAS PREPARED ON CRIMINON INTERNATIONAL AND THE RESULTS OF THE CRIMINON PROGRAMS FOR DISTRIBUTION TO OFFICIALS AND THOSE INTERESTED IN CRIMINON ACTIVITIES. CRIMINON INTERNATIONAL'S WEBSITE WAS COMPLETELY UPGRADED AND REVAMPED WITH A BOOKSTORE PROVIDED FOR PUBLIC TO PURCHASE CRIMINON MATERIALS.

CRIMINON HUNGARY PARTICIPATED IN THE "KRIMINAL EXPO" IN NOVEMBER 2004 IN BUDAPEST. THEIR DISPLAYS AND PROMOTIONAL MATERIALS REACHED THOUSANDS OF ATTENDEES FROM EUROPEAN NATIONS ON THE NEED FOR REHABILITATION OF INMATES AND CRIMINON'S RESULTS. CRIMINON INTERNATIONAL ASSISTED IN THE PREPARATIONS AND MATERIALS FOR THIS CONVENTION.

TO FORM 990, PART III, LINE A

GRANTS EXPENSES

40,287.

STATEMENT(S) 10