Form '990

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

1998

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

This Form is Open to Public Inspection

- Out-1/6	, 19
B Check if. Please C Name of organization	r identification number
Change use IRS	
address label or Print or APPLIED SCHOLASTICS INCORPORATED 23-	7250829
Initial type. Number and street for P.O. box if mail is not delivered to street address.) Room/suite. E. Telephon	
	3)962-2907
C Amended Institute	if exemption
tions. City or town, state or country, and ZIP+4 F Check LOS ANGELES, CA 90028-6015	application is pending
G Type of organization → X Exempt under 501(c) (3) (insert number) OR ► section 4947(a)(1) nonexempt charitable	
• • • • • • • • • • • • • • • • • • • •	
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed S	
H(a) is this a group return filed for affiliates? Yes X No 1 If either box in H is checked "Yes," enter	r tour-aigit group
(b) If "Yes," enter the number of affiliates for which this exemption number (GEN)	····
	X Accrual
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with	tne IRS; but
if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.	
Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances	•
1 Contributions, gifts, grants, and similar amounts received:	*
1	
1 11 1 1000000	
c Government contributions (grants)	
21105	21195.
	1476915.
	14/07179
	6183.
***************************************	0103.
	*
77	
n Net ventel improve av (local laubtreet lies Ch from lies Ch)	
5	
7 Other investment income (describe) 7 8 a Gross amount from sale of assets other (A) Securities (B) Other	-
8 a Gross amount from sale of assets other (A) Securities (B) Other than inventory 8a	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	
9 Special events and activities (attach schedule):	**************************************
a Gross revenue (not including \$ of contributions	
reported on line 1a)	
b Less: direct expenses other than fundraising expenses 9b	
c Net income or (loss) from special events (subtract line 9b from line 9a)	
10 a Gross sales of inventory, less returns and allowances	
b Less; cost of goods sold 10b 46690.	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 2 10c	12873.
11 Other revenue (from Partivi) line 103) 11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 60, 7, 8d, 9c, 10c, and 11) 12	
13 Program services (from line 44, column (B))	
14 Management and general (from line 44 column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) SEE STATEMENT 3 16	0.55==0
5 15 Fund aising (from line 44, column (D)) 15	10.000
16 Payments to affiliate (at lady schedule) SEE STATEMENT 3 16	2225
17 Total expenses (add-lines-16-and-44-column (A)) 17	1515886.
18 Excess or (deficit) for the year (subtract line 17 from line 19)	1000
19 Net assets or fund balances at beginning of year (from line 73, column (A))	
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	
LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.	Form 990 (1998)

23-7250829

	Statement of All organization All organization (4) or	oaniz	ations and section 4947(a)(1) nonexempt charitable tru	i (D) are required for sections to the control of t	n 501(c)(3) and								
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising								
_	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Tulai	` śervices	`and general	(D) Fundraising								
22	Grants and allocations (attach schedule)	22	6446.	6446.	STATEMENT 8									
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	66781.	46746.	13585.	6450.								
26	_	26	487126.	295325.	132010.	59791.								
27		27												
28		28												
29	Payroll taxes	29	50420.	31261.	13109.	6050.								
30	Professional fundraising fees	30												
31	Accounting fees	31	1541.		1541.									
32	Legal fees	32	51272.	36492.	10140.	4640.								
33	Supplies		32389.	16315.	13237.	2837.								
34	Telephone		40908.	25363.	10636.	4909.								
35	Postage and shipping	35	35547.	22643.	5359.	7545.								
36	Occupancy	36	136331.	84526.	35445.	16360.								
37	Equipment rental and maintenance	37	8638.	4992.	2093.	1553.								
38	• • • • • • • • • • • • • • • • • • • •	38	28073.	21459.	4525.	2089.								
39	Travel	39	53590.	46220.	6005.	1365.								
40		40												
		41	1.5000	10400										
	Depreciation, depletion, etc. (attach schedule)	42	16908.	10482.	4397.	2029.								
	Other expenses (itemize):													
	!	43a				,								
		43b				-								
C		43c				···· · · · ·								
d		43d	107206	02625	14400	0261								
44	SEE STATEMENT 4 Total functional expenses (add lines 22 through 43)	43e	107386.	83635.	14490.	9261.								
44	Organizations completing columns (8)-(0), carry these	44	1123356.	731905.	266572.	124879.								
Rep		(Pro	gram services) any joint cos	ts from a combined educat	onal campaign and	totals to lines 13-15								
	draising solicitation?	Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes X No												
				*******************************	▶ [Yes X No								
	es," enter (I) the aggregate amount of these joint cos			*******************************	▶ [
If "Y		sts \$;;	*******************************	Program services \$									
1f "Y (iii)	/es," enter (I) the aggregate amount of these joint cos	its \$; and ((ii) the amount allocated to	Program services \$									
If "Y (iii) Wh	res," enter (I) the aggregate amount of these joint cost the amount allocated to Management and general \$ art III Statement of Program Servicat is the organization's primary exempt purpose? ►	ce /	; and (Accomplishments	(ii) the amount allocated to (iv) the amount allocated to	Program services \$;								
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Part IV Balance Sheets

	re required, attached śchedules and amounts within ind-'of-year amounts only.	the description co	lumn should be	(A) Beginning of year		(B) End of year
45				248308.	45	373862
46	Savings and temporary cash investments				46	
47 a	Accounts receivable .	472	249513.			
	Less: allowance for doubtful accounts		55995.	170462.	\$7c	193518
48 a	***************************************					
l					18c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and					
3	schedule)		120720	888	50	
51 a	***************************************	51a	130/30.	123666.		130730
6 b					51c 52	43547
53	Inventories for sale or use Prepaid expenses and deferred charges				53	35465
54	Investments - securities (attach schedule)				54	33103
55 a		****				
	equipment: basis	55a				
b						
	schedule)	55b				
56	Investments - other	SEE STAT	EMENT 9	9877.	56	9877
57 a	Land, buildings, and equipment: basis	57a	106984.			
b	Less: accumulated depreciation STMT	.i.0 57b	46545.	4 4 4 4 4 4	7c	60439
58	Other assets (describe	SEE STAT	EMENT 11	111771.	58	1400
59	Total assets (add lines 45 through 58) (must equ	al line 74)		832567.	59 59	848838
60	Accounts payable and accrued expenses	•••••		74208.	60	89199
61	Grants payable	• • • • • • • • • • • • • • • • • • • •			61	
62 63 64	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key e			(63	
64	a Tax-exempt bond liabilities				4a	
ı	b Mortgages and other notes payable				4b	
65	Other liabilities (describe		, 		65	·
66	Total liabilities (add lines 60 through 65)			74208.	66	89199
Orga	nizations that follow SFAS 117, check here 🕨 🛭					
.	69 and lines 73 and 74					
67	Unrestricted				67	
68	Temporarily restricted				58	
69	Permanently restricted				<u> </u>	
Orga	nizations that do not follow SFAS 117, check here	X and cor	mplete lines			
	70 through 74			A		0
67 68 69 Orga 70 71 72 73	Capital stock, trust principal, or current funds				70	0.
71	Paid-in or capital surplus, or land, building, and ed				71	759629
72 73	Retained earnings, endowment, accumulated inco			758359.	72	759639
1/0	Total net assets or fund balances (add lines 67 tr			758359.	****	759639
·	column (A) must equal line 19 and column (B) mu	et equal line 041		/ ¬ x < ¬ u •	73	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audite Financial Statements with Revenue processing Return .	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
a ,Total revenue, gains, and other support per audited financial statements	a Total expanses and losess par					
	audited financial statements b Amounts included on line a but not on					
b Amounts included on line a but not on	line 17, Form 990:					
line 12, Form 990: (1) Net unrealized gains	(1) Donated services					
on investments\$	and use of facilities\$					
(2) Donated services	(2) Prior year adjustments					
and use of facilities\$	reported on line 20, Form 990\$					
(3) Recoveries of prior	(3) Losses reported on					
year grants\$	line 20, Form 990\$					
(4) Other (specify):	20000000000					
\$	(4) Other (specify):					
Add amounts on lines (1) through (4) b	Add amounts on lines (1) through (4) b					
c Line a minus line b	c Line a minus line b c					
d Amounts included on line 12, Form	d Amounts included on line 17, Form					
990 but not on line a:	990 but not on line a:					
(1) Investment expenses	(1) Investment expenses					
not included on	not included on					
line 6b, Form 990 \$	line 6b, Form 990\$					
(2) Other (specify):	(2) Other (specify):					
\$						
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2) d					
e Total revenue per line 12, Form 990	e Total expenses per line 17, Form 990					
(line c plus line d) e	(line c plus line d)					
Part V List of Officers, Directors, Trustees, and	Key Employees (List each one even if not compensated.)					
(A) Nama and address	(B) Title and average hours per week devoted to position (If not paid, enter plans & determed position (If not paid, enter plans & determed compensation other allowances					
(A) Name and address	per week devoted to (if not paid, enter plans & deferred compensation other allowances					
JOANNE TAKANO IRWIN	TRUSTEE/DIRECTOR/PRESIDENT					
7060 HOLLYWOOD BLVD. #200,						
LOS ANGELES, CALIF. 90028	<u> 40 24956. 0. 0. </u>					
LAURIE ZURN	TRUSTEE					
7060 HOLLYWOOD BLVD. #200,						
LOS ANGELES, CALIF. 90028	AS NEEDED 0. 0. 0.					
SCOTT TREGURTHA	TRUSTEE					
7060 HOLLYWOOD BLVD. #306						
LOS ANGELES, CALIF. 90028	AS NEEDED 0. 0. 0.					
CLARK CARR	TRUSTEE/DIRECTOR					
7070 HOLLYWOOD BLVD. #220,						
LOS ANGELES, CALIF. 90028	AS NEEDED 0. 0. 0.					
FRANK ZURN	DIRECTOR					
6331 HOLLYWOOD BLVD. #700,						
LOS ANGELES, CALIF. 90028 PHIL HART	AS NEEDED 0. 0. 0.					
	DIRECTOR					
7060 HOLLYWOOD BLVD. #220, LOS ANGELES, CALIF. 90028						
RUTH LYONS	AS NEEDED 0. 0. 0.					
7060 HOLLYWOOD BLVD. #200,	TREASURER					
LOS ANGELES, CALIF. 90028	40 23197. 0. 0.					
MARGARET MCCARTHY	40 23197. 0. 0. 0. SECRETARY					
7060 HOLLYWOOD BLVD., #200,	DECRETARI					
LOS ANGELES, CALIF. 90028	40 18628. 0. 0.					
TOO THOUSING OTHER TO TOO TO	40 18628. 0. 0.					
The state of the s						
75 Did any officer, director, trustee, or key employee receive aggregate co	nnensation of more than \$100,000 from your organization and all related					
organizations, of which more than \$10,000 was provided by the related	organizations? If "Yes," attach schedule. Yes X No					

Form	990 (1998) APPLIED SCHOLASTICS INCORPORATED 23-7250	829		Page 5
Pa	Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
•	If "Yes," attach a conformed copy of the changes.			
	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?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement;			
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 SEE STATEMENT 12			
_	and check whether it is exempt OR nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 0			
	Did the organization file Form 1120-POL for this year?	81b	*******	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			- V
	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 for reporting in Part III)			
02.5		-	X	
83 a	V I I I I I I I I I I I I I I I I I I I	83a	X	<u> </u>
b eac	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Λ	\vdash
84 a b	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
n	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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	500		
	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			
8	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 in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 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?			
	If "Yes," complete Part IX	88		Х
89 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
a	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	001		X
_	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		
G	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0.
ч	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax in 89c, above, reimbursed by the organization List the states with which a copy of this return is filed CALIFORNIA			<u> </u>
90 a	Number of employees employed in the pay period that includes March 12, 1998			26
b	Name of or onproyees employed in the pay period that includes watch 12, 1990	1000		
91	The books are in care of ► RUTH LYONS Telephone no. ► 323 96	52-2	907	
üΙ	Telephone III.		,	
	Located at ▶ 7060 HOLLYWOOD BLVD. #200, LOS ANGELES, CALIF. ZIP +4 ▶ 9	002	8–6	015
	ZIF #4 P			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		►ſ	
_	and enter the amount of tax-exempt interest received or accrued during the tax year 92	Ν/.		

Pare VIII Analysis of Incom	e-Froducing A					
Enter gross amounts unless otherwise	<u> </u>		ted business income		ided by section 512, 513, or 514	(E)
indicated.		(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:		CODE	Amount	sion	Amount	function income
(a) TRADEMARK LICEN	ISE FEES					1449278.
(b) EDUCATIONAL SER						25695.
(c) CONSULTING FEES				 		1942.
						1732.
(d)				-		
(8)						
(f) Medicare/Medicaid payments						
(g) Fees and contracts from governm	ent agencies					Ì
94 Membership dues and assessments						
95 Interest on savings and temporary						
cash investments				14	6183.	
96 Dividends and interest from securities					0100.	
97 Net rental income or (loss) from real						
(a) debt-financed property				<u> </u>		
(b) not debt-financed property						
98 Net rental income or (loss) from pers	опа l property					
99 Other investment income				1		
100 Gain or (loss) from sales of assets						
other than inventory				1	•	
101 Net income or (loss) from special eve				+		
				+		12873.
102 Gross profit or (loss) from sales of in	ventory			+	<u> </u>	12073.
103 Other revenue:				1		
a				_ _		
b				<u> </u>		
C						
đ	4					
_						
104 Subtotal (add columns (B), (D), and (E))		0.	•	6183.	1489788.
105 TOTAL (add line 104, columns (B), (D						1495971.
Note: (Line 105 plus line 1d, Part I, should				••••••		
Part VIII Relationship of Ac				at Dun	Y20000	
NAME OF TAXABLE PARTY O	**					
Line No. Explain how each activity for				d impor	tantly to the accomplishment	of the organization's
exempt purposes (other than						
93A THE ORGANIZATI	ON PROVIDE	S EDU	CATIONAL TEC	CHNO	LOGY, GUIDANC	E, & QUALITY
CONTROL SERVIC						RS TO ENHANCE
THEIR ABILITY	TO PROVIDE	QUAL	ITY EDUCATION	T NC	O THEIR COMMU	NITIES.
93B THE ORGANIZATI	ON DELIVER	S COU	SES TO EDUCA	TOR	S & STUDENTS.	
93C THE ORGANIZATI	ON CONSULT	'S WIT	H EDUCATORS.	•	. *************************************	
102 THE ORGANIZATI					AND PUBLICAT	IONS TO TEACH
			LEARN.		THID I COMPONIE	<u> </u>
ELECTIONS AND	DIODENIO 1	7011 TO	TITET/114			
Part IX Information Regar	ding Toyoble C	uboldi	iaa (Complete this Do-1	is the ma	and how on 00 to absorbed t	
······································		เยเยเรนม	tes (complete this Part I	u ពេម្ត ី Y	es now nil oo is checked")	
Name, address, and employer identification		Na	ture of business activities		Total income	End-of-year
number of corporation or partnership	ownership interest					assets
N/A	9/					
	/ %			,		
	9/					
	9/					
Under penalties of perjury, I dec			uding accompanying schedules	and stat	tements, and to the best of my knows any knowledge.	vledge and belief, it is true,
Please correct, and complete. Declaration	on of preparer (other than	officer) is base	d on all information of which pre	eparer has	s any knowledge.	
Sign N	7	_	16-11-09 -	ייחוזן	TVONO MODEO	TIDED
	ms treas	unr			LYONS, TREAS	OKEK
Here Signature of officer					orint name and title	,
Preparer's	1,000	00	Δ Da	te	Check if	Preparer's SSN
Paid signature	nyell	· U/	7 //5	W	employed	
	AKESLEE CE	A GRO	UP		EIN ►	
· · · · · · · · · · · · · · · · · · ·	4 MICHELTO					
	S ANGELES,				710 . 4	90026-2702
1 10		\sim \sim			1 ZIP + 4	ノロひとひごとりひと

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Must be completed by the above organizations and attached to their Form 990 or 990EZ.

Applied Scholastics Incorporated 23 7250829

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation more than \$50,000 <u>None</u> Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of others receiving over \$50,000 for professional services

1 9	Note: You may use th	e worksheet in the inst	ructions for converting	from the accrual to the	e cash method of acco	untina.
	ndar year (or fiscal year , nning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See	11917.	39208.	247476.	128903.	427504.
16	Membership fees received	J. J. J. J. J. 1 0	. 39200.	<u>44/4/0•</u>	140903.	44/304.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	1388274.	1316871.	1339891.	1018421.	5063457.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	terest, eceived from es loans (sec- royalties, and xable income s) from by the				
19	Net income from unrelated business activities not included in line 18		4 0 0 0		2000	20607.
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					
23	Total of lines 15 through 22	1406085.	1361752.	1592051.	1151680.	5511568.
24	Line 23 minus line 17	17811.	44881.	252160.	133259.	448111.
25	Enter 1% of line 23	14061.	13618.	15921.		
26 b	Organizations described in lines 10 Attach a list (which is not open to pu governmental unit or publicly suppor in line 26a. Enter the sum of all these	blic inspection) showing t ted organization) whose t	the name of and amount o total gifts for 1994 throug	contributed by each perso ih 1997 exceeded the am	on (other than a ount shown	8962. 69430.
c	Total support for section 509(a)(1) to	est Enter line 24 column	(e)		▶ 26c	448111.
d	Add: Amounts from column (e) for li				200	##0111.
_	(0,70			ь 694	30. ► 26d	90037.
e	Public support (line 26c minus line 2					358074.
f	Public support percentage (line 26e	(numerator) divided by	line 26c (denominator))		≥ 26f	79.9074%
27	Organizations described on line 12: of, and total amounts received in eac (1997)	a For amounts include h year from, each "disqua (1996)	ed in lines 15, 16, and 17 lified person." Enter the si 	that were received from a um of such amounts for e (1995)	a "disqualified person," att each year. N/A (1994)	ach a list to show the name
b	For any amount included in line 17 th that was more than the larger of (1) individuals.) After computing the diffe excess amounts) for each year: N (1997)	the amount on line 25 for erence between the amou / A	the year or (2) \$5,000. (Intreceived and the larger	nclude in the list organiza amount decribed in (1) o	ations described in lines 5 or (2), enter the sum of th	through 11, as well as ese differences (the
c	Add: Amounts from column (e) for lin 17 Add: Line 27a total	nes: 15		16		
	17	20		21	▶ 27c	N/A
đ	Add; Line 27a total	and li	ine 27b total		▶ 27d	N/A
e	Public support (line 27c, total minus	line 27d total)			▶ 27e	N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line 2	23, column (e) 🕽	► 27f	N/A	
g	Public support percentage (line					N/A %
	Investment income percentage					N/A %
28 U p ti	Inusual Grants: For an organization public inspection) for each year showin these grants in line 15. (See instruction	described in line 10, 11, g the name of the contrib s.)	or 12, that received any u utor, the date and amoun	nusual grants during 199 t of the grant, and a brief	94 through 1997, attach a description of the nature	list (which is not open to of the grant. Do not include

None

	(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?	00	 	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	29	1 113	, ,
JU	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	72 1	(×
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	00	7.7	
٠.	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?	31	1 ' ' '	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		54 1	1397
		1 ' '		
		_ ;		
		_	1	. ::
		7 :-4		
32	Does the organization maintain the following:	–		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32ь		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	320		
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.)			
		_ [+ 6	.: : :	
		_		
33	Does the organization discriminate by race in any way with respect to:		17 V.	3
a	· · · · · · · · · · · · · · · · · · ·	33a		
þ	Admissions policies?	<u> 33b</u>		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d	\vdash	
e f	Educational policies?	33e	\vdash	
•	Use of facilities?	33f		
g h	Athletic programs? Other pytragurricular activities?	33g		
"	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		٠.
	n you answered Tes to any or the above, please explain. (If you need findle space, attach a separate statement.)		35 g	٠.
		-		. : .
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	— 34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34a		
-	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	95		

F	Part VI-A Lobbying I (To be completed)	Expenditures by El ed ONLY by an eligible orga							N/A
		panization belongs to an affi							
<u>Ch</u>	eck here 🕨 b 📖 If you ch	ecked "a" above and "limite	d control" provisions apply						
	Li	mits on Lobbying	Expenditures				a)	4-1-	(b) To be completed for ALL
_	(The ter	m "expenditures" means am	ounts paid or incurred)			Affiliated g	roup to	tais	electing organizations
						N/3	A		
36	Total lobbying expenditures t				36				
37 38	Total lobbying expenditures t Total lobbying expenditures (37			·	
39		auu mies oo anu o7 ; dituree			38 39				
40		litures (add lines 38 and 39)	••••••	40				
	Lobbying nontaxable amount			• • • • • • • • • • • • • • • • • • • •	170		1 1	: : ; ;	
	If the amount on line 40 is -		ng nontaxable amount is -		l,		es in		
	Not over \$500,000								
	Over \$500,000 but not over \$1,000				. ′		·	1.1.	
	Over \$1,000,000 but not over \$1,50				41	- 			
	Over \$1,500,000 but not over \$17,6						1		
40	Over \$17,000,000				40		•		
42	Grassroots nontaxable amount Subtract line 42 from line 36.	Finter -0- if line 42 is more	than line 36	•••••	42 43				
	Subtract line 41 from line 38.				44	···-			
-				••••••••		14.17	4.		
	Caution: If there is an amo	unt on either line 43 or lir	ne 44, you must file Form	1 4720.	4.1			114	
		De	elow. See the instructions f	penditures Durin		ar Averaging F	Period	•	N/A
	endar year (or eal year beginning in)	(a) 1998	(b) 1997	(c) 1996			(d) 1995		(e)
	Lobbying nontaxable		1007	1000			1000		rotai
_	amount								0.
46	Lobbying ceiling amount (150% of line 45(e))				,			: : : : : : : : : : : : : : : : : : :	0.
47	Total lobbying							•	
_	expenditures								0.
48	Grassroots nontaxable								
49	amount			7.7.11.1.11.1			* 7";		0.
	(150% of line 48(e))						;>) o.
50	Grassroots lobbying				*			*****	
	expenditures			<u> </u>					0.
Р		Activity by Nonelectury Nonelectury (Nonelectury Nonelectury (Nonelectury Nonelectury Nonelectury Nonelectury Nonelectury Nonelectury Nonelectury Nonelectury (Nonelectury Nonelectury Non		ies					
Dur	ing the year, did the organization		· · · · · · · · · · · · · · · · · · ·	n including any	attomn	tto	ı	Γ	1
	uence public opinion on a legisi		_	AI, IIIGIUUIIIY AIIY	aucinp	ı ıu	Yes	No	Amount
	Volunteers		· -					х	
b	Paid staff or management (inc	clude compensation in expe	nses reported on lines c th	rough h)				Х	
	Media advertisements	***************************************	***************************************	*******************************	•••••			X	* * * *
đ	Mailings to members, legislate	ors, or the public	********************************	***************************************				X	
_	Publications or published or b	roadcast statements			•••••			X	,
f	Grants to other organizations	for lobbying purposes	Salala and Institute of		•••••	***************************************		X	
g h	Direct contact with legislators, Rallies, demonstrations, semi							X	
h i	Total lobbying expenditures (a						1	X	0.
	If "Yes" to any of the above, al	so attach a statement giving	a detailed description of t	he lobbying activ	ities.				<u> </u>

Part	VII Information Re Exempt Organia		d Transactions and	d Relationships With Noncharit	able		
51 C		lirectly or indirectly engage in any of	the following with any other	r organization described in section			-
		section 501(c)(3) organizations) or i					
		ganization to a noncharitable exempt	·		ſ	Yes	No
	(i) Cash		-		51a(i)		Х
(X
	Other transactions:						
	(i) Sales of assets to a noncha	ritable exempt organization			b(i)		X
(ii) Purchases of assets from a	noncharitable exempt organization	***************************************		b(ii)		X
(i	ii) Rental of facilities or equipr	ment		••••••	b(iii)		X
(i	iv) Reimbursement arrangeme	ents			b(iv)		Х
(v) Loans or loan guarantees	**************************************	,		b(v)		X
()	/i) Performance of services or	membership or fundraising solicitat	tions		b(vi)		X
c S	haring of facilities, equipment,	mailing lists, other assets, or paid e					X
				always indicate the fair market value of the			
		given by the reporting organization.		· · · · · · · · · · · · · · · · · · ·			
tı		tent, show in column (d) the value o	f the goods, other assets, o	r services received.	1	<u> </u>	
(a)	(b) Amount involved	(c) Name of noncharitable ex	amat avassination	(d)	•		
Line no	Airiount involved	wame of noncharnable ex	empt organization	Description of transfers, transactions, and sl	naring arra	angem	ents
					w		
·				74			
				- NACE -			
				-			
			,				
52 a ls	the organization directly or inc	directly affiliated with, or related to, o	ne or more tax-exempt org	anizations described in section 501(c) of the			
C	ode (other than section 501(c)	(3)) or in section 527?	***************************************		Yes	X	No
ь lf	"Yes," complete the following s	schedule. N/A		1077-21			
	(a) Name of org	yanization	(b) Type of organization	(c) Description of relationship)		
		, , , , , , , , , , , , , , , , , , ,					
		W-17-40					
	···						
						-	
			, re.		***************************************		
		· · · · · · · · · · · · · · · · · · ·					
	0						
		. 14911946					

				<u> </u>	orm 990 Page 2			990
Asset		,	,		Description o	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
_	LFURNITUE	RE AND		РМЕ 19	5106.)EE3	700
	FURNITUE					··· • · • · • · • · · · · · · · · · · ·	2553.	729.
_		SL		19	211.	P. S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	60.	30.
6	COMPUTER				QUIPMENT			
		SL	+	19	953.		953.	0.
•	COMPUTER	SL		<u>н</u> 19	OUIPMENT 5130.		4617.	513.
8	COMPUTER	AND	OFFIC	E E	QUIPMENT			
		SL		19	3151.		2205.	630.
2	COMPUTER	SL AND		E E	OUIPMENT 12425		6045	0.10=
13	OFFICE F			11.9	12435.		6217.	2487.
	070196			19	12143.		2602.	1735.
14	COMPUTER							
4 -	070196		5.00	19	28958.		8688.	5792.
15	FURNITUF 10 28 97		7.00	19	2017.		10	000
16	FURNITUE		17.00	17.7	2017.		48.	288.
	07 08 97		7.00	19	1283.		92.	183.
17	FURNITUE		·					
1.0	07 21 97 OFFICE E			19	2155.		128.	308.
то	042997			19	1210.		115.	173.
19	OFFICE E			<u> </u>	1210 •	70.70	TTO •1	1/3.
	05 28 97	SL	7.00	19	2380.		198.	340.
20	OFFICE E			4.0	4055	*****		
21	070897 COMPUTER		7.00	19	1252.	***	89.	179.
21	01 20 97		5.00	19	3941.		723.	788.
22	COMPUTER							
	07,21,97		5.00	19	2338.		195.	468.
23	COMPUTER 0 8 2 4 9 7		5.00	10	0240		454	
2.4	FURNITUR				2312.		154.	462.
	07 01 98		7.00		2835.		T*	203.
25	FURNITUR	E & E						
	07,01,98		7.00	19	4113.			294.
26	COMPUTER 07 ₀ 1 ₉ 8		PMENT 5.00	10	13061.			1206
					epreciation			1306.
					106984.		29637.	16908.
	<u> </u>	···	_			**		V 101
	1 1							
	, ,			\				
		i	ı	-1			1	
								
	·		I					
	1							***************************************

Footnotes

Statement

1

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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

Form 990 . Income and Cost of Goods Sold Included on Part I, Line 10		Statement 2
Income		
1. Gross receipts	59563	59563
4. Cost of goods sold (line 13) 5. Gross profit (line 3 less line 4)	46690	12873
Cost of Goods Sold		
6. Inventory at beginning of year	60314 29923	·
10. Other costs		90237
12. Inventory at end of year	43547	46690

Form 990 . Payments to	o Affiliates Statement 3
Affiliate's Name	Affiliate's Address
ASSOCIATION FOR BETTER LIVING & EDUCATION	6331 HOLLYWOOD BL #700 LOS ANGELES, CA 90028-6013
Purpose of Payment	Amount
TRADEMARK LICENSE FEES	392530.
Total to Form 990, Part I, line 16	392530.

Form 990 .	Other	Expenses		Statement 4
	(A)	(B) Program	(C) Management	(D)
Description	Total	Services	and General	Fundraising
PROMOTION STAFF TRAINING COMMISSION TRAINING MATERIALS BANK CHARGES LICENSES, FEES & DUES	92584. 6333. 253. 684. 3949.	79025. 3926. 684.	5311. 1647. 0. 3949.	8248. 760. 253.
INVENTORY WRITTEN OFF	3522.		3522.	
Total to Fm 990, ln 43	107386.	83635.	14490.	9261.

Form 990 . Statement of Program Service Accomplishments Statement 5.

Description of Program Service One

APPLIED SCHOLASTICS PROVIDED EDUCATIONAL MATERIALS AND DIRECT ASSISTANCE TO OVER 321 SCHOOLS, TUTORS & EDUCATION GROUPS IN THE LAST YEAR ENABLING THEM TO TEACH STUDENTS HOW TO LEARN. THROUGH ITS EFFORTS, APPLIED SCHOLASTICS ENABLED THESE GROUPS TO ASSIST THOUSANDS OF INDIVIDUALS IN THEIR RESPECTIVE COMMUNITIES. DURING 1998, APPLIED SCHOLASTICS AFFILIATED GROUPS PROVIDED APPROXIMATELY 800,000 TUTORING HOURS, WHICH IS AN INCREASE FROM 300,000 IN 1997. OVER 44,200 INDIVIDUAL STUDENTS WERE HELPED WITH THE APPLIED SCHOLASTICS STUDY TECHNOLOGY. APPLIED SCHOLASTICS RESPONDED TO OVER 1,100 PUBLIC INQUIRIES AND REQUESTS FOR EDUCATIONAL MATERIALS. 55 NEW SCHOOLS AND OTHER EDUCATIONAL ACTIVITIES WERE STARTED IN 11 COUNTRIES.

	Grants	Expenses
To Form 990, Part III, line a	6446.	225612.

Form 990 .

Statement of Program Service Accomplishments

Statement

б

Description of Program Service Two

DURING 1998, A CAMPAIGN TO MAKE THE EDUCATIONAL TECHNOLOGY AND SERVICES OF APPLIED SCHOLASTICS KNOWN AND AVAILABLE TO TEACHERS CONTINUED TO GROW IN MEXICO WHERE A TOTAL OF 8,772 TEACHERS, STUDENTS AND PARENTS ATTENDED ITS EDUCATIONAL ONE SCHOOL, PRIOR TO IMPLEMENTING THE APPLIED SEMINARS. SCHOLASTICS PROGRAM, HAD THE LOWEST GRADE AVERAGE AND HIGHEST FAILURE RATE IN ITS REGION. AFTER IMPLEMENTING THE PROGRAM AMONG BOTH TEACHERS AND STUDENTS, THE FAILURE RATE IMMEDIATELY DROPPED TO ZERO AND THE FOLLOWING MONTH THE SCHOOL RECEIVED HONORS FOR ITS REGION.

IN ZIMBABWE, OVER 1,000 TEACHERS LEARNED ABOUT BASIC STUDY TECHNIQUES WHICH SUPPLIED THEM WITH NECESSARY TEACHING SKILLS TO AID IN IMPROVING THE EDUCATIONAL STANDARDS IN THEIR COUNTRY. 15,000 CHILDREN STUDIED THE EDUCATIONAL BOOKS "LEARNING HOW TO LEARN" AND "STUDY SKILLS FOR LIFE" TO PROVIDE THEM WITH THE TOOLS TO BE SELF-LEARNERS AND SUCCESSFUL IN THEIR CHOSEN CAREERS. 83% OF THE TEACHERS LATER SURVEYED RATED THE PROGRAM AS "EFFECTIVE" OR "VERY EFFECTIVE" IN ACHIEVING RESULTS.

IN ADA, GHANA, 36 SENIOR EDUCATORS FROM THE COUNTRY'S MAJOR EDUCATIONAL INSTITUTIONS PARTICIPATED IN AN APPLIED SCHOLASTICS COURSE IN STUDY TECHNIQUES BEFORE RETURNING HOME TO HELP RAISE THE EDUCATION LEVELS IN THEIR OWN SCHOOLS. 1,000 STUDENTS WERE TAUGHT LEARNING SKILLS THAT WILL HELP THEM IN THEIR EDUCATION AND THROUGHOUT THEIR LIVES.

	Grants	Expenses
To Form 990, Part III, line b	·	314923.

Description of Program Service Three

Form 990

Statement

7

APPLIED SCHOLASTICS CONDUCTED PUBLIC INFORMATION CAMPAIGNS TO MAKE EFFECTIVE SOLUTIONS TO EDUCATIONAL FAILURES AND DIFFICULTIES AVAILABLE TO SCHOOLS, PARENTS AND INDIVIDUALS. OVER 500,000 PUBLICATIONS ON EDUCATION AND LITERACY WERE SENT TO EDUCATORS AND COMMUNITY LEADERS WITH POSITIVE HUNDREDS OF NEWSPAPER ARTICLES ON EDUCATION WERE RESPONSE. PRINTED IN ORDER TO RAISE PUBLIC AWARENESS OF THE DECLINING EDUCATION LEVELS AND TO PROVIDE INFORMATION ON THE SOLUTIONS AVAILABLE THROUGH APPLIED SCHOLASTICS EDUCATIONAL SERVICES.

							Grants	Expenses
То	Form	990,	Part	III,	line	С		191370.

Statement of Program Service Accomplishments

Form 990 .	Cash Grants	Sta	tement 8	
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
EDUCATIONAL	ASSOC FOR BETTER LIVING & EDUCATION	LOS ANGELES, CA 90028-6013	N/A	6246.
EDUCATIONAL	ABILITY PLUS SCHOOL	220 EL CAMINO REAL, TUSTIN, CA 92780-3669	N/A	200.
Total Included	on Form 990, Part I	I, line 22		6446.

Form 990 . Other Investments	,	Statement	9
Description	Valuation Method	Amount	
ARTWORK - COLLECTORS' ITEMS	Cost	98*	77.
Total to Form 990, Part IV, line 56, Column B		98*	77.

Form 990 . Depreciation of Asse	ets Not Held for	Investment	Statement 10
	Cost or	Accumulated	D - 1- **- 7
Description	Other Basis	Depreciation	Book Value
FURNITURE AND EQUIPMENT	5106.	3282.	1824.
FURNITURE AND EQUIPMENT	211.	90.	121.
COMPUTER AND OFFICE EQUIPMENT	953.	953.	0.
COMPUTER AND OFFICE EQUIPMENT	5130.	5130.	0.
COMPUTER AND OFFICE EQUIPMENT	3151.	2835.	316.
COMPUTER AND OFFICE EQUIPMENT	12435.	8704.	3731.
OFFICE FURNITURE	12143.	4337.	7806.
COMPUTER	28958.	14480.	14478.
FURNITURE	2017.	336.	1681.
FURNITURE	1283.	275.	1008.
FURNITURE	2155.	436.	1719.
OFFICE EQUIPMENT	1210.	288.	922.
OFFICE EQUIPMENT	2380.	538.	1842.
OFFICE EQUIPMENT	1252.	268.	984.
COMPUTER	3941.	1511.	2430.
COMPUTER	2338.	663.	1675.
COMPUTER	2312.	616.	1696.
FURNITURE & EQUIPMENT	2835.	203.	2632.
FURNITURE & EQUIPMENT	4113.	294.	3819.
COMPUTER EQUIPMENT	13061.	1306.	11755.
Total to Form 990, Part IV, ln 57	106984.	46545.	60439.

Form 990 .	Other Assets	
Description		Amount
DEPOSIT ON CONSTRUCTION AUTO LEASE DEPOSIT	•	0. 1400.
Total to Form 990, Part IV	, line 58, Column B	1400.

orm 990 . Identification of Related Organizations Part VI, Line 80b		Statement	
Name of Organization	Exempt	NonExe	mpt
ASSOCIATION FOR BETTER LIVING & EDUCATION NARCONON INTERNATIONAL THE WAY TO HAPPINESS FOUNDATION	X X X		

Schedule A Explanation of Qualifications to Receive Payments Statement 13
Part III, Line 4

THE RECIPIENTS OF APPLIED SCHOLASTICS' GRANTS WERE QUALIFIED EXEMPT ORGANIZATIONS. PROJECTS ARE DETERMINED TO BE QUALIFIED ON AN INDIVIDUAL BASIS.