

Return of Organization Exempt From Income Tax

990

Form

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

1999

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning and ending

B Check it: C Name of organization THE WAY TO HAPPINESS INTERNATIONAL D Employer identification number 95-3937092 E Telephone number (323)962-7906

G Type of organization - [X] Exempt under 501(c) ( 3 ) (insert number) OR [ ] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [ ] Yes [X] No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) J Accounting method: [ ] Cash [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 the 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 I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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 \$ 3,270. noncash \$	3,270.	3,270.	STATEMENT 9	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	29,804.	23,336.	4,502.	1,966.
26	Other salaries and wages	16,982.	11,256.	4,346.	1,380.
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	4,109.	2,723.	1,052.	334.
30	Professional fundraising fees				
31	Accounting fees	5,478.		5,478.	
32	Legal fees	345.	229.	88.	28.
33	Supplies	1,814.	1,203.	464.	147.
34	Telephone	6,959.	4,612.	1,781.	566.
35	Postage and shipping	24,882.	16,492.	6,368.	2,022.
36	Occupancy	21,181.	14,004.	5,460.	1,717.
37	Equipment rental and maintenance	1,398.	926.	358.	114.
38	Printing and publications	8,023.	5,318.	2,053.	652.
39	Travel	593.	393.	152.	48.
40	Conferences, conventions, and meetings				
41	Interest	57.		57.	
42	Depreciation, depletion, etc. (attach schedule)	943.	625.	241.	77.
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 5	109,708.	76,304.	11,764.	21,640.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	235,546.	160,691.	44,164.	30,691.

**Reporting of Joint Costs.** - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶

**TO PROMOTE COMMON SENSE MORAL VALUES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT 6	(Grants and allocations \$ )	91,449.
b	SEE STATEMENT 7	(Grants and allocations \$ )	36,059.
c	SEE STATEMENT 8	(Grants and allocations \$ )	33,183.
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		160,691.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	11,298.	45	45,695.	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b	47c		
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b	48c		
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	51a	24,967.		
	b	Less: allowance for doubtful accounts	51b	33,015.	51c	24,967.
	52	Inventories for sale or use		52	18,796.	
	53	Prepaid expenses and deferred charges		53	55.	
	54	Investments - securities		54		
	55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b		55c		
56	Investments - other			56		
57 a	Land, buildings, and equipment: basis	57a	18,855.			
b	Less: accumulated depreciation	57b	17,090.	57c	1,765.	
58	Other assets (describe ▶ )		1,674.	58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		68,497.	59	91,278.	
Liabilities	60	Accounts payable and accrued expenses	3,159.	60	5,817.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
65	Other liabilities (describe ▶ )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)		3,159.	66	5,817.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		67		
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		0.	70	0.
	71	Paid-in or capital surplus, or land, building, and equipment fund		0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds		65,338.	72	85,461.
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		65,338.	73	85,461.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		68,497.	74	91,278.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
a Total revenue, gains, and other support per audited financial statements ..... <b>a</b> <span style="float: right;">N/A</span>	a Total expenses and losses per audited financial statements ..... <b>a</b> <span style="float: right;">N/A</span>
b Amounts included on line a but not on line 12, Form 990:	b Amounts included on line a but not on line 17, Form 990:
(1) Net unrealized gains on investments ..... \$ _____	(1) Donated services and use of facilities ... \$ _____
(2) Donated services and use of facilities ... \$ _____	(2) Prior year adjustments reported on line 20, Form 990 ..... \$ _____
(3) Recoveries of prior year grants ..... \$ _____	(3) Losses reported on line 20, Form 990 ... \$ _____
(4) Other (specify): _____ \$ _____	(4) Other (specify): _____ \$ _____
Add amounts on lines (1) through (4) ..... <b>b</b>	Add amounts on lines (1) through (4) ..... <b>b</b>
c Line a minus line b ..... <b>c</b>	c Line a minus line b ..... <b>c</b>
d Amounts included on line 12, Form 990 but not on line a:	d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses not included on line 6b, Form 990 ... \$ _____	(1) Investment expenses not included on line 6b, Form 990 ... \$ _____
(2) Other (specify): _____ \$ _____	(2) Other (specify): _____ \$ _____
Add amounts on lines (1) and (2) ..... <b>d</b>	Add amounts on lines (1) and (2) ..... <b>d</b>
e Total revenue per line 12, Form 990 (line c plus line d) ..... <b>e</b>	e Total expenses per line 17, Form 990 (line c plus line d) ..... <b>e</b>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LAURIE ZURN 7065 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
GLENN HORTON (SEE FOOTNOTE) 7060 HOLLYWOOD BLVD., SUITE 306 LOS ANGELES, CA 90028	SECRETARY 40	10,142.	0.	0.
JOANNE TAKANO IRWIN 7060 HOLLYWOOD BLVD., SUITE 200 LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
RUTH LYONS 7060 HOLLYWOOD BLVD., SUITE 200 LOS ANGELES, CA 90028	TREASURER AS NEEDED	0.	0.	0.
BRENT MCDANIELS 7060 HOLLYWOOD BLVD., SUITE 306 LOS ANGELES, CA 90028	DIRECTOR/PRESIDENT 40	0.	0.	0.
DAN IRWIN 7060 HOLLYWOOD BLVD., SUITE 200 LOS ANGELES, CA 90028	DIRECTOR/PRES./SECRETARY 40	0.	0.	0.
CLARK CARR 7060 HOLLYWOOD BLVD., SUITE 220 LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
JONI GINSBERG (SEE FOOTNOTE) 7060 HOLLYWOOD BLVD., SUITE 306 LOS ANGELES, CA 90028	DIRECTOR/PRESIDENT 40	19,662.	0.	0.

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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 SEE STATEMENT 11 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
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 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.)	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	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
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? N/A	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 in 85f?	85g	N/A
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	N/A
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? 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 in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 1999	90b	1
91	The books are in care of GINSBERG, JONI Telephone no. (323) 962-7906		
	Located at 7060 HOLLYWOOD BLVD. #306, L.A., CA. ZIP +4 90028		
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

**Part VII Analysis of Income-Producing Activities**

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) REPRINT LICENSE FEES					19,107.
(b)					
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<666.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					11,431.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	29,872.
105 TOTAL (add line 104, columns (B), (D), and (E))					29,872.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

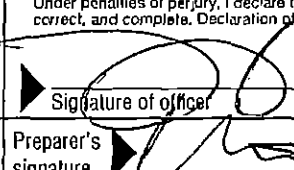
**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

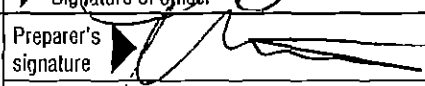
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THE ORGANIZATION RECEIVED LICENSE FEES FOR THE REPRINTING OF THE WAY TO HAPPINESS COMMON SENSE MORAL CODE BOOKLET.
102	THE ORGANIZATION SELLS THE WAY TO HAPPINESS BOOKS, COURSE MATERIALS, SHIRTS, ETC. ALL ITEMS SOLD CONTRIBUTE TO THE BROAD DISTRIBUTION OF THE WAY TO HAPPINESS COMMON SENSE MORAL CODE INTO SOCIETY.

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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. (Important: See General Instruction U.)

Please Sign Here:  Date: 11/15/00 Type or print name and title: JONI GINSBERG

Paid Preparer's Use Only: Preparer's signature:  Date: 11/15/00 Check if self-employed:  Preparer's SSN or PTIN: Preparer's name (or yours if self-employed) and address: NANAS STERN BIERS NEINSTEIN & CO. LLP, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA EIN: 95-2399533 ZIP+4: 90212-2907

**SCHEDULE A  
(Form 990)**

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 Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

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

OMB No. 1545-0047

**1999**

Name of the organization

**THE WAY TO HAPPINESS INTERNATIONAL**

Employer identification number

**95 3937092**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
<b>NONE</b>				

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

**0**

**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.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services ▶

**0**

**Part III Statements About Activities**

	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 ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See 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, page 4.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 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 4 of the instructions.)



**Part IV-A**

**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 above.) 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	152,790.	196,258.	194,478.	609,267.	1,152,793.
16 Membership fees received	4,413.				4,413.
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	10,031.	15,491.	11,285.	15,657.	52,464.
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					
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	167,234.	211,749.	205,763.	624,924.	1,209,670.
24 Line 23 minus line 17	157,203.	196,258.	194,478.	609,267.	1,157,206.
25 Enter 1% of line 23	1,672.	2,117.	2,058.	6,249.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 23,144.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b SEE STATEMENT 12 260,856.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,157,206.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 260,856.					26d 260,856.
e Public support (line 26c minus line 26d total)					26e 896,350.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.4581%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1998) _____ (1997) _____ (1996) _____ (1995) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 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) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					NONE

**Part V Private School Questionnaire**

(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? .....		
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? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
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? .....	34b	
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	

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

Check here  a If the organization belongs to an affiliated group.

Check here  b If you checked "a" above 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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	} 41
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(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)

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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales of assets to a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities or equipment, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always 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: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No [X]

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITURE AND EQUIPMENT							
	88	200DB	7.00	17	616.		616.	0.
2	FAX MACHINE							
	90	200DB	7.00	17	1,055.		1,055.	0.
3	LIBRARY MATERIALS							
	91	200DB	7.00	17	2,033.		2,033.	0.
4	COMPUTER							
	91	200DB	5.00	17	852.		852.	0.
5	COMPUTER PRINTER							
	92	200DB	5.00	17	1,821.		1,821.	0.
6	COMPUTER AND PRINTER							
	93	200DB	5.00	17	845.		845.	0.
7	COMPUTER AND PRINTER							
	94	SL	5.00	19	3,019.		2,717.	302.
8	COMPUTER AND FAX							
	95	SL	5.00	19	2,355.		1,649.	471.
9	FURNITURE AND EQUIPMENT							
	87	200DB	7.00	17	4,560.		4,560.	0.
10	(D) MAC COMPUTER AND PRINTER							
	0131	98200DB	5.00	17	832.		167.	0.
11	COMPUTER							
	0701	99SL	5.00	19	1,699.			170.
	** TOTAL 990 PAGE 2 DEPRECIATION				19,687.	0.	16,315.	943.

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FOOTNOTES

STATEMENT 1

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

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

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 FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      3
 

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
MAC COMPUTER & PRINTER	07/01/98	12/31/99	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
NONE - DISPOSAL	0.	833.	0.	167.	<666.>
TO FM 990, PART I, LN 8		833.	0.	167.	<666.>

FORM 990

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS . . . . .	30,902	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		30,902
4. COST OF GOODS SOLD (LINE 13) . . . . .	19,471	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		11,431

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	22,510	
7. MERCHANDISE PURCHASED . . . . .	15,757	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		38,267
12. INVENTORY AT END OF YEAR . . . . .	18,796	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		19,471



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FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMMISSIONS	19,045.	0.	0.	19,045.
BANK CHARGES	3,406.	0.	3,406.	0.
ROYALTIES	22,314.	22,314.	0.	0.
PROMOTION	63,505.	53,162.	7,850.	2,493.
FILING FEES	10.	0.	10.	0.
PENALTIES	178.	0.	178.	0.
STAFF TRAINING	1,250.	828.	320.	102.
TOTAL TO FM 990, LN 43	109,708.	76,304.	11,764.	21,640.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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## DESCRIPTION OF PROGRAM SERVICE ONE

## DISTRIBUTION OF "THE WAY TO HAPPINESS" BOOKLET:

THE PURPOSE OF THE WAY TO HAPPINESS INTERNATIONAL IS TO RAISE THE MORAL STANDARDS OF SOCIETY THROUGH EDUCATION AND THE DISSEMINATION OF A COMMON SENSE MORAL CODE: "THE WAY TO HAPPINESS" WRITTEN BY L. RON HUBBARD.

THE WAY TO HAPPINESS INTERNATIONAL DISTRIBUTED OVER 650,000 COPIES OF "THE WAY TO HAPPINESS" INTERNATIONALLY DURING 1999 TO FOSTER COMMON SENSE MORAL VALUES AND TO REDUCE COMMUNITY CRIME. THE WAY TO HAPPINESS INTERNATIONAL DISTRIBUTES THIS BOOKLET DIRECTLY AND ENCOURAGES OTHERS TO IMPROVE MORAL STANDARDS BY DISTRIBUTING IT THEMSELVES. TO THIS END, "THE WAY TO HAPPINESS" WAS TRANSLATED INTO FOUR MORE LANGUAGES: TAIWANESE, BRAZILIAN PORTUGUESE, ALBANIAN AND MACEDONIAN, BRINGING THE TOTAL NUMBER OF LANGUAGES INTO WHICH THE BOOK HAS BEEN TRANSLATED TO 30.

OVER 50,000 COPIES OF THE BOOKLET WERE DISTRIBUTED IN KOSOVO, 75,000 COPIES WERE DISTRIBUTED IN ALBANIA, AND 10,000 COPIES IN MACEDONIA TO BRING INCREASED SURVIVAL TO THESE AREAS AND DECREASE THE VIOLENCE. IN HUNGARY, BUSINESSMEN DISTRIBUTED 60,000 COPIES OF THE BOOKLET TO LOCAL HOUSEHOLDS. IN MEXICO, THE MEXICALI POLICE DISTRIBUTED 1,000 BOOKS TO SCHOOL

CHILDREN AS PART OF A CRIME PREVENTION PROGRAM. IN GLENDALE, CALIFORNIA, 64,000 COPIES WERE MAILED TO HOUSEHOLDS BY A GROUP OF BUSINESSMEN TO IMPROVE THE COMMUNITY. IN TUSTIN, CALIFORNIA, A FURTHER 20,000 COPIES OF THE BOOKLET WERE MAILED TO MEMBERS OF THE COMMUNITY. IN BRAZIL, 15,000 COPIES OF "THE WAY TO HAPPINESS" BOOKLET WERE DISTRIBUTED TO SCHOOLS AS PART OF A CAMPAIGN TO DECREASE VIOLENCE AND IMPROVE STUDENT BEHAVIOR. IN COSTA RICA, 2,500 BOOKLETS WERE DISTRIBUTED BY TWO DIFFERENT COMPANIES TO IMPROVE THEIR COMMUNITIES.

AFTER THE SCHOOL SHOOTINGS IN COLUMBINE, COLORADO, THE WAY TO HAPPINESS INTERNATIONAL DISTRIBUTED 70,000 COPIES OF "THE WAY TO HAPPINESS" TO HELP CALM THE AREA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		91,449.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE TWO

SERVICES USING "THE WAY TO HAPPINESS BOOKLET":

THE WAY TO HAPPINESS INTERNATIONAL CONDUCTED A NATIONAL YOUTH ESSAY AND POSTER CONTEST TO REDUCE CRIME IN COMMUNITIES AND TO FOSTER COMMON SENSE MORAL VALUES. IN THE 1999 SPRING COMPETITION, 36,000 TEACHERS WERE INFORMED OF THE CONTEST WHICH HAD THE THEME "CREATING A BETTER WORLD". A TOTAL OF 567 SCHOOLS, WITH AN ENROLLMENT OF APPROXIMATELY 40,000 STUDENTS RESPONDED TO THE MAILINGS AND WERE SENT OVER 26,000 COPIES OF "THE WAY TO HAPPINESS" BOOKLET FOR THEIR USE IN APPLYING THIS MORAL CODE. A TOTAL OF 1,714 ESSAYS AND POSTERS WERE SUBMITTED OF WHICH 1,010 STUDENTS WERE AWARDED FOR THEIR PARTICIPATION.

THE WAY TO HAPPINESS INTERNATIONAL COMPILED AND PILOTTED LESSON PLANS FOR EDUCATORS COVERING THE TEACHING OF MORALS.

IN BRAZIL, 102 SCHOOL COORDINATORS AND DIRECTORS FROM 74 SCHOOLS ATTENDED A WORKSHOP ON "THE WAY TO HAPPINESS". A THREE MONTH PILOT PROGRAM USING "THE WAY TO HAPPINESS" WAS

DELIVERED TO 44 STUDENTS WHILE CONCURRENTLY A STUDY WAS DONE ON A CONTROL GROUP OF SIMILAR NUMBER AND LEVEL. AS A RESULT THE PILOT GROUP STOPPED DEFACING THE SCHOOL PROPERTY, WERE RESPECTFUL TO TEACHERS AND PARENTS AND THEY GENERALLY DEMONSTRATED EXCELLENT BEHAVIOR, IN CONTRAST TO THE CONTROL GROUP WHICH CONTINUED WITH ITS DESTRUCTIVE ACTIONS AND BEHAVIOR.

THE WAY TO HAPPINESS INTERNATIONAL FORMED A TEAM OF 800 PEOPLE IN RWANDA TO HELP THE COUNTRY RECOVER FROM ITS INTERNAL CONFLICTS. THIS TEAM DELIVERED THE WAY TO HAPPINESS EXTENSION COURSE AND DISTRIBUTED THE BOOKLET.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		36,059.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC AWARENESS:

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 UNDERSTANDING. THE FLOAT WAS VIEWED BY AN ESTIMATED 1 MILLION PEOPLE ON THE STREETS OF HOLLYWOOD AND BY MANY MILLIONS MORE WHEN IT AIRED ON TV STATIONS THROUGHOUT THE UNITED STATES.

THE WAY TO HAPPINESS INTERNATIONAL AND ITS CHAPTERS PROMOTED ITS SERVICES AND COMPETITIONS AS WELL AS THE BOOKLET "THE WAY TO HAPPINESS" BY SENDING OUT OVER 1,320,000 PUBLICATIONS, FLIERS AND ADVERTISEMENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		33,183.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 9

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATION	ASSN FOR BETTER LIVING & EDUC INT'L	7065 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	AFFILIATED	1,470.
EDUCATION	THE WAY TO HAPPINESS CLUB OF MIAMI	MIAMI, FL 33185	AFFILIATED	1,800.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				3,270.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	616.	616.	0.
FAX MACHINE	1,055.	1,055.	0.
LIBRARY MATERIALS	2,033.	2,033.	0.
COMPUTER	852.	852.	0.
COMPUTER PRINTER	1,821.	1,821.	0.
COMPUTER AND PRINTER	845.	845.	0.
COMPUTER AND PRINTER	3,019.	3,019.	0.
COMPUTER AND FAX	2,355.	2,120.	235.
FURNITURE AND EQUIPMENT	4,560.	4,560.	0.
COMPUTER	1,699.	170.	1,529.
TOTAL TO FORM 990, PART IV, LN 57	18,855.	17,091.	1,764.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ASSOCIATION FOR BETTER LIVING & EDUCATION INTERNATIONAL	X	
APPLIED SCHOLASTICS INTERNATIONAL	X	
NARCONON INTERNATIONAL	X	

4562

Form

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions. Attach this form to your return.

OMB No. 1545-0172

1999

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE WAY TO HAPPINESS INTERNATIONAL

FORM 990 PAGE 2

95-3937092

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C - Alternative Depreciation System (ADS) (See instructions.)

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 12-year and 40-year class life.

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-19 for other depreciation.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 20-22 for summary of deductions and basis.

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

Form 4562 (1999)

**Part V** Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

23a Do you have evidence to support the business/investment use claimed?  Yes  No 23b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

24 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L-		
		%				S/L-		
		%				S/L-		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 26

27 Add amounts in column (i). Enter the total here and on line 7, page 1 27

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.	Name <b>THE WAY TO HAPPINESS FOUNDATION</b>	Employer identification number <b>95-3937092</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>7060 HOLLYWOOD BLVD., #306</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90028</b>	

**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file **Form 1065, 1066, or 1041**.

- 1 I request an extension of time until NOVEMBER 15, 2000 to file (check only one):
- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)    | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 99, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 Has an extension of time to file been previously granted for this tax year?  Yes  No

4 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. 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 Dagmar C. Kogler Title CPA Date 8/14/00

**FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.**

### Notice to Applicant — To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

**EXTENSION APPROVED**

Director \_\_\_\_\_ By: \_\_\_\_\_ **AUG 23 2000**

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name <b>THE WAY TO HAPPINESS FOUNDATION C/O NSBN &amp; CO LLP</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>9454 WILSHIRE BLVD., 4TH FLOOR</b>
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>BEVERLY HILLS, CA 90212</b>

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name **The Way to Happiness Foundation**

Employer identification number  
**95-3937092**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

**7060 Hollywood Blvd., No. 306**

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

**Los Angeles, CA 90028**

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until **Aug. 15** **2000** to file (check only one):

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)    | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

2a For calendar year **99**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 Has an extension of time to file been previously granted for this tax year?  Yes  No

4 State in detail why you need the extension **Additional time is needed for review of this return by accountants and legal counsel.**

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. 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  Title **Certified Public Accountant** Date **15 May 00**

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

### Notice to Applicant--To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name \_\_\_\_\_

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) \_\_\_\_\_

City, town or post office, state, and ZIP code. For a foreign address, see instructions. \_\_\_\_\_



FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE  
INCLUDED ON PART I, LINE 1D

STATEMENT 2

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

AMOUNT

78,000.

5,600.

**NOT OPEN TO  
PUBLIC INSPECTION**

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SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 12  
INCLUDED ON PART IV, LINE 26B

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\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

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TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
284,000.	260,856.
	<u>260,856.</u>

**NOT OPEN TO  
PUBLIC INSPECTION**