

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2007**  
Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning** , and ending

**B** Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

**C** Name of organization

**CRIMINON INTERNATIONAL**

Number and street (or P O box if mail is not delivered to street address)

**431. N BRAND BLVD. #305**

Room/suite

City or town, state or country, and ZIP + 4

**GLENDALE**

**CA 91203**

**D** Employer identification number

**91-2049396**

**E** Telephone number

**818-546-1921**

**F** Accounting method: ☒ Cash

☐ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates **▶** ☐ Yes ☐ No

**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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

**I** Group Exemption Number **▶**

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

**G** Website: **WWW.CRIMINON.ORG**

**J** Organization type

(check only one) ☒ 501(c) ( **3** ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **225,038**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>171,869</b>		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>168,869</b> noncash \$ <b>3,000</b> )			<b>1e</b>	<b>171,869</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>40,529</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>5</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	
<b>7</b>	Other investment income (describe <b>▶</b> )			<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>317</b>		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	<b>-317</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			<b>8d</b>	<b>-317</b>
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>2,626</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>	<b>2,334</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	<b>292</b>
<b>11</b>	Other revenue (from line 103)			<b>11</b>	<b>10,009</b>
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	<b>222,387</b>
<b>13</b>	Program services (from line 103, column (B))			<b>13</b>	<b>160,160</b>
<b>14</b>	Management and general (from line 103, column (C))			<b>14</b>	<b>33,737</b>
<b>15</b>	Fundraising (from line 103, column (D))			<b>15</b>	<b>11,820</b>
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	<b>18,121</b>
<b>17</b>	Total expenses. Add lines 16 and 14, column (A)			<b>17</b>	<b>223,838</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	<b>-1,451</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>-11,210</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>-12,661</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See 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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) <b>STMT 4</b> (cash \$ <b>40,448</b> non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>40,448</b>	<b>40,448</b>		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>SEE STATEMENT 5</b>	<b>9,750</b>	<b>5,850</b>	<b>2,925</b>	<b>975</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	<b>718</b>	<b>431</b>	<b>215</b>	<b>72</b>
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	<b>679</b>		<b>679</b>	
<b>32</b> Legal fees	<b>142</b>	<b>95</b>	<b>47</b>	
<b>33</b> Supplies	<b>9,656</b>	<b>5,528</b>	<b>3,207</b>	<b>921</b>
<b>34</b> Telephone	<b>16,211</b>	<b>9,727</b>	<b>4,863</b>	<b>1,621</b>
<b>35</b> Postage and shipping	<b>18,273</b>	<b>17,542</b>	<b>548</b>	<b>183</b>
<b>36</b> Occupancy	<b>47,772</b>	<b>28,663</b>	<b>14,332</b>	<b>4,777</b>
<b>37</b> Equipment rental and maintenance	<b>695</b>	<b>466</b>	<b>229</b>	
<b>38</b> Printing and publications	<b>2,635</b>	<b>1,845</b>	<b>527</b>	<b>263</b>
<b>39</b> Travel	<b>36,555</b>	<b>31,182</b>	<b>3,259</b>	<b>2,114</b>
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	<b>1,435</b>		<b>1,435</b>	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>1,774</b>	<b>1,064</b>	<b>532</b>	<b>178</b>
<b>43</b> Other expenses not covered above (itemize) <b>a SEE STATEMENT 6</b>	<b>18,974</b>	<b>17,319</b>	<b>939</b>	<b>716</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>205,717</b>	<b>160,160</b>	<b>33,737</b>	<b>11,820</b>

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 the instructions.)**

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.

What is the organization's primary exempt purpose?

► **CRIMINAL REHABILITATION AND EDUCATION.**

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) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a SEE STATEMENT 7**

(Grants and allocations \$ **40,448** )

If this amount includes foreign grants, check here ► ☒

**80,713**

**b SEE STATEMENT 8**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**79,447**

**c**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**160,160**

Form **990** (2007)

**Part IV Balance Sheets (See 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
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	3,526	45	4,653
	<b>46</b> Savings and temporary cash investments	50	46	10
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use	566	<b>52</b>	494
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments—other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 9,433			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 6,401	<b>57c</b> 3,404	3,032	
<b>58</b> Other assets, including program-related investments (describe <b>▶ SEE STATEMENT 10</b> )		4,646	<b>58</b> 4,646	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58		12,192	<b>59</b> 12,835	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	23,323	<b>64b</b>	25,199
	<b>65</b> Other liabilities (describe <b>▶ SEE STATEMENT 11</b> )	79	<b>65</b>	297
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	23,402	<b>66</b>	25,496	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	-11,210	<b>67</b>	-12,661
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-11,210	<b>73</b>	-12,661
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	12,192	<b>74</b>	12,835

<b>Part IV-A</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)</b>	<b>N/A</b>
------------------	---	------------

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	N/A
-----------	--	-----

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify).	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A**      **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

[illegible]

Yes	No
-----	----

▶ 3

75b

**X**

75c

**X**

75d

**X**

**(A) Name and address**

**(B) Loans and Advances**

**(C) Compensation**  
(if not paid,  
enter -0-)

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances	
--	--

NONE.

C

C

0

0

Yes	No
-----	----

76

**X**

77

**X**

78a

**X**

78b

79

# X

80a

**X**

and check whether it is ☐ exempt or ☐ nonexempt

81a

0

81b

**X**

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?		<b>X</b>
<b>b</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.)		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>h</b>	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?		
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88a</b>	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.		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: <b>0</b> , section 4912: <b>0</b> , section 4955: <b>0</b>		
<b>b</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.		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: <b>0</b>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization: <b>0</b>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed: <b>CA</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions): <b>1</b>		
<b>91a</b>	The books are in care of: <b>NANCY POMERANTZ</b> <b>431 N. BRAND BLVD. #305</b> Located at: <b>GLENDALE, CA</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		

Telephone no **818-546-1921**ZIP + 4 **91203**

	Yes	No
<b>91b</b>		<b>X</b>

**Part VI Other Information (continued)****c** At any time during the calendar year, did the organization maintain an office outside of the United States?

91c	Yes	No
		<b>X</b>

If "Yes," enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92****Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated**93** Program service revenue**a** **TRADEMARK LICENSE FEES****b** **PROGRAM FEES****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**102** Gross profit or (loss) from sales of inventory**103** Other revenue **a****b** **FUNDRAISING FEES****c****d****e****104** Subtotal (add columns (B), (D), and (E))**105** Total (add line 104, columns (B), (D), and (E)) ▶

Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
				<b>36,904</b>
				<b>3,625</b>
		<b>14</b>	<b>5</b>	
		<b>1</b>	<b>-317</b>	
				<b>292</b>
				<b>10,009</b>
	<b>0</b>		<b>-312</b>	<b>50,830</b>
				<b>50,518</b>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
<b>93A</b>	<b>FEES FOR LICENSING CRIMINAL REHAB PROGRAMS TO OTHER ORGS.</b>
<b>93B</b>	<b>FEES FOR LIFE SKILLS COURSES FOR INMATES.</b>
<b>102</b>	<b>SALES OF CRIMINON PROGRAM MATERIALS.</b>
<b>103B</b>	<b>FUNDRAISING FEES FROM OTHER EXEMPT ORGANIZATIONS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)****(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes	<b>X</b>	No
-----	----------	----

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes	<b>X</b>	No
-----	----------	----

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**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: 11-17-08  
Type or print name and title: Nancy Pomerantz President

**Paid  
Preparer's  
Use Only**

Preparer's signature: Roland W. Fink, CPA Date: 11/17/08 Check if self-employed: ☒ Preparer's SSN or PTIN (See Gen. Instr. X): P00640573  
Firm's name (or yours if self-employed), address, and ZIP + 4: ROLAND W. FINK, CPA  
2441 HONOLULU AVE., SUITE 120  
MONTROSE, CA 91020-1847  
EIN: 818-249-4577  
Phone no: 818-249-4577

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**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 empl. benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**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 )

1 X

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

- 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?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990**

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

**b** Did the organization make any taxable distributions under section 4966?

4b

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c

**d** Enter the total number of donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► \_\_\_\_\_

0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► \_\_\_\_\_

0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that 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 otherwise meets the  
requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

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

**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

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

**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 11b, 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

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

**c** Add    Amounts from column (e) for lines      15      \_\_\_\_\_      16      \_\_\_\_\_

17      \_\_\_\_\_      20      \_\_\_\_\_      21      \_\_\_\_\_

**d** Add    Line 27a total      \_\_\_\_\_      and line 27b total      \_\_\_\_\_

**e** Public support (line 27c total minus line 27d total)

**f** Total support for section 509(a)(2) test    Enter amount from line 23, column (e)      **27f**      \_\_\_\_\_

**g** **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**      **27g**      \_\_\_\_\_ %

**h** **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**      **27h**      \_\_\_\_\_ %

DAA

**Part V Private School Questionnaire** (See page 9 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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 )	31		
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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	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?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	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 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

<b>Check</b> <input type="checkbox"/>	<b>a</b> if the organization belongs to an affiliated group	<b>Check</b> <input type="checkbox"/>	<b>b</b> if you checked "a" and "limited control" provisions apply
---------------------------------------	---	---------------------------------------	--

  

<b>Limits on Lobbying Expenditures</b>	<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for all electing organizations		
(The term "expenditures" means amounts paid or incurred )				
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>			
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>			
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>			
<b>39</b> Other exempt purpose expenditures	<b>39</b>			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>			
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-				
<table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <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         </td> <td style="width:50%; vertical-align: top;"> <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         </td> </tr> </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	<b>41</b>	
<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			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>			
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>			
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>			

**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 13 of the instructions )

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 14 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

- 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	<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 14 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**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

- b** If "Yes," complete the following schedule

[illegible]



Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2007</b>
For calendar year 2007, or tax year beginning		, and ending
Name  <b>CRIMINON INTERNATIONAL</b>		Employer Identification Number  <b>91-2049396</b>

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

(1)	Name of lender	Relationship to disqualified person
	<b>NARCONON INTERNATIONAL</b>	<b>COMMON LICENSOR</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

(1)	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
	<b>13,000</b>	<b>5/12/06</b>	<b>VARIOUS</b>	<b>AS AVAILABLE</b>	<b>4.000</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

(1)	Security provided by borrower	Purpose of loan
	<b>NONE</b>	<b>REHABILITATION OF CRIMINALS</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

(1)	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
	<b>CASH</b>	<b>23,323</b>	<b>25,199</b>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	<b>Totals</b>	<b>23,323</b>	<b>25,199</b>

Form **4562**  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2007**Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**CRIMINON INTERNATIONAL**

Identifying number

**91-2049396**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>125,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>500,000</b>
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 instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7 Listed property Enter the amount from line 29		7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2006 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 2008 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.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,774</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2007 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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2007 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 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	<b>1,774</b>
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** (2007)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
DIGITAL CAMERAS				7/01/04	12/31/07	\$	\$ 795	\$ 478	\$ -317
PURCHASE						\$	\$ 795	\$ 478	\$ -317
TOTAL						\$	\$ 795	\$ 478	\$ -317

Statement 2 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
BOOK SALES	\$ 2,626	\$ 2,334	\$ 292
TOTAL	\$ 2,626	\$ 2,334	\$ 292

# Federal Statements

## Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name Address	Purpose	Amount
ABLE INTERNATIONAL 7065 HOLLYWOOD BLVD. LOS ANGELES CA 90028	TRADEMARK LICENSE	\$ 18,121
TOTAL		<u>\$ 18,121</u>

## Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib	Book Value		
CRIMINON ISRAEL		LICENSEE		\$ 34,178	\$	CRIMINAL REHABIL.		
PO BOX 51444								
TEL AVIV IS								
CRIMINON MAINE		LICENSEE		1,570		CRIMINAL REHABIL.		
PO BOX 231								
BOOTHBAY ME 04537								
CRIMINON TEXAS		LICENSEE		200		CRIMINAL REHABIL.		
PO BOX 683166								
HOUSTON TX 77068								
SECOND CHANCE PROGRAM								
12157 W LINEBAUGH AVE #356				1,500		CRIMINAL REHABIL.		
TAMPA FL 33626								
CRIMINON SOUTH AFRICA		LICENSEE		3,000		CRIMINAL REHABIL.		
PO BOX 31638								
KYALAMI, GAUTENG SF 1684								

## Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
				\$ 40,448	\$ 0	\$ 0		
TOTAL								

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
NANCY POMERANTZ COMPENSATION	5,850	2,925	975
TOTAL	\$ 5,850	\$ 2,925	\$ 975

**Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
BANK CHARGES	2,815	1,689	845	281
OUTSIDE SERVICES	500	500		
PROMOTION	8,692	8,257		435
MEMBERSHIPS & DUES	184	184		
PROGRAM DELIVERY EXPENSES	5,844	5,844		
RESEARCH MATERIALS	939	845	94	
TOTAL	\$ 18,974	\$ 17,319	\$ 939	\$ 716



**Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

CRIMINAL REHABILITATION AND EDUCATION.  
CRIMINON INTERNATIONAL CONDUCTS AN EXTENSIVE WORLDWIDE EDUCATIONAL AND REHABILITATION PROGRAM TO HELP INMATES AND EX-OFFENDERS BECOME ASSIMILATED BACK INTO SOCIETY BY TEACHING THEM ESSENTIAL LIFE SKILLS THROUGH CORRESPONDENCE AND ON-SITE COURSES IN PRISONS, RE-ENTRY FACILITIES AND COMMUNITY CENTERS. AMONG OTHER THINGS, CRIMINON'S COURSES TEACH VALUES, LEARNING SKILLS, PARENTING SKILLS, HOW TO OVERCOME ADDICTION, AND HOW TO RECOGNIZE AND OVERCOME ANTI-SOCIAL BEHAVIOR. CRIMINON INTERNATIONAL CARRIES OUT ITS EDUCATIONAL AND REHABILITATION PROGRAMS DIRECTLY AND INDIRECTLY THROUGH 101 LOCAL CRIMINON GROUPS BASED IN 36 OTHER COUNTRIES. IN 2007, 11,676 INMATES AND EX-OFFENDERS STARTED ON A CRIMINON PROGRAM FOR THE FIRST TIME, AND INMATES IN 2,020 PRISONS SUCCESSFULLY COMPLETED 12,810 OF ITS COURSES. IN 2007 CRIMINON INTERNATIONAL AND ITS LOCAL GROUPS CONDUCTED REHABILITATION PROGRAMS FOR INMATES IN MAXIMUM SECURITY PRISONS IN CALIFORNIA AND OKLAHOMA; FOR SHORTER-TERM OFFENDERS IN ORANGE COUNTY, CALIFORNIA, NORTHERN CALIFORNIA AND WASHINGTON DC; FOR INCARCERATED YOUTH IN FACILITIES IN LOS ANGELES, CALIFORNIA, FLORIDA, TEXAS AND ILLINOIS; FOR AT-RISK YOUTH THROUGHOUT LOS ANGELES; AND AS AN ALTERNATIVE TO INCARCERATION IN SAN BERNARDINO, CALIFORNIA, WASHINGTON DC AND BATON ROUGE, LOUISIANA. CRIMINON INTERNATIONAL STAFF ALSO WORKED CLOSELY WITH GANG INTERVENTION AND PREVENTION SPECIALISTS IN LOS ANGELES TO HELP BRING PEACE AMONG RIVAL NEIGHBORHOOD GANGS.

DURING THE PAST YEAR CRIMINON INTERNATIONAL ASSISTED ITS CONTINENTAL AND LOCAL CRIMINON GROUPS TO IMPROVE THEIR REHABILITATION PROGRAMS BY PROVIDING ONGOING GUIDANCE AND TECHNICAL SUPPORT SERVICES TO OVER 1000 STAFF AND VOLUNTEERS. CRIMINON INTERNATIONAL STAFF PERSONALLY VISITED AND WORKED WITH GROUPS IN SOUTH AFRICA, LONDON, CANADA, ILLINOIS, SAN FRANCISCO, WASHINGTON DC AND FLORIDA AS WELL AS A NUMBER OF LOCAL CALIFORNIA GROUPS. CRIMINON INTERNATIONAL ASSISTED THE OPENING OF LOCAL CRIMINON GROUPS IN THE FOLLOWING NEW COUNTRIES IN 2007: JAPAN, BOTSWANA, KENYA, RWANDA, ETHIOPIA, BELGIUM AND THE UKRAINE.

**Statement 8 - Form 990, Part III, Line b - Statement of Program Service Accomplishments****Description**

RAISING PUBLIC AWARENESS.

DURING 2007 CRIMINON INTERNATIONAL CONDUCTED 45 CRIME PREVENTION WORKSHOPS FOR AT-RISK CHILDREN LIVING IN THE GREATER LOS ANGELES AREA AIMED AT RAISING THEIR AWARENESS OF THE CONSEQUENCES OF CRIMINAL BEHAVIOR, EVEN PETTY INFRACTIONS. THESE WORKSHOPS INCLUDED, FOR EXAMPLE, A YEAR-LONG SERIES OF 30 WORKSHOPS GIVEN TO OVER 100 AT-RISK YOUTH IN COORDINATION WITH THE LOS ANGELES POLICE DEPARTMENT AND 15 SEMINARS GIVEN TO AT-RISK YOUTH IN A CHARTER SCHOOL, AN ALTERNATIVE SCHOOL AND SEVERAL PRIVATE HIGH SCHOOLS IN THE LOS ANGELES AREA.

**Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
SEE ATTACHED SCHEDULE	\$ 8,509	\$ 5,105	\$ 9,433	\$ 6,401
TOTAL	<u>\$ 8,509</u>	<u>\$ 5,105</u>	<u>\$ 9,433</u>	<u>\$ 6,401</u>

**Statement 10 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 4,646	\$ 4,646
TOTAL	<u>\$ 4,646</u>	<u>\$ 4,646</u>

**Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SALES TAX PAYABLE	\$ 79	\$ 297
TOTAL	<u>\$ 79</u>	<u>\$ 297</u>

## Federal Statements

## Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NANCY POMERANTZ 431 N. BRAND BLVD. #305 GLENDALE CA 91203	PRES/DIR	30	9,750	0	0
DENISE GEORGIOUS 431 N. BRAND BLVD. #305 GLENDALE CA 91203	SEC'Y/DIR	0	0	0	0
TERRY JOHNSTON 431 N. BRAND BLVD. #305 GLENDALE CA 91203	TREASURER	0	0	0	0
JOAN LONSTEIN 431 N. BRAND BLVD. #305 GLENDALE CA 91203	DIRECTOR	0	0	0	0
LAURIE ZURN 431 N. BRAND BLVD. #305 GLENDALE CA 91203	TRUSTEE	0	0	0	0
PHIL HART 431 N. BRAND BLVD. #305 GLENDALE CA 91203	TRUSTEE	0	0	0	0
JONI GINSBERG 431 N. BRAND BLVD. #305 GLENDALE CA 91203	TRUSTEE	0	0	0	0
NOTE:					
ALL OFFICERS, DIRECTORS OR TRUSTEES					
RECEIVING COMPENSATION WERE COMPENS-					
ATED SOLELY FOR THEIR SERVICES AS					

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key  
Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
EMPLOYEES AND NOT AS OFFICERS, DIRECTORS OR TRUSTEES.		0	0	0	0

**Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2006	2005	2004	2003
FUNDRAISING FEES	\$ 11,302	\$ 34	\$ 25	\$ 50
TOTAL	\$ 11,302	\$ 34	\$ 25	\$ 50

## Fixed Assets and Depreciation - Form 990

91-2049396

Page 1

FYE: 12/31/2007

Asset	Date In Service	Property Description	*	Tax Cost	Tax-Meth Conv	Tax Period	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
<b>Group: Computer Equipment</b>										
3	6/01/03	Computer Monitor		140	S/L-MO	5.0	128	12	140	0
4	7/01/04	Digital Camaras	*	795	S/L-MO	5.0	398	80	478	317
5	7/01/04	Computer		538	S/L-MO	5.0	270	108	378	160
8	7/01/05	Fyr's Computer		384	S/L-MO	5.0	115	77	192	192
11	7/01/06	Laptop		1,189	S/L-MO	5.0	119	238	357	832
12	6/30/07	Flat Screen Monitor		216	S/L-MO	3.0	0	36	36	180
13	6/30/07	Sony Digital Camera		298	S/L-MO	3.0	0	50	50	248
14	6/30/07	Cool Pix Digital Camera		195	S/L-MO	3.0	0	32	32	163
15	6/30/07	WUS Printer		205	S/L-MO	3.0	0	34	34	171
<b>Computer Equipment</b>				3,960			1,030	667	1,697	2,263
<b>*Less: Dispositions</b>				795			398	0	478	317
<b>Net Computer Equipment</b>				3,165			632	667	1,219	1,946
<b>Group: Furniture &amp; Equipment</b>										
6	7/01/04	File Cabinets		619	S/L-MO	5.0	310	124	434	185
9	7/01/05	Card Display		169	S/L-MO	5.0	51	34	85	84
16	6/30/07	Answering Machine Phone		195	S/L-MO	5.0	0	19	19	176
17	6/30/07	WUS Shelving		610	S/L-MO	5.0	0	61	61	549
<b>Furniture &amp; Equipment</b>				1,593			361	238	599	994
<b>Group: Motor Vehicles</b>										
7	7/01/04	2000 Toyota Echo		4,130	S/L-MO	3.0	3,442	688	4,130	0
<b>Motor Vehicles</b>				4,130			3,442	688	4,130	0
<b>Group: Software</b>										
10	7/01/05	Software		545	S/L-MO	3.0	272	181	453	92
<b>Software</b>				545			272	181	453	92
<b>Grand Total</b>				10,228			5,105	1,774	6,879	3,349
<b>Less: Dispositions</b>				795			398	0	478	317
<b>Net Grand Total</b>				9,433			4,707	1,774	6,401	3,032

- 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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.			
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <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>431 North Brand Blvd., Suite 305</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Glendale CA 91203</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-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

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

• The books are in the care of **Nancy Pomerantz**  
 Telephone No. **( 818 ) 546 1921** FAX No. **( 818 ) 546-1912**

- 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 **15 November**, 20**08**.
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to compile the information necessary to prepare a complete and accurate return.**

<b>8a</b> 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>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> 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.	<b>8c</b>	\$

**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 **Nancy Pomerantz** Title **President** Date **8-14-08**  
 Form 8868 (Rev 4-2008)