

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CRIMINON INTERNATIONAL		D Employer identification number 91-2049396
		Number and street (or P O box if mail is not delivered to street address) 7060 HOLLYWOOD BLVD.		E Telephone number 323-962-2404
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90028		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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).		

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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **207443.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received			1d	
	a Direct public support	1a	175034.		
	b Indirect public support	1b	4949.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 179983. noncash \$)			1d	179983.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	21461.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	11.
	5 Dividends and interest from securities			5	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe ▶)			7		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a Gross sales of inventory, less returns and allowances	10a	5954.		
	b Less cost of goods sold	10b	2006.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 1	10c	3948.
11 Other revenue (from Part VII, line 103)			11	34.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	205437.	
Net Assets	13 Program services (from line 44, column (B))			13	138110.
	14 Management and general (from line 44, column (C))			14	34177.
	15 Fundraising (from line 44, column (D))			15	12729.
	16 Payments to affiliates (attach schedule)		SEE STATEMENT 2	16	16177.
	17 Total expenses (add lines 16 and 44, column (A))			17	201193.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	4244.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	13114.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	17358.	

523001
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

19401115 131924 S0156

2005.06000 CRIMINON INTERNATIONAL

S0156__1

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.

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 \$ <u>11700.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> X	22 11700.	11700.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 24650.	14790.		2465.
26 Other salaries and wages	26 5090.	3054.	1527.	509.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 2735.	1641.	821.	273.
30 Professional fundraising fees	30			
31 Accounting fees	31 1386.		1386.	
32 Legal fees	32 1615.	1082.	533.	
33 Supplies	33 8037.	4823.	2410.	804.
34 Telephone	34 7866.	4719.	2360.	787.
35 Postage and shipping	35 20130.	19325.	604.	201.
36 Occupancy	36 44564.	26739.	13369.	4456.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 731.	512.	146.	73.
39 Travel	39 33276.	29419.	2105.	1752.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 2365.	1419.	710.	236.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 20871.	18887.	811.	1173.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 185016.	138110.	34177.	12729.

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 ☒ **X**If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

* * SEE STATEMENT 4

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? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a CRIMINAL REHABILITATION SEE STATEMENT 10	
(Grants and allocations \$ 11700.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	87961.
b PUBLIC AWARENESS SEE STATEMENT 11	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	50149.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	138110.

Form 990 (2005)

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
Assets	45 Cash - non-interest-bearing	5677.	10955.
	46 Savings and temporary cash investments	1013.	1207.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	293.	719.
	53 Prepaid expenses and deferred charges		
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	13127.		
b Less: accumulated depreciation STMT 7	8263.		
58 Other assets (describe ►)			
59 Total assets (must equal line 74). Add lines 45 through 58	13114.	17745.	
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► SALES TAX DUE)		387.
66 Total liabilities. Add lines 60 through 65)	0.	387.	
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		
	68 Temporarily restricted		
	69 Permanently restricted		
	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.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	13114.	17358.
	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)	13114.	17358.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	13114.	17745.	

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

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

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

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

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.)

(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 plans	(E) Expense account and other allowances
NANCY POMERANTZ 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	PRESIDENT/DIRECTOR 30.00	24650.	0.	0.
MICHAEL LAUNITZ 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	SECRETARY/DIRECTOR 0.00	0.	0.	0.
TERRY JOHNSTON 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TREASURER 0.00	0.	0.	0.
JOAN LONSTEIN 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	DIRECTOR 0.00	0.	0.	0.
LAURIE ZURN 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0.00	0.	0.	0.
PHIL HART 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0.00	0.	0.	0.
JONI GINSBERG 7060 HOLLYWOOD BLVD. #220 LOS ANGELES, CA 90028	TRUSTEE 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? SEE STATEMENT 8

75c X

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

N/A

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 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?

80a X

b If "Yes," enter the name of the organization N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

81a 0.

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

Yes No

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?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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?	85h		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	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.)	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	88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ▶ CA			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		1
91 a	The books are in care of ▶ NANCY POMERANTZ Telephone no ▶ 323-962-2404 Located at ▶ 7060 HOLLYWOOD BLVD. #220, LOS ANGELES, CA ZIP + 4 ▶ 90028			
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See 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					20627.
b PROGRAM FEES					834.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11.	
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					3948.
103 Other revenue:					
a COMMISSIONS			01	34.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		45.	25409.
105 Total (add line 104, columns (B), (D), and (E))					25454.

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 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)

93B LIFE SKILLS COURSES FOR INMATES

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 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 the instructions)


(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer	11-15-06 Date	NANCY POMERANTZ, PRESIDENT Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN Phone no		

523163
02-03-06

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2005

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-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	0	

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	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)

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

- 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.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c 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?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	157749.	30854.	27660.	177866.	394129.
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	28329.	11547.	1854.	6276.	48006.
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	0.	101.	487.	1771.	2359.
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.	25.	50.	SEE STATEMENT 9 100.		175.
23 Total of lines 15 through 22	186103.	42552.	30101.	185913.	444669.
24 Line 23 minus line 17	157774.	31005.	28247.	179637.	396663.
25 Enter 1% of line 23	1861.	426.	301.	1859.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					7933.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					126134.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					396663.
d Add: Amounts from column (e) for lines 18 <u>2359.</u> 19 <u>126134.</u> 22 <u>175.</u> 26b <u>126134.</u>					128668.
e Public support (line 26c minus line 26d total)					267995.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					67.5624%
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: (2004) <u>N/A</u> (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u>					
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: (2004) <u>N/A</u> (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u>					
c Add: Amounts from column (e) for lines 15 <u>186103.</u> 16 <u>185913.</u> 17 <u>157774.</u> 20 <u>179637.</u> 21 <u>128668.</u>					N/A
d Add: Line 27a total <u>128668.</u> and line 27b total <u>128668.</u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

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)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2005

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 groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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 -			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is -			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
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

2005 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.	1413.		129.
2	COMPUTERS	031501	200DB	5.00	16	4265.			4265.	3528.		295.
3	COMPUTERS	060103	200DB	5.00	16	140.			140.	73.		27.
4	DIGITAL CAMERAS	070104	SL	5.00	16	795.			795.	80.		159.
5	COMPUTERS	070104	SL	5.00	16	538.			538.	54.		108.
6	FILE CABINETS	070104	SL	5.00	16	619.			619.	62.		124.
7	2000 TOYOTA ECHO	070104	SL	3.00	16	4130.			4130.	688.		1377.
8	COMPUTERS	070105	SL	5.00	16	384.			384.			38.
26	CARD DISPLAY	070105	SL	5.00	16	169.			169.			17.
27	SOFTWARE	070105	SL	3.00	16	545.			545.			91.
* TOTAL 990 PAGE 2 DEPR						13127.		0.	13127.	5898.	0.	2365.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	5954	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5954
4. COST OF GOODS SOLD (LINE 13)	2006	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3948

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	293	
7. MERCHANDISE PURCHASED	2432	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		2725
12. INVENTORY AT END OF YEAR	719	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		2006

FORM 990

PAYMENTS TO AFFILIATES

STATEMENT

2

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

ASSOCIATION FOR BETTER LIVING &
EDUCATION INTERNATIONAL7065 HOLLYWOOD BLVD., LOS ANGELES,
CA 90028

PURPOSE OF PAYMENT

AMOUNT

TRADEMARK LICENSING FEES

16177.

TOTAL TO FORM 990, PART I, LINE 16

16177.

FORM 990

OTHER EXPENSES

STATEMENT

3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM DELIVERY EXPENSES	12043.	12043.		
PROMOTION	4837.	4595.		242.
LICENSES & FEES	47.		47.	
MEMBERSHIPS & DUES	641.	641.		
BANK CHARGES	2507.	1504.	752.	251.
STAFF TRAINING	116.	104.	12.	
REFERRAL FEES	680.			680.
TOTAL TO FM 990, LN 43	20871.	18887.	811.	1173.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT	4
----------	---	-----------	---

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NANCY POMERTANTZ	24650.			24650.
A. PROGRAM SERVICES	14790.			14790.
B. MANAGEMENT AND GENERAL	7395.			7395.
C. FUNDRAISING	2465.			2465.
TOTAL PROGRAM SERVICES				14790.
TOTAL MANAGEMENT AND GENERAL				7395.
TOTAL FUNDRAISING				2465.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>24650.</u>

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
----------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CRIMINAL REHABILITATION	CRIMINON ISRAEL		LICENSEE	11700.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>11700.</u>

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
----------	--	-----------	---

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 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	1542.	1542.	0.
COMPUTERS	4265.	3823.	442.
COMPUTERS	140.	100.	40.
DIGITAL CAMERAS	795.	239.	556.
COMPUTERS	538.	162.	376.
FILE CABINETS	619.	186.	433.
2000 TOYOTA ECHO	4130.	2065.	2065.
COMPUTERS	384.	38.	346.
CARD DISPLAY	169.	17.	152.
SOFTWARE	545.	91.	454.
TOTAL TO FORM 990, PART IV, LN 57	13127.	8263.	4864.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 8

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
LAURIE ZURN	4054.	0.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
ABLE INTERNATIONAL	95-4188814

RELATIONSHIP BETWEEN ORGANIZATIONS

LICENSOR

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
PHIL HART	57327.	0.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
NARCONON INTERNATIONAL	95-2769582

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED BY COMMON LICENSOR

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JONI GINSBERG	44673.	0.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
THE WAY TO HAPPINESS FOUNDATION INT	95-3937092

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED BY COMMON LICENSOR

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MICHAEL LAUNITZ	390.	0.	0.
NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER		
NARCONON INTERNATIONAL	95-2769582		
RELATIONSHIP BETWEEN ORGANIZATIONS			
RELATED BY COMMON LICENSOR			

SCHEDULE A	OTHER INCOME	STATEMENT	9
------------	--------------	-----------	---

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
SALE OF INVENTORY	0.	50.	100.	0.
COMMISSIONS RECEIVED	25.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	25.	50.	100.	0.

CRIMINON INTERNATIONAL

Federal ID 91-2049396

Statement # 10

2005

FORM 990, PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ONE

CRIMINAL REHABILITATION

CRIMINON INTERNATIONAL SEEKS TO ASSIST INMATES AND EX-OFFENDERS THROUGH EDUCATIONAL AND LIFE SKILLS TRAINING PROVIDING THEM WITH THE TOOLS NECESSARY TO 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 GIVING THEM A MEANS TO MAKE BETTER CHOICES. 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 ALSO DELIVERS ITS COURSES TO AT RISK YOUTH AS A PREVENTATIVE MEASURE WITH THE GOAL OF THE STUDENT HAVING NO FUTURE CONTACT WITH THE CRIMINAL JUSTICE SYSTEM.

CRIMINON INTERNATIONAL AND ITS 54 GROUPS HAVE DELIVERED 21,743 OF THESE COURSES TO DATE. INMATES CONSISTENTLY REPORT THAT THE CRIMINON PROGRAM ENABLES THEM TO LEAD A MORE POSITIVE LIFE.

IN THE YEAR 2005, MORE THAN 8,800 NEW INMATES AND EX-OFFENDERS STARTED ON THE CRIMINON PROGRAM. THERE WERE 7,070 CRIMINON COURSE COMPLETIONS INTERNATIONALLY - BOTH FROM CORRESPONDENCE AND ON-SITE PROGRAMS. THIS WAS AN INCREASE OF 3,385 OVER 2004. AT THE END OF THE YEAR, THERE WERE 8,480 INMATES OR EX-OFFENDERS STUDYING CRIMINON COURSES INTERNATIONALLY.

EXAMPLES OF CRIMINON SERVICES PROVIDED WITHIN THE UNITED STATES WERE:

CRIMINON FLORIDA DELIVERED CRIMINON COURSES IN OVER 800 PRISONS WITH AN AVERAGE OF 2280 STUDENTS ON THE COURSE AT ANY TIME; CRIMINON ILLINOIS DELIVERED TO APPROXIMATELY 880 INMATES IN 58 PRISONS; AND CRIMINON TEXAS DELIVERED TO 260 IN 85 INSTITUTIONS.

IN 2004, CRIMINON INCREASED ITS DELIVERY IN ITS FIRST RESIDENTIAL RE-ENTRY CENTER IN SAN FRANCISCO IN ITS TWO FACILITIES. THIS CENTER DELIVERS CRIMINON COURSES TO PAROLEES, PROBATIONERS (MANY FORMERLY HOMELESS) AS WELL AS THOSE SENTENCED TO DO REHABILITATIVE SERVICES BY THE COURTS. IN 2005, THE CRIMINON SERVICES WERE EXPANDED TO INCLUDE COMPREHENSIVE SERVICES TO ADDRESS DRUG ABUSE, A FULL LITERACY PROGRAM AS WELL AS JOB TRAINING.

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.

DELIVERY OF CRIMINON COURSES IN COMMUNICATION SKILLS, WAS IMPLEMENTED FOR STUDENTS AT A HIGH SCHOOL FOR AT RISK YOUTH IN LOS ANGELES.

CRIMINON LICENSEE IN COMPTON, CALIFORNIA - *WOLRD LITERACY CRUSADE* - EXPANDED ITS LITERACY PROGRAMS TO INCLUDE FULL DRUG REHABILITATION SERVICES AND ADDITIONAL CRIMINON COURSES TO AT RISK YOUTH, MOST OF WHOM HAVE BEEN IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM.

IN RESPONSE TO DEMAND FOR THE REVISED *THE WAY TO HAPPINESS COURSE*, WHICH WAS REPACKAGED TO MEET SECURITY REQUIREMENTS FOR MAXIMUM SECURITY PRISONS, CRIMINON INTERNATIONAL SENT OUT OVER 500 COURSE PACKS IN 2005 TO INMATES IN MAXIMUM SECURITY PRISONS IN CALIFORNIA WHO REQUESTED TO DO THE COURSE. IN ORDER TO SERVICE THESE INMATES REQUESTS, NEW SUPERVISORS WERE RECRUITED AND TRAINED BY CRIMINON INTERNATIONAL TO WORK WITH THESE INMATES. THIS DELIVERY WAS LARGELY DONE DIRECTLY BY CRIMINON INTERNATIONAL STAFF AND VOLUNTEERS. WORD OF MOUTH SPREAD AMONG THE INSTITUTIONS AND CRIMINON INTERNATIONAL RECEIVED WEEKLY REQUESTS FROM NEW INMATES TO DO THE COURSE.

INTERNATIONALLY, OTHER CRIMINON GROUPS HAVE EXPANDED IN 2005 AS FOLLOWS: CRIMINON IN FRANCE EXPANDED TO 46 PRISONS; CRIMINON SOUTH

AFRICA INCREASED DELIVERY FROM 1,100 STUDENTS ON THE PROGRAM AT THE BEGINNING OF 2005 TO OVER 1500 AT THE END OF 2005; CRIMINON SOUTH AFRICA GRADUATED 462 INMATES FROM THEIR WAY TO HAPPINESS PROGRAM; CRIMINON GROUPS IN ITALY EXPANDED FROM 46 PRISONS AT THE BEGINNING OF THE YEAR TO 70 PRISONS AT THE END OF THE YEAR.

CRIMINON ISRAEL EXPANDED THEIR ON-SITE PROGRAMS FROM 9 TO 11 PRISONS. APPROVAL WAS OBTAINED FROM THE HEAD OF EDUCATION FOR THE PRISON SYSTEM IN ISRAEL TO DELIVER CRIMINON COURSES TO PRISON EDUCATION OFFICERS INITIAL TRAINING WAS DONE. 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 ISRAEL EXPANDED THE DELIVERY OF THE CRIMINON PROGRAM TO TRAIN TEACHERS AND CHILDREN IN SCHOOLS IN ISRAEL WITH THE CRIMINON COMMUNICATION AND LEARNING COURSES. THERE WERE 709 SCHOOL CHILDREN IN ISRAEL WHO WERE PUT THROUGH CRIMINON COURSES.

CRIMINON INDONESIA TRAINED 450 CORRECTIONAL OFFICERS AND INMATES ON CRIMINON COURSES IN 2005. EACH WERE PUT THROUGH A SERIES OF 3 TO 4 COURSES. THE DELIVERY WAS SUPERVISED BY CORRECTIONAL OFFICERS AND INMATES WHO WERE TRAINED BY CRIMINON INDONESIA IN 2004.

CRIMINON COLOMBIA CONTINUED DELIVERING ON-SITE IN SEVERAL COLOMBIAN PRISONS IN 2005 AND STARTED DELIVERY OF THE CRIMINON COURSES TO PARAMILITARY PERSONNEL IN AN ATTEMPT TO GET THEM SMOOTHLY RE-INTEGRATED BACK INTO SOCIETY. THE CRIMINON DELIVERY DONE WITH THE FORMER PARAMILITARY TROOPS WAS REQUESTED OF CRIMINON BY VARIOUS GOVERNMENT OFFICIALS.

IN HONDURAS, THE CRIMINON PROGRAM WAS DELIVERED IN CEFAS WOMAN'S PRISON. 187 WOMEN OUT OF 210 WERE PUT THROUGH SEVERAL OF THE CRIMINON COURSES. THIS POSITIVE DELIVERY RESULTS WERE DOCUMENTED IN A SCIENTIFIC STUDY.

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

NEW COUNTRIES OPENED UP TO CRIMINON, WHERE FUTURE DELIVERY IS BEING PLANNED INCLUDED: IRELAND, THAILAND, VENEZUELA AND PAKISTAN.

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

CRIMINON UK, A MEMBER OF THE OPEN COLLEGE NETWORK RECEIVED APPROVAL FOR THEIR SECOND CRIMINON COURSE TO RECEIVE COLLEGE CREDITS IN THE UK.

THE COURSE APPROVED IN 2005 WAS THE *CRIMINON UNDERSTANDING AND OVERCOMING ADDICTION COURSE*

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 950 VOLUNTEERS.

CRIMINON INTERNATIONAL EXECUTIVES PERSONALLY VISITED LOCAL CRIMINON GROUPS IN SOUTH AFRICA, COLOMBIA, ISRAEL, 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, ISRAEL, COLOMBIA, 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, SPAIN AND SEVERAL U.S. STATES WERE BRIEFED BY CRIMINON INTERNATIONAL ON EXPANSION PLANS, SUCCESSFUL ACTIONS AND AVAILABLE MATERIALS.

THE COMMUNICATION COURSE AND LEARNING COURSE FOR LOWER LITERACY LEVEL ON-SITE DELIVERY, WERE FINALIZED, PRINTED AND DISTRIBUTED TO THE CRIMINON GROUPS FOR USE WITH THEIR STUDENTS.

To Form 990, Part III, Line A

Grants	Expenses
\$11,700	\$87,961

CRIMINON INTERNATIONAL

Federal ID 91-2049396

Statement # 11

FORM 990, PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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.

CRIMINON REPRESENTATIVES JOINED IN AND ATTENDED SEVERAL COMMUNITY COLLABORATIVE CONFERENCES AT THE INVITATION OF THE CALIFORNIA DEPARTMENT OF CORRECTIONS WHERE THE CRIMINON REHABILITATION SERVICES WERE PROMOTED. CRIMINON INTERNATIONAL WAS AS A RESULT LISTED ON THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION WEBSITE UNDER THEIR COMMUNITY RESOURCES SECTION.

OFFICIAL MEETINGS AND/OR TOURS OF PRISONS AND JAILS WERE HELD IN CALIFORNIA, ILLINOIS, FLORIDA, AND OKLAHOMA BY CRIMINON INTERNATIONAL STAFF. AS WELL, AN OFFICIAL TOUR WAS DONE IN CALIFORNIA OF A FEDERAL PRISON.

ADDITIONAL VIDEO PRESENTATIONS WERE MADE BY CRIMINON INDONESIA, ISRAEL, HUNGARY, COLOMBIA, AND CRIMINON SOUTH AFRICA TO SHOW THE RESULTS OF THE PROGRAM IN 2005.

REPRESENTATIVES FROM CRIMINON INTERNATIONAL AND CRIMINON COLOMBIA WERE KEY SPEAKERS AT A SYMPOSIUM FOR RESTORATIVE JUSTICE AND PEACE IN COLOMBIA. THE SYMPOSIUM WAS ATTENDED BY TOP OFFICIALS FROM ALL OVER THE WORLD.

A REPRESENTATIVE OF CRIMINON INTERNATIONAL WAS A KEY SPEAKER AT A CONFERENCE HELD IN INDONESIA BY THE INDONESIAN MINISTRY OF LAW AND HUMAN RIGHTS. THE CONFERENCE WAS ATTENDED BY REPRESENTATIVES FROM JAPAN, NEPAL, AUSTRALIA, NEW ZEALAND AND SINGAPORE.

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 IN 2004 ON CRIMINON INTERNATIONAL AND THE RESULTS OF THE CRIMINON PROGRAMS FOR DISTRIBUTION TO OFFICIALS AND THOSE INTERESTED IN CRIMINON ACTIVITIES. IN 2005 THIS WAS TRANSLATED INTO MANY LANGUAGES AND DISTRIBUTED BY CRIMINON INTERNATIONAL TO THE CRIMINON GROUPS FOR THEIR DISTRIBUTION AND USE.

IN 2005, CRIMINON INTERNATIONAL LAUNCHED AN INMATE ART CAMPAIGN. UTILIZING ART WORK DONE FOR CRIMINON BY INMATES ACROSS THE US AND INTERNATIONALLY, AN ART GALLERY WAS ADDED TO CRIMINON INTERNATIONAL'S WEBSITE. ADDITIONALLY, NOTE CARDS DISPLAYING THE ARTWORK OF INMATES AND PROMOTING CRIMINON WERE PRODUCED AND PROVIDED TO THE PUBLIC AND TO THE INMATES THEMSELVES.

CRIMINON INTERNATIONAL ASSISTED CRIMINON HUNGARY IN ITS PREPARATION AND MATERIALS IN READINESS FOR ITS PARTICIPATION IN THE "KRIMINAL EXPO" IN NOVEMBER 2005 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. OVER 3,000 *THE WAY TO HAPPINESS* BOOKLETS WERE PASSED OUT AS WELL AS 1,700 CD ROMS ON THE CRIMINON PROGRAM RESULTS.

To Form 990, Part III, Line B

Grants

Expenses
\$50,149

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

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Criminon International	Employer identification number 91-2049396
	Number, street, and room or suite no. If a P.O. box, see instructions 7060 Hollywood Blvd #220	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, CA. 90028	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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. **(323) 962-2404** FAX No. **(323) 962-6872**
- 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 **Nov. 15**, 20**06**
- 5 For calendar year **2005**, 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 for review by accountants.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

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 **8-15-06****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other _____

Director _____	By: _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 21 2006 OGDEN, UT </div>
Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.		
Type or print	Name	
	Number and street (include suite, room, or apt. no.) or a P.O. box number	
	City or town, province or state, and country (including postal or ZIP code)	