

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2002 calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE WAY TO HAPPINESS INTERNATIONAL</b> <b>THE WAY TO HAPPINESS FOUNDATION INT'L</b>	<b>D</b> Employer identification number <b>95-3937092</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>201 E. BROADWAY</b>	<b>E</b> Telephone number <b>(818) 254 0600</b>
City or town, state or country and ZIP + 4 <b>GLENDALE, CA 91205</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

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

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶

**G** Web site ▶ **WWW.THEWAYTOHAPPINESS.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No" attach a list)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

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

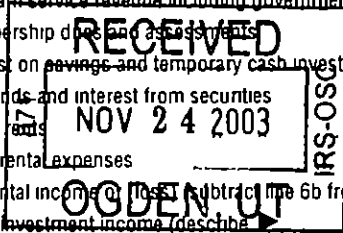
**I** Enter 4-digit GEN ▶

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **673674.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received		195218.		363690.				558908.	
<b>a</b> Direct public support								<b>2</b> 20551.	
<b>b</b> Indirect public support								<b>3</b>	
<b>c</b> Government contributions (grants)								<b>4</b>	
<b>d</b> Total (add lines 1a through 1c) (cash \$ 558908. noncash \$ )								<b>5</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII line 93)								<b>6a</b>	
<b>3</b> Membership dues and assessments								<b>6b</b>	
<b>4</b> Interest on savings and temporary cash investments								<b>6c</b>	
<b>5</b> Dividends and interest from securities								<b>7</b>	
<b>6 a</b> Gross rents									
<b>b</b> Less rental expenses									
<b>c</b> Net rental income or loss (subtract line 6b from line 6a)									
<b>7</b> Other investment income (describe )									
<b>8 a</b> Gross amount from sale of assets other than inventory		(A) Securities		(B) Other					
<b>b</b> Less cost or other basis and sales expenses		8a		8b					
<b>c</b> Gain or (loss) (attach schedule)		8c							
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))								<b>8d</b>	
<b>9</b> Special events and activities (attach schedule)									
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)		9a		9b					
<b>b</b> Less direct expenses other than fundraising expenses									
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a 94215.		10b 56106.					
<b>b</b> Less cost of goods sold									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				STMT 2				<b>10c</b> 38109.	
<b>11</b> Other revenue (from Part VII, line 103)								<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								<b>12</b> 617568.	
<b>13</b> Program services (from line 44, column (B))								<b>13</b> 591555.	
<b>14</b> Management and general (from line 44, column (C))								<b>14</b> 60981.	
<b>15</b> Fundraising (from line 44, column (D))								<b>15</b> 17863.	
<b>16</b> Payments to affiliates (attach schedule)								<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))								<b>17</b> 670399.	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								<b>18</b> -52831.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73 column (A))								<b>19</b> 52620.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								<b>20</b> 0.	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								<b>21</b> -211.	



SCANNED DEC 16 '03

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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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ <u>18023.</u> noncash \$	22	18023.	18023.	STATEMENT 4	
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	55163.	39821.	9826.	5516.
26 Other salaries and wages	26	61520.	39030.	20441.	2049.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	10258.	6929.	2663.	666.
30 Professional fundraising fees	30				
31 Accounting fees	31	4073.		4073.	
32 Legal fees	32	7840.	5373.	1974.	493.
33 Supplies	33	8265.	5290.	2430.	545.
34 Telephone	34	15719.	11070.	3719.	930.
35 Postage and shipping	35	12000.	10016.	1574.	410.
36 Occupancy	36	25666.	17337.	6663.	1666.
37 Equipment rental and maintenance	37	7549.	5099.	1960.	490.
38 Printing and publications	38	318742.	317621.	903.	218.
39 Travel	39	9929.	9839.	72.	18.
40 Conferences, conventions and meetings	40				
41 Interest	41	2274.	1536.	590.	148.
42 Depreciation, depletion etc (attach schedule)	42	4761.	3216.	1236.	309.
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 3	43e	108617.	101355.	2857.	4405.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	670399.	591555.	60981.	17863.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>TO PROMOTE COMMON SENSE MORAL VALUES</b>	
<small>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.)</small>	
<b>a DISTRIBUTING "THE WAY TO HAPPINESS" BOOKLET</b>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)</small>
SEE STATEMENT 7	
(Grants and allocations \$ 18023.)	461434.
<b>b SERVICES USING THE BOOKLET "THE WAY TO HAPPINESS"</b>	
SEE STATEMENT 8	
(Grants and allocations \$ )	21818.
<b>c PUBLIC CAMPAIGNS TO RAISE AWARENESS REGARDING MORAL VALUES</b>	
SEE STATEMENT 9	
(Grants and allocations \$ )	108303.
<b>d</b>	
(Grants and allocations \$ )	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ )
<b>f Total of Program Service Expenses (should equal line 44 column (B), Program services)</b>	<b>591555.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	52553.	39337.
	46 Savings and temporary cash investments		
	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	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	12213.	10977.
	53 Prepaid expenses and deferred charges		1274.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	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 44260.		
b Less accumulated depreciation STMT 5	57b 15609.	7596.	
58 Other assets (describe <input type="checkbox"/> RENT SECURITY DEPOSIT )		58 1000.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	72362.	59 81239.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	19742.	60 55476.
	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 STMT 6		64b 25974.
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities</b> (add lines 60 through 65)	19742.	66 81450.	
<b>Net Assets or Fund Balances</b>	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	52620.	72 -211.
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, column (B) must equal line 21)	52620.	73 -211.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	72362.	74 81239.	

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	a	N/A
b	Amounts included on line a but not on line 12 Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17 Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20 Form 990 \$ _____		
(3)	Losses reported on line 20 Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

**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
FRANK ZURN 201 E. BROADWAY GLENDALE, CA 91205	TREASURER	0	0.	0.
LAURIE ZURN 201 E. BROADWAY GLENDALE, CA 91205	DIRECTOR	0	0.	0.
DAN IRWIN 201 E. BROADWAY GLENDALE, CA 91205	DIRECTOR/SECRETARY	0	0.	0.
JONI GINSBERG (SEE STATEMENT 1) 201 E. BROADWAY GLENDALE, CA 91205	DIRECTOR/PRESIDENT	40	31022.	0.
DENNIS SCHLIEWE (SEE STATEMENT 1) 201 E. BROADWAY GLENDALE, CA 91205	VICE PRESIDENT	40	24141.	0.
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75 Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2002)

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**Part VI Other Information** **Yes No**

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		<b>X</b>
<b>77</b>	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	<b>77</b>		<b>X</b>
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	<b>78b</b>		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		<b>X</b>
<b>80 a</b>	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?	<b>80a</b>		<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81 a</b>	Enter direct or indirect political expenditures. See line 81 instructions. <span style="float: right;"><b>81a</b> 0.</span>			
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>		<b>X</b>
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III). <span style="float: right;"><b>82b</b> N/A</span>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	<b>84b</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. <span style="float: right;">N/A</span>	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members. <span style="float: right;"><b>85c</b> N/A</span>			
<b>d</b>	Section 162(e) lobbying and political expenditures. <span style="float: right;"><b>85d</b> N/A</span>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. <span style="float: right;"><b>85e</b> N/A</span>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). <span style="float: right;"><b>85f</b> N/A</span>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	<b>85g</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	<b>85h</b>		
<b>86</b>	<b>501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12. <span style="float: right;"><b>86a</b> N/A</span>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities. <span style="float: right;"><b>86b</b> N/A</span>			
<b>87</b>	<b>501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders. <span style="float: right;"><b>87a</b> N/A</span>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <span style="float: right;"><b>87b</b> N/A</span>			
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0., section 4912 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0., section 4955 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0.			
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <span style="float: right;"><b>89c</b> 0.</span>			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization. <span style="float: right;"><b>89d</b> 0.</span>			
<b>90 a</b>	List the states with which a copy of this return is filed. <span style="float: right;"><b>90a</b> CALIFORNIA</span>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2002. <span style="float: right;"><b>90b</b> 7</span>			
<b>91</b>	The books are in care of <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> GINSBERG, JONI Telephone no <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> (818) 254 0600			
Located at <span style="border-bottom: 1px solid black; display: inline-block; width: 400px;"></span> 201 E. BROADWAY, GLENDALE, CALIFORNIA		ZIP + 4 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 91205		
<b>92</b>	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. <span style="float: right;"><b>92</b> N/A</span>			

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LICENSE FEES					20501.
b TRAINING					50.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					38109.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	58660.
105 Total (add line 104 columns (B), (D) and (E))					58660.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	LICENSE FEES FOR REPRINTING OF THE WAY TO HAPPINESS BOOKLET.
93B	TRAINING ON MORAL VALUES USING THE WAY TO HAPPINESS BOOKLET
102	SALES OF THE WAY TO HAPPINESS BOOKS, COURSE MATERIALS, SHIRTS, ETC. TO CONTRIBUTE TO BROAD DISTRIBUTION OF THE WAY TO HAPPINESS IN SOCIETY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

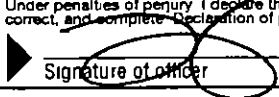
(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

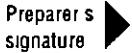
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization during the year, pay premiums, directly or indirectly on a personal benefit contract?  Yes  No

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

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.

Please Sign Here:  Date: 11/17/03 Type or print name and title: PRESIDENT

Paid Preparer's Use Only: Preparer's signature:  Date: 11/17/03 Check if self-employed:  Preparer's SSN or PTIN: Preparer's name (or yours if self-employed) address and ZIP + 4: EIN: Phone no:

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **THE WAY TO HAPPINESS INTERNATIONAL**  
**THE WAY TO HAPPINESS FOUNDATION INT'L** Employer identification number **95 3937092**

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

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

THE WAY TO HAPPINESS INTERNATIONAL

**Part III Statements About Activities** (See page 2 of the instructions)

- 1** During the year, has the organization attempted to influence national state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)  
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities
- 2** During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors officers creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )
- a** Sale, exchange, or leasing of property?
- b** Lending of money or other extension of credit?
- c** Furnishing of goods, services, or facilities?
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? SEE PART V, FORM 990
- e** Transfer of any part of its income or assets?
- 3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)
- 4** Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4		X

**Note** 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 STATEMENT 7

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

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



THE WAY TO HAPPINESS INTERNATIONAL

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	516563.	302580.	225797.	152790.	1197730.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	76697.	74381.	50009.	14444.	215531.
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	3777.	750.	SEE STATEMENT 8		4527.
<b>23</b> Total of lines 15 through 22	597037.	377711.	275806.	167234.	1417788.
<b>24</b> Line 23 minus line 17	520340.	303330.	225797.	152790.	1202257.
<b>25</b> Enter 1% of line 23	5970.	3777.	2758.	1672.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 24045.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.				<b>26b</b> 317545.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b> 1202257.
	d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>4527.</u> 26b <u>317545.</u>				<b>26d</b> 322072.
	e Public support (line 26c minus line 26d total)				<b>26e</b> 880185.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 73.2111%
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2001)	(2000)	(1999)	(1998)	
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				<b>27c</b> N/A
	d Add: Line 27a total _____ and line 27b total _____				<b>27d</b> N/A
	e Public support (line 27c total minus line 27d total)				<b>27e</b> N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):				<b>27f</b> N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> N/A %
<b>28</b> Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe if "No" please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
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? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement )	32d	
<hr/>			
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? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation	35	

THE WAY TO HAPPINESS INTERNATIONAL

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

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

Check  a  if the organization belongs to an affiliated group

Check  b  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500 000	20% of the amount on line 40	}
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 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs, government officials or a legislative body
- h Rallies demonstrations seminars, conventions, speeches lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT	88200DB	7.00	17	616.	616.			616.	616.		0.
2	FAX MACHINE	90200DB	7.00	17	1055.	1055.			1055.	1055.		0.
3	LIBRARY MATERIALS	91200DB	7.00	17	2033.	2033.			2033.	2033.		0.
4	FURNITURE AND EQUIPMENT	87200DB	7.00	17	4560.	4560.			4560.	4560.		0.
5	COMPUTER	070199SL	5.00	16	1699.	1699.			1699.	850.		340.
6	COMPUTER	070100SL	5.00	16	4071.	4071.			4071.	1221.		814.
7	COMPUTER	070101SL	5.00	16	3336.	3336.			3336.	334.		667.
8	SOFTWARE	070101SL	3.00	16	1074.	1074.			1074.	179.		358.
9	HONDA ODYSSEY	070102SL	5.00	21	25816.	25816.			25816.			2582.
	* TOTAL 990 PAGE 2 DEPR				44260.	44260.		0.	44260.	10848.	0.	4761.

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FOOTNOTES

STATEMENT 1

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

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

FORM 990

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

STATEMENT 2

INCOME		
1. GROSS RECEIPTS . . . . .	94215	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		94215
4. COST OF GOODS SOLD (LINE 13) . . . . .	56106	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		38109
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	12213	
7. MERCHANDISE PURCHASED . . . . .	54870	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		67083
12. INVENTORY AT END OF YEAR . . . . .	10977	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		56106

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMMISSIONS	10703.	6971.		3732.
BANK CHARGES	5001.	3286.	1399.	316.
ROYALTIES	49534.	49534.		
PROMOTION	38238.	37628.	494.	116.
TRANSLATIONS	1428.	1428.		
INSURANCE	2847.	1923.	739.	185.
LICENSES & FEES	866.	585.	225.	56.
TOTAL TO FM 990, LN 43	108617.	101355.	2857.	4405.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GENERAL SUPPORT	ASSOC FOR BETTER LIVING & EDUCATION	7065 HOLLYWOOD BLVD, LOS ANGELES, CA 90028	N/A	18023.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				18023.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	616.	616.	0.
FAX MACHINE	1055.	1055.	0.
LIBRARY MATERIALS	2033.	2033.	0.
FURNITURE AND EQUIPMENT	4560.	4560.	0.
COMPUTER	1699.	1190.	509.
COMPUTER	4071.	2035.	2036.
COMPUTER	3336.	1001.	2335.
SOFTWARE	1074.	537.	537.
HONDA ODYSSEY	25816.	2582.	23234.
TOTAL TO FORM 990, PART IV, LN 57	44260.	15609.	28651.



FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

WELLS FARGO BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/11/02	02/11/07	30000.	9.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
VEHICLE PURCHASE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	25974.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		25974.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7  
PART III, LINE 3

THE RECIPIENTS OF THE WAY TO HAPPINESS' GRANTS WERE QUALIFIED EXEMPT ORGANIZATIONS. PROJECTS ARE DETERMINED TO BE QUALIFIED ON AN INDIVIDUAL BASIS. THE ORGANIZATION ENSURES THAT EACH SO QUALIFIES AT ALL TIMES.

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
FUNDRAISING COMMISSIONS	3777.	750.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	3777.	750.	0.	0.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

**THE WAY TO HAPPINESS INTERNATIONAL  
THE WAY TO HAPPINESS FOUNDATION INT'L**

Business or activity to which this form relates

**FORM 990 PAGE 2**

Identifying number

**95-3937092**

**Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property complete Part V before you complete Part I

<b>1</b> Maximum amount See instructions for a higher limit for certain businesses	<b>24000.</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions)	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>\$200,000</b>
<b>4</b> Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	
<b>5</b> Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions	
<b>6</b>	
(a) Description of property	(b) Cost (business use only)
	(c) Elected cost
<b>7</b> Listed property Enter amount from line 29	<b>7</b>
<b>8</b> Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	
<b>9</b> Tentative deduction Enter the smaller of line 5 or line 8	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2001 Form 4562	
<b>11</b> Business income limitation Enter the smaller of business income (not less than zero) or line 5	
<b>12</b> Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	
<b>13</b> Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	<b>13</b>

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	
<b>15</b> Property subject to section 168(f)(1) election (see instructions)	
<b>16</b> Other depreciation (including ACRS) (see instructions)	<b>2179.</b>

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

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2002	
<b>18</b> If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5 year property						
<b>c</b> 7-year property						
<b>d</b> 10 year property						
<b>e</b> 15 year property						
<b>f</b> 20 year property						
<b>g</b> 25 year property			25 yrs		S/L	
<b>h</b> Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12 year			12 yrs		S/L	
<b>c</b> 40 year	/		40 yrs	MM	S/L	

**Part IV Summary** (See instructions)

<b>21</b> Listed property Enter amount from line 28	<b>21</b>	<b>2582.</b>
<b>22</b> Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	<b>22</b>	<b>4761.</b>
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include 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 24a, 24b, 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)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b 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
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use

HONDA ODYSSEY	070102	100.00 %	25816.	25816.	5.00	SL -HY	2582.
		%					
		%					

27 Property used 50% or less in a qualified business use

		%				S/L -	
		%				S/L -	
		%				S/L	

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 2582.

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

**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 1		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	X	
38 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		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 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?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		X

**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
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year				43	
44 Total Add amounts in column (f) See instructions for where to report				44	

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

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

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>The Way to Happiness Foundation</b>	Employer identification number <b>95 393 1092</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>4301 HOLLYWOOD Blvd Ste 250</b>	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>Los Angeles CA 90028</b>	

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

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 15 NOV, 2003

5 For calendar year 2002 or other tax year beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_

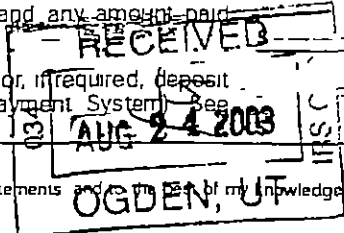
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE & ACCURATE TAX RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 5

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

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions.



**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

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

**EXTENSION APPROVED**

**SEP 03 2003**

LINDA WEISKOPF, FIELD DIRECTOR  
SUBMISSION PROCESSING, OGDEN

Director \_\_\_\_\_ By EXECUTIVE DIR, BOARD

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>THE WAY TO HAPPINESS FOUNDATION INT</b>	Employer identification number <b>95 3937092</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box see instructions <b>6381 HOLLYWOOD BLVD #250</b>	
	City, town or post office, state, and ZIP code. For a foreign address see instructions <b>LA, CA 90028</b>	

**Check type of return to be filed** (file a separate application for each return)

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

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until \_\_\_\_\_, 20... to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20... or  
 ▶  tax year beginning \_\_\_\_\_, 20... and ending \_\_\_\_\_, 20...

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

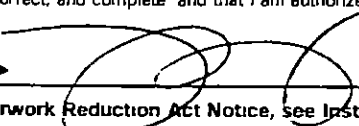
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶



Title ▶ **EXEC. DIRECTOR**

Date ▶ **5/19/03**