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 Mote: The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

This Form is Open to Public Inspection

			e Treasury	Note: The organization may ha	ve to use a copy of this return	to satisfy sta	te reporting requi	rements.		to Public Inspection
			Service			, 1998, and er				, 19
				year, OR tax year period beginning ame of organization		, 1000, 4114 01		Employ	or iden	ntification number
В	Check Ch	range	Ficase	or incl	unoauon nember					
L_	of	Idress	use IRS label or	e Way To Happiness	Foundation			95-	393	37092
_	lini	itial	print or TI	lumber and street (or P.O. box if mail is no	of delivered to etreet address		Room/suite			
<u> </u>	ret	t⊔rn		60 Hollywood Blvd.			306			62-7906
F	!ret	turn nended	instruc-	tity or town, state or country, and ZIP+4						if exemption
_		turn uired also	Ι	a Angeles CA 900	28					application is pending
^	for s repo	state ording)	acciration —	X Exempt under 501(c) (3)	(insert number) OR	section 494	7(a)(1) nonexem	pt charita	ble trus	st
NI.		0	on E04(a)/3)	exempt organizations and 4947(a)	(1) nonexempt charitable	e trusts MU	ST attach a co	mpleted	l Sche	dule A (Form 990).
NO LIV	.V is	thic a	araun raturn	filed for affiliates?	Yes X No I	If either bo	x in H is checked	"Yes," ent	er four	-digit group
nți ()	ajio Nifi	ulio a "Vac "	antar the nun	nber of affiliates for which this		exemption	number (GEN)	▶		
()		-		LIBER OF BURNALOS FOR WINOS CINS	· .		method:			Accrual
	.al /a	thin a c	enarate return fi	iled by an organization covered by a group ruling?			er (specify) 🕨			
<u></u>	herl	k here	if †	he organization's gross receipts are norm	ally not more than \$25,000.	The organizati	on need not file a	return wi	th the l	RS; but
	if it re	n noro eceive	d a Form 990	Package in the mail, it should file a return	without financial data. Some	e states requi	re a complete re	turn.		
No	to F	orm 9	90-F7 may be	used by organizations with gross receipt	s less than \$100,000 and tota	al assets less t	han \$250,000 at	end of ye	ar.	
F	art	I I	Revenue,	Expenses, and Changes in	Net Assets or Fund	Balances	5		,	
				s, gifts, grants, and similar amounts receiv				· .		
				support		1a	944		1	
				c support			583	82.		
حت		c	Government	contributions (grants)	************************************	1c		[
<u></u>		ď	Total (add lir	1	.					
9			(cash \$		1d	<u> 152790.</u>				
		Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments								
		3	Membership		3					
د		4	Interest on s		4					
~~ ~		5		d interest from securities			,	<u> </u>	5	
<u></u>		6 a	Gross rents	***************************************		6a				
2		b	Less: rental e	expenses		6b	***			
	20	C	Net rental inc	come or (loss) (subtract line 6b from line (6a)			····:	6c	
Ş	Revenue	7		ment income (describe		T	(=) OH		7	
روق	Š	8 a		nt from sale of assets other	(A) Securities		(B) Other		٠]	
	-			ry		8a		,		
		_		r other basis and sales expenses	1	8b		 -	. 1	
		C	Gain or (loss	s) (attach schedule)		8c			8d _	
		đ		loss) (combine line 8c, columns (A) and (в)}		*****	·····	ou _	
		9	Special even	its and activities (attach schedule):	of contributions			ŀ		
		а	Gross reven	ue (not including \$	OI COMMUNICIONS	9a		Ĭ,	1	
	l	_	reported on	line 1a)expenses other than fundraising expenses		9b				
			Less: direct	or (loss) from special events (subtract line	2 Oh from line 9a\	<u> </u>	<u>-</u> _*		9c	
		C	Cross soles	of (1055) ITOM Special events (Subtract the	Con Hoth mo out	10a	100	31.		
		10 a	Lengt poot o	of inventory, less returns and allowances f goods sold	FIVED	10b		40.		
		b	Cross profit	or (loss) from sales of inventory (attach s	chedule) (subtract line 10b fi	rom line 10a)			10c	<u> 1991.</u>
		44	Other reven	ue (from Part VII line 103) see	6				11	4413.
	- }	11 12	Total reven	ue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c. 2nd 1979				12	159194
_	+	13	Program se	ue (from Part VII, line 103) ue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, rvices (from line 44, column (B))	i ha				13	80199
	Ses	14	Managamer	nt and general (from line 44, column) (2)					14	39191.
	Expenses	15	Eundraicing	(from line 44, column (11))	The state of the s				15	27524
	œ.	16	Payments to	o affiliates (attach schedule)		See St	atement	3	16	10047
	"	17	Total exper	nses (add lines 16 and 44, column (A))		<u></u>			17	<u> 156961</u>
_	\dashv	18	Excess or (deficit) for the year (subtract line 17 from	line 12)			[_	18	2233
4	ssets	19	Net assets	or fund balances at beginning of year (from	m line 73, column (A))			_	19	63105
2	SS Z	20	Other chang	ges in net assets or fund balances (attach	explanation)				20	0
	4	21	Net assets	or fund balances at end of year (combine	ines 18, 19 <u>, a</u> nd 20)				21	65338

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Part II Statement of All org	janizatio ganizatio	ns must complete column ons and section 4947(a)(1)	(A). Columns (B), (C), and nonexempt charitable trus	(D) are required for section its but optional for others.	501(c)(3) and
Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.	+	(11) 10121	SELVICES	and general	
22 Grants and allocations (attach schedule)	22				
cash \$noncash \$ 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	31494.	21027.	8429.	2038.
26 Other salaries and wages	26	15865.	4157.	6111.	5597.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	3421.	1819.	1050.	552
30 Professional fundraising fees	30				
31 Accounting fees	31	10683.		10683.	
32 Legal fees	32				
33 Supplies	33	1568.	824.	153.	591.
34 Telephone	34	10191.	5242.	2549.	2400
35 Postage and shipping	35	14471.	10879.	1590.	2002
36 Occupancy		19287.	10223.	5964.	3100
37 Equipment rental and maintenance		320.		320.	
38 Printing and publications		5183.	3842.	241.	1100
39 Travel		664.	353.	204.	107
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)		1399.	741.	434.	224
43 Other expenses (itemize):					
a DISSEMINATION	43a	20197.	18362.	143.	1692
b COMMISSION	43b	8121.			8121
BANK CHARGES	43c	1320.		1320.	
d BOOKLET ROYALTIES	43d	2730.	2730.		
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		146914.	80199.	39191.	27524
Poporting of Joint Costs - Did you report in column (F	3) (Progr	am services) any joint cost	s from a combined educa	tional campaign and	
fundraising solicitation?				▶ ∟	Yes LX_No
If "Yes," enter (i) the aggregate amount of these joint of	sts \$ _	;(n) the amount anocated to	Program services &	1
Leading the amount allocated to Management and general	\$: and (i	iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Serv	ice A	ccomplishments			
What is the organization's primary exempt purpose?	_				D Osmins
TO PROMOTE COMMON SENSE	MORA	L VALUES			Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable. (Section 501(c)(3) and (4)	nte in a ci	eer and concise manner. State t	he number of clients served, p haritable trusts must also ente	ublications issued, etc. Discuss the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)	- gu				trusts; but optional for others
a See Statement 4		· · · · · · · · · · · · · · · · · · ·			
					00010
		(6	Grants and allocations \$)	28719
b See Statement 5					
				<u> </u>	
					04400
		((Grants and allocations \$)	24438
c See Statement 6					
					05040
		((Grants and allocations \$)_	27042
d					
		, <u> </u>	Grants and allocations \$)	
e Other program services (attach schedule)			Grants and allocations \$)	00100
f Total of Program Service Expenses (should equ	al line 44	, column (B), Program ser	vices)	<u></u>	80199

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Part IV Balance Sheets

		required, attached schedules and amounts within the d d-of-year amounts only.	escription	on column should be	(A) Beginning of year		(B) End of year
ŀ		Cash - non-interest-bearing Savings and temporary cash investments		16978.	45 46	11298.	
4		Accounts receivable Less: allowance for doubtful accounts	47a 47b		:	47c	
	b	Less, allowance for doubter accounts	-				
	48 a		48a				
	b	Less: allowance for doubtful accounts	48b			48c	
.	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key	employe	es (attach			
,		schedule)	ıı			50	
Assers	51 a		51a	33015.	25215		22015
Ž	b	Less: allowance for doubtful accounts			35215. 24891.	51c 52	33015. 22510.
	52	Inventories for sale or use			<u> </u>	53	
1	53	Prepaid expenses and deferred charges				54	
	54	Investments - securities (attach schedule)	,			04	
	55 a	Investments - land, buildings, and	55a			`	
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach	==			55c	
		schedule)			56	·	
	56	Investments - other		17988.			
	5/ a	Less: accumulated depreciation Stmt 7	57h	16314.	2242.	57c	1674
	58	Other assets (describe				58	
ŀ	50						
	59	Total assets (add lines 45 through 58) (must equal lin	7932 <u>6</u> .		68497		
	60	Accounts payable and accrued expenses		16221.	60	3159	
ļ	61	Grants payable				61_	
es	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key emple	oyees	,		63	
iabilities	64 a	Tax-exempt bond liabilities				64a	
-	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe 🕨)		65	 -
					16221.	00	3159
	66	Total liabilities (add lines 60 through 65)			10241.	66	
	Orga	nizations that follow SFAS 117, check here	anu co	unhiere inies of micoagn			
ıς		69 and lines 73 and 74				67	
100	67	Unrestricted				68	
<u>aa</u>	68	Temporarily restricted				69	
힐	69	nizations that do not follow SFAS 117, check here	<u> </u>	and complete lines			
ᆵ	Diga	70 through 74				1 1	
b	70	Capital stock, trust principal, or current funds			0.	70	0
iets	71	Paid-in or capital surplus, or land, building, and equip		0.	71	0	
Ass	72	Retained earnings, endowment, accumulated income			63105	72	65338
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 thro					
~	-	column (A) must equal line 19 and column (B) must e	equal lin	e 21)	63105		65338
	74	Total liabilities and net assets / fund balances (ad	66 and 73)	<u>79326</u>	74	68497	

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.

The Way To Happiness Foundation

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Ferm 990 (1998)

Form !	990 (1998) The Way To Happiness Foundation 95-3937	092		age 5
Par	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u>_x</u> _
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.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u>X</u>
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		<u>X</u>
	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 8			
	and check whether it is exempt OR nonexempt.	1	<u> </u>	
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	x	,	
	instructions for line 81 81a 0.	7		
b	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		`	37
	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)		.	·
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		·
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	,	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	0.45		
	tax deductible? N/A	84b	<u> </u>	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a 85b	<u> </u>	-
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	000		
	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			1 2 1
	owed for the prior year. Dues assessments and similar amounts from members N/A		ŀ	٠.
C	Dues, assessments, and outside an entire and an entire an entire and an entire an entire and an entire an entire and an entire an entire and an entire and an entire and an entire and an entire an entire and an entire and an entire and an entire and an entire an entire and an entire an entire and an entire an entire an entire and an entire and an entire and an entire and an enti	┥ .		
· d	Geolian 102(c) lobbying and pointed experience and an arrangement of the control	1		
e	Aggregate nondedation amount of oderen ode (A) (A) A and A a	1	Í	1.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
g	boos the organization chart to pay the observation cares to add the amount in 95f to ite reasonable actimate of dues	009		\Box
b	allocable to nondeductible lobbying and political expenditures for the following tax year?	 85h		İ
				T
86	501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 12	,	-	·
a	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		1
	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A	1		
87	Gross income from other sources. (Do not net amounts due or paid to other sources	7	:	-
n	against amounts due or received from them.) 87b N/A		ļ .	
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	7		
88	If "Yes," complete Part IX	88	<u> </u>	X
80 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:			
UJ a	section 4911 ▶	1		
b	many and the second of the sec			
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		<u> </u>
^	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 in 89c, above, reimbursed by the organization			0 .
90 a	CALTEODATA			
b	the state of the s	90b		
91	The books are in care of ► GINSBERG, JONI Telephone no. ► (323)	<u>96:</u>	<u>2-7:</u>	<u> 106</u>
	Located at ► 7060 HOLLYWOOD BLVD. #306, L.A., CA. ZIP +4 ►	<u>900:</u>	<u> 28 _</u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			با
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	<u>N</u>	<u>/A</u>	

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Part VII Analysis of Income-Producir	ig Activities	and business income	Evalua	ded by section 512, 513, or 514	(F)
nter gross amounts unless otherwise dicated.	(A) Business	(B)	(C) Exclu- sion	(D)	(E) Related or exempt function income
93 Program service revenue:	code	Amount	code	Amount	tunction income
(a)			ļ		
(b)	_		<u> </u>	······································	
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
4 Membership dues and assessments					
5 Interest on savings and temporary					
cash investments	ļ				
6 Dividends and interest from securities	1				
7 Net rental income or (loss) from real estate:					
(a) debt-financed property	***************************************				
• •	1				
(b) not debt-financed property			1		
Net rental income or (loss) from personal property .					
9 Other investment income			1		
O Gain or (loss) from sales of assets					
other than inventory			+		
1 Net income or (loss) from special events	1		-		1991
2 Gross profit or (loss) from sales of inventory			-	·	1
3 Other revenue:					4413
a REPRINT LICENSE FEES			 		<u> </u>
b			-		
C			 		
d		<u> </u>	<u> </u>		<u> </u>
e			1	3	6404
e		U	•	9	·
5 TOTAL (add line 104, columns (B), (D), and (E))				·······	. 0404
nte: // ine 105 plus line 1d. Part I, should equal the amo	ount on line 12, Pa	rt I.)			
art VIII Relationship of Activities to	the Accomp	dishment of Exem	pt Pu	rposes	
ine No. Explain how each activity for which income	s reported in colur	nn (E) of Part VII contribute	d impo	rtantly to the accomplishmen	t of the organization's
 exempt purposes (other than by providing for 	unds for such purp	oses).			WARD TATO
02 THE ORGANIZATION SEL	LS THE WA	AY TO HAPPIN.	ESS	BOOKS; COURS	E MATERIALS,
SHIRTS, ETC. ALL ITE	MS SOLD (CONTRIBUTE TO	TI C	IE BROAD DIST	KIBUTION OF
THE WAY TO HAPPINESS				INTO SOCIET	
3A THE ORGANIZATION REC.		CENSE FEES F	OR !	THE REPRINTING	G OF THE WAY
TO HAPPINESS COMMON	SENSE MO	RAL CODE.			
Part IX Information Regarding Taxa	ble Subsidia	aries (Complete this Parl	if the "	Yes" box on 88 is checked.)	
lame, address, and employer identification Percenta	on of			Total income	End-of-year
number of corporation or partnership ownership		lature of business activities		Total income	assets
N/A	%				
	%				
	%				
	0/_				
Under penalties of perjury, I declare that I have e correct, and complete. Declaration of preparer (o	xamined this return, is	ncluding accompanying schedul	es and si	atements, and to the best of my kr	nowledge and belief, it is true,
correct, and complete. Declaration of preparer (o	ther than officer) is ba	sed on all information of which p	reparer i	nas any knowledge.	
lease Dot	SIDANT	11115199	TON	I GINSBERG, P	RESIDENT
ign Du not the	١٠١٧ ١٠ ١	Date		r print name and title	
ere Signature of officer	n o		Date	Gheck if	Preparer's SSN
Prepareds	1/20/0	<i>U</i>		colf-	7
aid signature			T / T	5/99 employed >	
reparer's Firm's name (or yours BLAKESLE				EIN	
ag Dilly	ELTORENA	ST.			
and address TOC ANCE	TEC CA			7 D ± /l	90026-2702

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Way To Happiness Foun Part Compensation of the Five Highest Paid Employ	dation		<u>95 39370</u>	92
	ees Other Than Offi	icers, Directo	rs, and Trust	ees
(See instructions. List each one. If there are none, enter "None.")	(h) Title and average hours		(d) Contributions to	(e) Exnense
(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	 	ol Continos	
Part II Compensation of the Five Highest Paid Independent (See instructions. List each one (whether individuals or firms). If there	e are none, enter "None.")	or Profession	ai Services	
(a) Name and address of each independent contractor paid more to	nan \$50,000	(b) Type of	service	(c) Compensation
None				•
		·		
			ļ	
				
•			:	
Total number of others receiving over \$50,000 for professional services	. 0			

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<u>95-3937092</u>

	Note: You may use the	worksheet in the insti	uctions for converting	from the accidal to the	Cash method of ac	coarang.
beginn	lar year (or fiscal year hing in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	196258.	194478.	609267.	461685	5. 146168 <u>8.</u>
	Membership fees received					
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	15491.	11285.	15657.	859(51023.
•	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.					
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		•			
23	Total of lines 15 through 22	211749.	205763.	624924.	47027	
24	Line 23 minus line 17	196258.	194478.	609267.	46168	5. <u>1461688.</u>
25	Enter 1% of line 23	2117.			470	3.
26	Organizations described in lines 10				▶ 26	6a 29234.
	Attach a list (which is not open to pu	thlic inspection) showing	the name of and amount	contributed by each pers	on (other than a	:
U	governmental unit or publicly suppo	rtad organization) whose	total gifts for 1994 throu	inh 1997 exceeded the an	nount shown	
	in line 26a. Enter the sum of all these					6b 245766.
	in line 20a. Chief the Sum of all these	s excess amounts ,,,,,,,	***************************************		· · · · · · · · · · · · · · · · · · ·	
	Total support for section 509(a)(1) t	teatt Enter line O.A. palumi	2 (0)		▶ 20	6c 1461 <u>688.</u>
C .			· (G)	9		
đ	Add: Amounts from column (e) for I				166	6d 245766.
		22				
е	Public support (line 26c minus line 2 Public support percentage (line 26	260 total)	. Una OCa (danaminatar			
f_	Public support percentage (line 26	e (numerator) divided b	y line 200 (denominator	7 14 - 1	a "diaqualified person	
27	Organizations described on line 12 of, and total amounts received in ea	ch vear from, each "disqu	alified person." Enter the	sum of such amounts for	reach year. N/A	
	(1997)	(1996)		(1995)	(18	994)
b	For any amount included in line 17 t	that was received from a	nondisqualified person, a	ttach a list to show the na	ime of, and amount re	ceived for each year,
	that was more than the larger of (1)) the amount on line 25 fo	or the year or (2) \$5,000.	(Include in the list organi	zations described in III	nes 5 through 11, as well as
	individuals.) After computing the dif		unt received and the larg	er amount decribed in (1)	or (2), enter the sum	of these differences (the
	excess amounts) for each year: 1	1/A				
	(1997)					994)
C	Add: Amounts from column (e) for 17Add: Line 27a total	lines: 15		16		7c N/A
	17		Lline 97h total	_ 21		27d N/A
ď	Add: Line 27a total	alla 07d total)	1 IIII6 27 D (Old)	.,,,,,,,,	▶ 2	
e -	Public support (line 27c, total minutotal support for section 509(a)(2)	a mis Zi u luldi) taet: Enter amount an lic	a 93 rolumn (a)	▶ 27f		
Ţ	Public support percentage (lin	ne 97e (numerator) d	wided by line 97f Ide	nominator))	<u> </u>	27g <u>N/A %</u>
g	Investment income percentage	ne 216 (humerator) U ne (line 19 column (c)	(numerator) divided	by line 27f (denomina	itor)) 2	27h N/A %
	II. I Ourster Course suspensionalis	n described in line 10, 1	1 or 10 that received an	Lunueual arante durina 1	994 through 1997, att	tach a list (which is not open to
	public inspection) for each year show these grants in line 15. (See instruction	ing the name of the conti	ibutor, the date and amo	unt or the grain, and a bir	et describtion of me ti	ature of the grant. Do not include

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
00	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
00	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
•	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	. ` ;	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:		. :	
oz a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially	UZU		
_	nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	7		
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			· .	,
20	Does the organization discriminate by race in any way with respect to:	-		
33		33a		
a b	Students' rights or privileges?	33b		-
C	Admissions policies? Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		-
e	Educational policies?	33e		
f	Use of facilities?			
g.	Athletic programs?	33g		
h		33h		
••	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
			; ;	
		`		
			<u> </u>	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
þ				
	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	35		

	edule A (Form 990) 1998		Happiness Fo		n	<u> </u>	<u>95-:</u>	<u> 3937092</u>	Page 5
Pa		xpenditures by Ele							N/A
01		d ONLY by an eligible organ		0)		<u></u>			N/A
		anization belongs to an affili cked "a" above and "limited							
UIIE	Lir	mits on Lobbying E	expenditures	-		(a) Affiliated group to	otals	(b) To be comple electing orga	ted for ALL
	(The tern	n "expenditures" means amo	ounts paid or incurred)					electing orga	
						N/A			
	Total lobbying expenditures to				36				
	Total lobbying expenditures to	=			38		-		
38	Total lobbying expenditures (a				39				
39	Other exempt purpose expend Total exempt purpose expend				40		<u>-</u>		
	Lobbying nontaxable amount.			••••••	1 1				······································
71	If the amount on line 40 is -		ig nontaxable amount is -				' 1	• •	
	Not over \$500,000	•	_		· ·	* -	, .		
	Over \$500,000 but not over \$1,000,								
	Over \$1,000,000 but not over \$1,50				41				
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	5% of the excess over \$1,500,0				. `	·	
	Over \$17,000,000	\$1,000,000		J			:		*
	Grassroots nontaxable amour				42				
	Subtract line 42 from line 36.				43				
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more t	han line 38	•••••	44			· · · · · · · · · · · · · · · · · · ·	
	0 11 1 11 11 11 11 11 11 11	t an aither line 12 ar lin	o 44 you must file Form	4720					
-	Caution: If there is an amo	unt on emier me 45 or im	e 44, you must me rom	4720.	!				
	lendar year (or	(a)	Lobbying Exp (b)	enditures Duri (c)		r Averaging Period (d)			N/A e)
	cal year beginning in)	1998	1997	199		1995	!	To	otal
	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount (150% of line 45(e))						· :,		0.
47	expenditures								0.
48 —	amount								0.
_	Grassroots ceiling amount (150% of line 48(e))							<u>:</u>	0.
50	Grassroots lobbying expenditures								0.
P	Part VI-B Lobbying	Activity by Nonelec	ting Public Charit	ties		·····			
		only by organizations that di						<u>,</u>	
Du	ring the year, did the organizat	ion attempt to influence nati	onal, state or local legislati	on, including an	y attemp	t to Ye	s No	Amo	unt
infl	luence public opinion on a legis	slative matter or referendum	, through the use of:			16		Allic	
а							X		P. B.
b	Paid staff or management (in	clude compensation in expe	enses reported on lines c th	rough h)			X	4	
C	Media advertisements					•	X		
đ							X	<u> </u>	
e	•	·				I	X	 	
f	mi i i i i i i i i i i i i i i i i i i						X		
g h							X		
II :	Total lobbying expenditures					į,			0.
•	If EVery to any of the choice	alaa attaab a atatamant aikir	a a detailed description of	the lobbying ac	tivities				

<u>95-3937092</u>

Par	VII Information Regarding Transfers To and Exempt Organizations	Transactions and	Relationships With Noncharit	able		
	Did the reporting organization directly or indirectly engage in any of the	ne following with any other	organization described in section			
51	Did the reporting organization directly of indirectly engage in any or in 501(c) of the Code (other than section 501(c)(3) organizations) or in	section 527, relating to not	itical organizations?			
•	Transfers from the reporting organization to a noncharitable exempt of			[Yes	No
a	(i) Cash			51a(i)		X
	(ii) Other assets					X
ь	Other transactions:	••••••••••••				
ы	(i) Sales of assets to a noncharitable exempt organization			b(i)		X_
	(ii) Purchases of assets from a noncharitable exempt organization					X
	(iii) Rental of facilities or equipment			4 /		X_
	(iv) Reimbursement arrangements					X
	(v) Loans or loan guarantees					X
	(vi) Performance of services or membership or fundraising solicitation					X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid em					X
d	If the answer to any of the above is "Yes," complete the following sche	edule. Column (b) should a	lways indicate the fair market value of the			
_	goods, other assets, or services given by the reporting organization.	If the organization received	less than fair market value in any			
	transaction or sharing arrangement, show in column (d) the value of	the goods, other assets, or	services received.		<u> </u>	.
(a)	(b) (c)		(d)			
Line		mpt organization	Description of transfers, transactions, and s	snaring ari	angen	nents
						
		<u> </u>				
			[
	Is the organization directly or indirectly affiliated with, or related to, or Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. N/A] Yes	[3	No.
	(a)	(b)	(c)			
	(a) Name of organization	Type of organization	Description of relations	nip		
			<u> </u>	<u></u>		
					-	
						.
				· · · · · · · · · · · · · · · · · · ·		
						

Form	990	Page	2
L OT III	フフひ	raue	4

Annat		Description of property								
Asset Number	i	Date placed n service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
1		NITUR	E AND 200DB		17	NT		616.	0.	
	FAX	MACH		7.00	<u> 1 / </u>					
			200DB		17	1055.	-	1055.	0.	
		91	OUND 200DB	11BRA	17 17	2033.		1925.	108.	
4	COM	PUTER	200DB	5.00	17	852.		851.	0.	
5	СОМ	PUTER	PRIN	TER	1	1001		1001		
	COM	92 PUTER	200DB AND	5.00 PRINT	17_	1821.		1821.	0.	
0	COM	1 193	200DB		17	845.		796.	49.	
7	COM	PUTER		PRINT		3019.		2113.	604.	
	COM	<u> 194</u> PUTER		5.00 FAX	19	3019.			004.	
		1 195	SL	5.00	19	2355.		1178.	471.	
9	FUR		E AND		1 PME 1 7	NT 4560.		4560.	0.	
10	MAC		UTER_					43001		
	0	1 ₁ 31 ₁ 98	200DE	5.00	15B	832.			167.	
	**	Total	990	<u>Page</u>	2 D	epreciation 17988.		14915.	1399.	
		<u> </u>			·	1 17000				
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	-	<u> </u>								
_	<u> " </u>					" O	0 (D) Asset dis	<u> </u>		

Fori	n 990 Income and Cost of Goods included on Part I, Line		Statement 2
Inco	ome		
	Gross receipts	10031	
	Returns and allowances		10031
	Cost of goods sold (line 13) Gross profit (line 3 less line 4)	8040	1991
Cos	t of Goods Sold		
7. 8. 9.	Inventory at beginning of year	24891 5659	20550
11.	Add lines 6 through 10		30550
12. 13.	Inventory at end of year	22510	8040

- -			
Form 990	Payments to Affiliates	Statement	3
Affiliate's Name	Affiliate's Address		
ABLE INTERNATIONAL			
Purpose of Payment		Amount	
LICENSING FEES		100	47.
Total to Form 990 Part I.	line 16	100	47.

Form 990

Statement of Program Service Accomplishments

Statement

Description of Program Service One

THE WAY TO HAPPINESS FOUNDATION DISTRIBUTED OVER 185,000 COPIES INTERNATIONALLY OF THE WAY TO HAPPINESS, A COMMON SENSE MORAL GUIDE, DURING 1998 TO FOSTER MORAL VALUES AND TO REDUCE CRIME IN THE FOUNDATION DISTRIBUTES THIS BOOKLET SOCIETY. DIRECTLY AND ENCOURAGES OTHERS TO IMPROVE MORAL STANDARDS BY DISTRIBUTING IT THEMSELVES. 50,000 WERE SENT OUT BY COMPANIES IN SOUTH AFRICA AND THE UNITED STATES TO THEIR CLIENTS TO HELP THEM IN THEIR PERSONAL LIVES AS WELL AS TO PROMOTE MORE ETHICAL BUSINESS PRACTICES. 3,000 CHILDREN ATTENDING AN ANTI-VIOLENCE SEMINAR SPONSORED BY THE MAYOR OF HOUSTON WERE EACH GIVEN TWO COPIES OF THE BOOKLET AND A "THE WAY TO HAPPINESS" BACKPACK. ACTRESS NANCY CARTWRIGHT, SPOKESPERSON FOR THE WAY TO HAPPINESS FOUNDATION WAS A GUEST SPEAKER AT THE SEMINAR.

							Grants	Expenses
То	Form	990,	Part	III,	line	a		 28719.

5

Description of Program Service Two

Form 990

Statement

THE WAY TO HAPPINESS FOUNDATION CONDUCTED THE NATIONAL YOUTH ESSAY AND POSTER CONTEST TO REDUCE CRIME IN COMMUNITIES AND TO FOSTER COMMON SENSE IN THE 1998 SPRING COMPETITION MORAL VALUES. 34,970 TEACHERS WERE INFORMED OF THE CONTEST WHICH HAD THE THEME "CREATING A BETTER WORLD". OF 623 SCHOOLS WITH TOTAL ENROLLMENT OF APPROXIMATELY 100,000 STUDENTS RESPONDED TO THE MAILINGS AND WERE SENT OVER 28,000 COPIES OF THE WAY TO HAPPINESS FOR THEIR USE. A TOTAL OF 1,860 ESSAYS AND POSTERS WERE SUBMITTED OF WHICH 287 STUDENTS WERE DECLARED WINNERS AS A RESULT OF THEIR IMPLEMENTATION OF THE PRECEPTS OF THE WAY TO HAPPINESS. 53 TEACHERS WERE GIVEN AWARDS FOR THEIR EFFORTS IN RAISING THE MORAL STANDARDS IN THEIR SCHOOLS.

BROAD MAILINGS WERE SENT TO SCHOOLS ANNOUNCING THE 71 SCHOOLS AND 32,000 SET A GOOD EXAMPLE CONTEST. STUDENTS PARTICIPATED IN THIS CONTEST AIMED AT RAISING STUDENTS' AWARENESS AND RESPONSIBILITY FOR THEMSELVES, OTHERS AND THEIR ENVIRONMENT.

	Grants	Expenses
To Form 990, Part III, line b		24438.

Statement of Program Service Accomplishments

Statement of Program Service Accomplishments

Statement

Description of Program Service Three

To Form 990, Part III, line c

Form 990

THE PRECEPTS OF THE WAY TO HAPPINESS FORMED THE BASIS OF THE SET A GOOD EXAMPLE FLOAT FEATURED IN THE HOLLYWOOD CHRISTMAS PARADE. THE FLOAT FORWARDED THE IDEALS OF HONESTY, TRUST, TOLERANCE AND A WAY TO HAPPINESS FLOAT ALSO UNDERSTANDING. APPEARED IN THE NATIONAL PUERTO RICAN DAY PARADE IN HUNDREDS OF COPIES OF THE BOOKLET NEW YORK CITY. WERE DISTRIBUTED TO ONLOOKERS.

Grants	Expenses
<u> </u>	27042.

Form 990 Depreciation of As	sets Not Held for	Investment	Statement 7
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND EQUIPMENT	616.	616.	0.
FAX MACHINE	1055.	1055.	0.
LEATHERBOUND LIBRARY	2033.	2033.	0.
COMPUTER	852.	851.	1.
COMPUTER PRINTER	1821.	1821.	0.
COMPUTER AND PRINTER	845.	845.	0.
COMPUTER AND PRINTER	3019.	2717.	302.
COMPUTER AND FAX	2355.	1649.	706.
FURNITURE AND EQUIPMENT	4560.	4560.	0.
MAC COMPUTER AND PRINTER	832.	167.	665.
Total to Form 990, Part IV, ln 5	7 17988.	16314.	1674.

Form 990	s Statement				
Name of Organi	Exempt	NonExen	npt		
ASSOCIATION FO APPLIED SCHOLA NARCONON INC.	X X X	-			

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

990

OMB No. 1545-0172

See separate instructions.

▶ Attach this form to your return.

Business or activity to which this form relates

Attachment Sequence No. 67 Identifying number

The Way To Happiness F	oundatio	on	Form	990 Pa	age 2		95-3937092
Part I Election To Expense Certain Ta	ngible Property	(Section 179) (Note	e: If you hav	e any "listed	property "com	nlete Part V	hefore you complete Part I.)
Maximum dollar limitation. If an enterpri							18500.
2 Total cost of section 179 property place	d in service		•••••	•••••••••	*************	2	
3 Threshold cost of section 179 property	hefore reduction	in limitation			************	3	\$200,000
4 Reduction in limitation Subtract line 3 fr	om line 2 If zor	or less onter.O.	•••••••	•••••••	****************	···· 4	φ200,000
					*******************	····· 	
						5	
		l l					
797		(4) 53	((5) 2,000	4 0001	, , , , , ,
7 Listed property Enter amount from line				7			
2 Total elected and of section 170 reserve	دا						
2 Total elected cost of section 179 proper	ty. Add amounts	s in column (c), lines	band /	•••••••		8	
10 Correspond finally and deduction from	i line 5 or line 8		•••••			9	
10 Carryover or disallowed deduction from	1997				••••••	10	
11 Business income limitation. Enter the sh	natier of business	s income (not less tr	ian zero) o	rline5	•••••	11	
12 Section 179 expense deduction. Add in	es 9 and 10, but	do not enter more :	than line 1	1		12	
Note: Do not use Part II or Part III below for	istod proporty (e	utemphiles, sertain	thorushio	13	t-1b		
used for entertainment, recreation, or amusel	nstea property (a ment). Instead, u	นเอกเออแes, certain เ se Part V for listed p	omer venic roperty.	ies, ceilular	telepnones,	сетаіп соп	nputers, or property
				Tax Year (Do Not Inclu	ıde Listed	Property.)
14 If you are making the election under sec	tion 168(i)(4) to g	group any assets pla	ced in ser	vice during	the tax year	into one o	r more general asset
accounts, check this box. See instruction	ns)
Se) (See instr	uctions.)	,	
(a) Classification of property	(b) Month and year placed in service	(business/investment	use	d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property							
b 5-year property		8	32. 5	Yrs.	HY	200DB	167.
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property				25 vrs.		S/L	
	/				MM		
h Residential rental property	1				· · · · · · · · · · · · · · · · · · ·		
	/						
Nonresidential real property	1						
Sect	ion C - Alternat	ive Depreciation S	ystem (AD	S) (See ins		,	·
					1	S/I	
				12 vrs.			
3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filling separately, see instructions 5 6 (a) Description of property (b) Cost (puelness use only) (c) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e) Cost (puelness use only) (e) Elected cost (e) Description of property (e							
Part III Other Depreciation (Do Not Inc	lude Listed Pro	pertv.) (See instruc	tions.)		***************************************		
				98		17	157
						••••	4.71.
19 ACRS and other depreciation				******************		···	1075
	L <u>+-+</u>	*******************************		***************************************	······································	ເອ	1012.
							
	26	· · · · · · · · · · · · · · · · · · ·				20	
* *	***************************************					20	
21 Total. Add deductions on line 12, lines 1	5 and 16 in colu	ımn (g), and lines 17	through 2	0. Enter he			1200
21 Total. Add deductions on line 12, lines 1 and on the appropriate lines of your ret	5 and 16 in colu urn. Partnerships	ımn (g), and lines 17 s and S corporations	through 2 s - see inst	0. Enter he			1399.

Form 4562 (1998)	ALaurani	biles, Certain (Other W	obieles	Collular	r Toloni	nones	Certain	Comput	ers and	Proper	ty Head		age z	
Entertainmer Note: For any	it, Recreation vehicle for wi	n, or Amuseme hich you are us of Section B, a	ent ina the :	standar	d milead	e rate o								mns (a)	
Section A - Deprecia							limits	for passer	nger auto	omobiles	.)				
23a Do you have evidence to					Ye		_	23b lf "Y				en?	Yes [No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	t other h		fhuci	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention				Elec sectio	(i) cted on 179 ost	
24 Property used more that	an 50% in a q	ualified busines	ss use:												
	: :	9/													
	::	%													
		9/						<u> </u>					l		
25 Property used 50% or I	<u>ess in a quali</u>	fied business u	se:						1				T	,, <u></u>	
	<u> </u>	9/							S/L·		-		<u> </u>	:	
	<u> </u>	- %		·					S/L·				╣.		
	<u> </u>	9/						<u> </u>	S/L-	1			- :		
26 Add amounts in colum													<u> </u>		
27 Add amounts in colum	n (i). Enter the				mation o				******			27			
Complete this section for If you provided vehicles those vehicles.	r vehicles use to your emplo	ed by a sole pro byees, first ansv	ver the o	question	ns in Sec	tion C t	than 5 o see	if you mee	t an exc	eption to	comple		1		
28 Total business/investmen	28 Total business/investment miles driven during the			a) :le	Vehic	•	Ve	(c) hicle	Vehi	d) cle	Vehic	∍) cie		(f) Vehicle	
year (DO NOT include con	nmuting miles)						<u> </u>		<u> </u>		<u> </u>		.		
29 Total commuting miles					<u> </u>				ļ				 -		
30 Total other personal (n driven															
31 Total miles driven durir						·							T		
Add lines 28 through 3													ļ		
			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
32 Was the vehicle availa	ble for persor	nal use													
during off-duty hours?									ļ						
33 Was the vehicle used	primarily by a	more													
than 5% owner or relat	-				<u> </u>		 	_	-			<u> </u>	 	<u> </u>	
34 Is another vehicle avaiuse?	-														
	Section C	- Questions f													
Answer these questions to	determine if	you meet an e	kceptior	to com	pleting S	Section	B for v	vehicles us	sed by e	mployee	s who a	re not r	nore thar	า 5%	
owners or related persons	•													-1	
35 Do you maintain a writ													Yes	No	
employees?36 Do you maintain a writ	ten nolicy sta	tement that pr	obibits r	personal	i use of v	ehicles	exce	ot commu	ting. bv	vour					
employees? See instru													L_		
37 Do you treat all use of		-													
38 Do you provide more t															
the use of the vehicles															
39 Do you meet the requi	rements cond	cerning qualifie	d autom	obile de	emonstra	tion us	ə?							ļ <u>.</u>	
Note: If your answer	to 35, 36, 37,	38, or 39 is "Y	es," you	need n	ot comp	ete Sec	tion E	3 for the co	overed v	ehicles.			`.		
Part VI Amortization			(b)	γ				(-N		(-)			(6)		
	(a) Description of costs Date				(C) Amortizai amoun			(d) Code section		(e) Amortiz period or pe	ation		(f) Amortization for this year		
40 Amortization of costs tha	t begins during	your 1998 tax y	ear:					*		·			<u>: - : - : - : - : - : - : - : - : - : </u>		
			: ;	<u> </u>											
			: :	<u> </u>			!				 				
41 Amortization of costs				······································				***************************************		.,	41				
42 Total. Enter here and	on "Other De	ductions" or "C	ther Ex	penses'	" line of y	<u>our ret</u> u	ırn 📖				42			**	