SCANNED OFC 28'98

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust Note: The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

This Form is Open to Public Inspection

A I	For the 19	997 calendar year, OR tax year period beginning		, 1997,	and ending		, 19
В	Check if:	Please C Name of organization				D Employer I	dentification number
	Change of	use IRS					
	address	print or THE WAY TO HAPPINESS	95-3	937092			
	Initial return	type. Number and street (or P.O. box if mail is no	t delivered to street address))	Room/suite	E State regis	tration number
	Final return	Specific 7060 HOLLYWOOD BLVD.			306	CT-	58060
	Amende return	City town or nost office state and ZIP+4			-	F Check	if exemption
	(required als for State reporting)	LOS ANGELES, CA 900					application is pending
G ·	reporting) Type of o	rganization - X Exempt under 501(c) (3)	(insert number) OR 🕨 🗌	section	on 4947(a)(1) nonexer	npt chartitable	trust
Not	te: Secti	ion 501(c)(3) exempt organizations and 4947(a)	(1) nonexempt charitable	trust:	s MUST attach a co	ompleted Sc	hedule A (Form 990).
		a group return filed for affiliates?			er box in H is checked		
	-	enter the number of affiliates for which this			ption number (GEN)	_	
	return i	is filed:	·l ,	Acco	unting method:	Cash	X Accrual
(Ç		separate return filed by an organization covered by a group ruling?	Yes X No		Other (specify)		
K C	heck here	if the organization's gross receipts are norm	ally not more than \$25,000.	The orga	anization need not file	a return with th	ne IRS; but
if	it receive	ed a Form 990 Package in the mail, it should file a return	without financial data. Some	states	require a complete r	eturn.	
Not	B: Form 9	990-EZ may be used by organizations with gross receipts	less than \$100,000 and tota	l assets	less than \$250,000 at	end of year.	
Pa	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces		
,	1	Contributions, gifts, grants, and similar amounts receiv	ed:		-		
	a	Direct public support		1a	99,7		
	b	Indirect public support	*******************************	1b	96,5	53.	
	C	Government contributions (grants)	*****	10			
	d	Total (add lines 1a through 1c) (attach schedule of con			STMT	51050010500	
		(cash \$196,258. noncash \$)			1d	<u> 196, 258.</u>
	2	Program service revenue including government fees an					
	3	Membership dues and assessments	,	.,		3_	
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities		,		5	
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
m	С	Net rental income or (loss) (subtract line 6b from line 6	a)			6c	
Š	7	Other investment income (describe) 7	
Revenue	8 a	Gross amount from sale of assets other	(A) Securities		(B) Other		
Œ		than inventory		8a			
	b	Less: cost or other basis and sales expenses		8b			
	C	Gain or (loss) (attach schedule)	······································	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	,		8d	
	9	Special events and activities (attach schedule):					
	a	Gross revenue (not including \$	of contributions				
		reported on line 1a)		9a			
		Less: direct expenses other than fundraising expenses					
	6	Net income or (loss) from special events (subtract line	·	1			
	10 a	Gross sales of inventory, less returns and allowances		10a	15,4		
	b	Less: cost of goods sold		10b	12,6		
	C	Gross profit or (loss) from sales of inventory (attach so					2,835.
	11	Other revenue (from Part VII, line 103)					5,252.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					204,345.
ø	13	Program services (from line 44, column (B)RECE.	VED			13	130,271.
Expenses	14	Management and general (from line 44r column (C))	763		************	14	<u> 26,161.</u>
ē	15	Payments to affiliates (attach schedus NOV 2	n 1000 0		On a meretrare	15	61,318.
ũ		Payments to affiliates (attach schelle) 110 4 &	0 1330 S	EE.	STATEMENT	.3 16	9,390.
	17	Total expenses (add lines 16 and 44, dolumn (A))	<u> </u>			17	227,140.
y	18	Excess or (deficit) for the year (subtract light Clark	¶' ²)∪∓			18	<u>-22,795.</u>
Net Seets	19	Net assets or fund balances at beginning of year (from					<u>85,900.</u>
-A	20 21	Other changes in net assets or fund balances (attach e)				20	0.
	4	Net assets or fund balances at end of year (combine lin	03 10, 19, 411U ZU)	,		21	63,105.

LHA

THE WAY TO HAPPINESS FOUNDATION

		ons must complete colum ons and section 4947(a)(ists but optional for others.	Tab I (b)(b) and
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Totai	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)		2.5.4.5.0	2.5.4.5.0		
cash \$ 35,478 • noncash \$	22	35,478.	35,478.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule					
24 Benefits paid to or for members (attach schedule)			10.00		•••
25 Compensation of officers, directors, etc.		40,420.	12,682.	 	22,086 •
26 Other salaries and wages		13,456.	7,420.	207.	5,829 •
27 Pension plan contributions					
28 Other employee benefits			1 000		
29 Payroll taxes		4,845.	1,908.	766.	2,171
30 Professional fundraising fees					
31 Accounting fees		9,774.		9,774.	
32 Legal fees	. 32				
33 Supplies	. 33	1,000.	350.	37.	613
34 Telephone	. 34	14,121.	6,590.	1,804.	5,727
35 Postage and shipping	35	14,515.	11,331.	741.	2,443
36 Occupancy		18,657.	7,425.	2,788.	8,444
37 Equipment rental and maintenance		549.		549.	
38 Printing and publications		5,192.	2,997.	1,252.	943
39 Travel		2,996.	1,192.	438.	1,366
40 Conferences, conventions, and meetings					
41 Interest		7.		7.	
42 Depreciation, depletion, etc. (attach schedule)		1,677.	642.	244.	791
43 Other expenses (itemize):					
a DISSEMINATION	43a	46,253.	42,234.	436.	3,583.
h COMMISSION	43b	7,297.			7,297
BANK CHARGES	43c	1,458.		1,458.	
d STAFF TRAINING	43d	55.	22.	8.	25 .
6	436				
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		217,750.	130,271.	26,161.	61,318
Reporting of Joint Costs Did you report in column (if fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint or (iii) the amount allocated to Management and general Part III Statement of Program Serv	sts \$ \$ rice Ac	; ; and	*****************************	Program services \$	Yes X No
What is the organization's primary exempt purpose? TO PROMOTE COMMON SENSE All organizations must describe their exempt purpose achievems achievements that are not measurable. (Section 501(c)(3) and (4) allocations to others.)	MORA ents in a cle	ar and concise manner. State	the number of clients served, p charitable trusts must also ente	ublications issued, etc. Discuss r the amount of grants and	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 4					
<u>·</u>		· · (Grants and allocations \$	4,035	55,-383
b SEE STATEMENT 5					
c SEE STATEMENT 6		(Grants and allocations \$	31,4430	34,690
					40.400
d		(Grants and allocations \$	31,443.1	40,198
			Grants and allocations \$		
e Other program services (attach schedule)		(Grants and allocations \$)	
f Total of Program Service Expenses (should equa		L L			130,271

Part IV Balance Sheets

	re required, attached schedules and amounts within the nd-of-year amounts only.	description co	lumn should be	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			9,639.	45	16,978
46	Savings and temporary cash investments		46			
		1 1				
	Accounts receivable	47a				
d	Less: allowance for doubtful accounts	47b		·	47c	
	Diedersemenhabte					
48 a	•				40	
1	Less: allowance for doubtful accounts				48c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key				50	
51 a	schedule) Other notes and loans receivable		35, 215.		50	
b			33,7213.	36,645.	51c	35,215
52	Inventories for sale or use			44.798.	52	24,891
53	Prepaid expenses and deferred charges			<u> </u>	53	27,071
54	Investments - securities (attach schedule)				54	
1 -	Investments - land, buildings, and		***************************************		34	
00 a	equipment: basis	55a				
h	Less: accumulated depreciation (attach	004				
"	schedule)	55b			55c	
56	Investments - other			······································	56	
57 a			17,156.			· · · · · · · · · · · · · · · · · · ·
	Less: accumulated depreciation STMT 8		14,914.	3,919.	57c	2,242
58	Other assets (describe	<u> </u>)		58	
		·			1 3 1	
59	Total assets (add lines 45 through 58) (must equal lin	ie 74)		95,001.	59	79,326
60	Accounts payable and accrued expenses			9,101.	60	_16,221
61	Grants payable				61	
62	Deferred revenue		1		62	
63	Loans from officers, directors, trustees, and key emple	oyees			63	
64 8	a Tax-exempt bond liabilities	***************************************			643	
{ t	Mortgages and other notes payable				64b	
65	Other liabilities (describe)		65	
				0 101		16 001
66	Total liabilities (add lines 60 through 65)			9,101.	66	16,221
Orga	•	and complete	lines 67 through			
	69 and lines 73 and 74					
67	Unrestricted				67	
68	Temporarily restricted				68	
69	Permanently restricted				69	
Urga	nizations that do not follow SFAS 117, check here	A and co	impiete lines			•
70	70 through 74			0.	70	0
70	Capital stock, trust principal, or current funds			0.	70	
71	Paid-in or capital surplus, or land, building, and equip				71	
72	Retained earnings, endowment, accumulated income,			85,900.	72	63,105
	Total net assets or fund balances (add lines 67 throu	run os UK INE:	s 70 (mrougn 72;			
73	column (A) must equal line 19 and column (B) must e			85,900.	73	63,105

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.

Pa	rt IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part	IV-B Reco Finar Retu	enciliation of Exp ncial Statements rn	enses per A With Expen	udited ises per
a	Total revenue, gains, and other support per audited financial statements	a b	Total expenses an audited financial s	id losses per statements I on line a but not on	> a	N/A
b	Amounts included on line a but not on line 12, Form 990:	_	line 17, Form 990 Donated services	:		
(1)	Net unrealized gains on investments\$	(2)	and use of facilitie Prior year adjustn	9\$\$ nents		
(2)	Donated services	\-,	reported on line 2	0,		
	and use of facilities \$			\$		
(3)	Recoveries of prior	(3)	Losses reported o			
f#\	year grants Other (specify):	(4)	tine 20, Form 990 Other (specify):	\$	 -	
(4)	S	(4)	Other (specify).	\$		
_	Add amounts on lines (1) through (4) b] -	Add amounts on I	ines (1) through (4)	b	
C	Line a minus line b c	C	Line a minus line	b	> c	
ď	Amounts included on line 12, Form 990 but not on line a:	d	Amounts included 990 but not on lin	d on line 17, Form e a :		
(1)	Investment expenses	(1)	Investment expen	ses		
	not included on		not included on			
(2)	line 6b, Form 990\$ Other (specify):	(2)	Other (specify):	\$		
(-)	\$	(2)	other (apecity).	\$		
e	Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) e	e	Total expenses pe	lines (1) and (2) er line 17, Form 990)		
Pa	rt V List of Officers, Directors, Trustees, and Key E		oyees (List each	i one even if not compe	nsated.)	
	(A) Name and address		itle and average hou er week devoted to position		(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
		DIR	ECTOR			
	31 HOLLYWOOD BLVD. #700,	7.0	MEEDED			
		-	NEEDED ECTOR	0.	0.	0.
	31 HOLLYWOOD BLVD. #700,		ECIOR	ĺ		
		AS	NEEDED	0.	. 0.	0.,
		DIR	ECTOR			
	31 HOLLYWOOD BLVD. #700,	-				_
			NEEDED	0.	0.	0.
	URIE ZURN 31 HOLLYWOOD BLVD. #700,	PRE	ESIDENT			
	·	AS	NEEDED	0.	ο.	0.
	IAN WEINBERG		CRETARY			<u> </u>
	31 HOLLYWOOD BLVD. #700,]				
	S ANGELES, CALIF. 90028		NEEDED	0.	. 0.	0.
	ENN HORTON 60 HOLLYWOOD BLVD. #306,	'SEC	RETARY/T	REASURER		
	S ANGELES, CALIF. 90028	45	•	19,510.	0.	0.
_	OTT TREGURTHA		RECTOR/PR			
70	60 HOLLYWOOD BLVD. #306,		·			
	S ANGELES, CALIF. 90028	45		20,910.	. 0.	0 •
	ANNE TAKANO IRWIN	DIR	RECTOR			
	60 HOLLYWOOD BLVD. #200, S ANGELES, CALIF. 90028	7.0	ивврвр	0.	.) o.	0.
	TH LYONS		NEEDED CASURER	<u> </u>	·	
	60 HOLLYWOOD BLVD. #200,	1`-				
_	S ANGELES, CALIF. 90028	AS	NEEDED_	0.	. 0.	0.
		-		_		
		1				
75	Did any officer, director, trustee, or key employee receive aggregate compensat	ion of	mora than 6400 000) from usur organization	and all saleted	<u> </u>
	organizations, of which more than \$10,000 was provided by the related organiz				X No	

723041 12-05-97

91

The books are in care of ▶•GLENN HORTON,

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041.- Check here

Located at ► 7060 HOLLYWOOD BLVD. #306, L.A., CA. ZIP +4 ► 90028

TREASURER _____ Telephone no. ▶ (323) 962-7906

and enter the amount of tax-exempt interest received or accrued during the tax year ______ 92

Page 6

• *ETIMII Analysis of Income-Producing	Activitie	s			
Enter gross amounts unless otherwise	Unre	elated business income		ded by section 512, 513. or 514	(E)
indicated.	p (A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion	Amount	function income
(al					
fbl					- "
(c)				, ,	
(i)					
(e)					
(!) 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					2,835.
103 Other revenue:					
a LICENSE FEE ON REPRINT	İ				5,252.
b					
c					
d			1		
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	8,087.
105 TOTAL (add line 104, columns (B),(D) , and (E))				<u> </u>	8,087 •
Note: (Line 105 plus line id, Part 1, should equal the amou			,		-,
I ^ I H J Relationship of Activities to th	ie Accomi	olishment of Exemp	ot Pu	rposes	
Line No. Explain how each activity for which income is r					of the organization's
T exempt purposes (other than by providing fund	ds for such pui	poses).			
102 THE ORGANIZATION SELLS	THE W	AY TO HAPPINE	SS	BOOKS, COURSE	MATERIALS,
SHIRTS, ETC. ALL ITEM	S SOLD	CONTRIBUTE TO	TT C	HE BROAD DISTR	RIBUTION OF
THE WAY TO HAPPINESS (COMMON	SENSE MORAL C	ODE	INTO SOCIETY	•
103A THE ORGANIZATION RECEI	VED LI	CENSE FEES FO	R T	<u>HE REPRINTING</u>	OF THE WAY
TO HAPPINESS COMMON SI	ENSE MO	RAL CODE.			***************************************

Part IX Information Regarding Taxable	e Subsidia	ries (Complete this Part if	the "Ye	es" box an 88 is checked.)	
Name, address, and employer identification Percentage	I	Nature of business'activities		Total income	End-of-year
number of corporation or partnership ownership int	erest	Or Duoi 1000 dolly 11103		I Ottal II IOOI II C	assets
N/A	<u>%</u>				
<u> </u>	%				
	%				
	%				

g accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge.



GLENN HORTON,
Type or print name and title SECRETARY

SCHEDULE A (Form 990)

Organization Exempt Under 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

1997

Employer identification number

OMB No. 1545-0047

Department of the Treasury kitemal Revenue Service

Name of the organization

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

THE WAY TO HAPPINESS FOUNDATION 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.") (b) Title and average hours per week devoted to (e) Expense account and other (a) Name and address of each employee paid (c) Compensation employee benefit plans & deferred more than \$50,000 position allowances compensation NONE Total number of other employees paid 0 over\$50,000 •SETIII Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions.) (List each one (whether individuals orfirms.) (If there are none, enter "None.")) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services.

Schedule A	(Form 990) 1997 THE WAY TO HAPPINESS FOUNDATION 95-39:	<u> 37092</u>]	Page2
E m U	Statement About Activities		Yes	No
1 During the	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public			
opinior	on a legislative matter or referendum?,,,	1		X
If "Yes,	"enter the total expenses Daid or incurred in connection with the lobbvina activites. • \$	_		
_	zations that made an election under section 501 (h) by filing Form 5768 must complete Part VI-A. Other			
_	rations checking Yes," must complete Part VI-B AND attach a statement giving a detailed description of			
	bying activities.			
•	e year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,			
	s, creators, key employees, or members of their families, or with any taxable organization with which any such person is			
	d as an officer, director, trustee, majority owner, or principal beneficiary:			
a Sale, e	exchange, or leasing of property?	<u>2a</u>		X
b Lendin	g of money or other extension of credit?	<u>2</u> b		Х
c Furnish	ning of goods,services, orfacilities?	<u>2</u> c	<u> </u>	X
d Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?SEE PART V, FORM, 990,	2d	X	
a Transfe	ar of any part of its income an accepto?	20		X
	er of any part of its income or assets?	<u> 2e</u>	 -	+^-
	ne organization make grants for scholarships, fellowships, student loans, etc.?	3		X
	statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in	3	<u> </u>	
	ance of its charitable programs qualify to receive payments. (See instructions.)			
Part IV	Reason for Non-Private Foundation Status (See instructions.)	pooregagess	<u></u>	- Section of the Sect
The organiz	ration is not a private foundation because it is (please check only ONE applicable box):			
⁵ Cr				
6 e r	A 1 10 5 470(1)(A)(A)(1) (A)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 n	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
្ង ស	A medical research organization operated in conjunction with a hospital. Section I70(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) (Also complete the Support Schedule in Part IV-A.)	(iv).		
11a IS				
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11IJ	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 331/3% 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 331/3% 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 <u>L i</u> An	- organization that is not controlled by any disqualified persons (otherttian foundation managers) and supports organizations des	scribed 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 instructions on page 4.)			
	(a) Namefsl of supported oroanizationfs)		ne num om ab	
	to,		•	
		_		
		-	-	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)	<u> </u>		
<u>14 l</u>	An organization organized and operated to test for public safety. Section 308(a)(4), (See Instructions on page 4.)			

[£]1	IU0£Y Support Schedule (Control Note: You may use the	omplete only if you che worksheet in the instructi	cked a box on line 1Cl	,11, or 12 above.) Us the accrual to the cash me	e cash method of acc thod of accounting.	ounting.
Caler	ndar year (or fiscal year ning my*-	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	194,478.	609,267.	461,685.	662,508.	1,927,938.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or sen/ices performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	11,285.	15,657.	8,590,	15,438.	50,970.
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					
2D	Tax revenues levied forthe 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 orfacilities 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	205,763.	624,924.	470,275.	677,946.	1,978,908.
24	Line 23 minus line 17,,	194,478.	609,267.	461,685.	662,508.	1,927,938.
<u>25</u> E	Inter1% of line 23	2,058.	6,249.	4,703.	6,779.	
26 b	Organizations described in lines 10 Attach a list (which is not open to pugovernmental unit or publicly support	ublic inspection) showing trted organization) whose t	he name of and amount otal gifts for 1993 throug	contributed by each person h 1996 exceeded the am	on (otherthan a ount shown	38,559.
	in line 26a. Enter the sum of all the					206,441.
	Total supportfor section 509(a)(1) to					<u>1,927,938.</u>
d	Add: Amounts from column (e) for					
				b 2 0 6 , 4 4		206,441.
e :	Public support (line 26c minus line					1,721,497. 89.2921%
<u>'</u>	Public support percentage (line 26					
27	Organizations described on line 12 of, and total amounts received in ea					ach a list to show the hame
	(1996),				·	
b	For any amount included in line 17 th					
u	that was more than the larger of (1)					•
	individuals.) After computing the diff		• ','	-		•
	excess amounts) for each year:	,	g	(.)	(_),	(
	(1996)			. (1994)	(1993).	
С	Add: Amounts from column (e) for	lines: 15		16		N/A
الد	17 Add: Line 27a total	20	and line 27h total	۷۱	<u>27c</u> • 27d	N/A
d	Public support (line 27c, total minus					N/A
e f	Totalsuoportforsection509(a)(2H				N/A	14//1
g	Public support percentage (lin					N/A %
h						N/A 9
						······································

28 Unusual Grants: For an organization described in line 10,11, or 12, that received any unusual grants during 1993 through 1996, 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.)

Schedule A (Form 990) 1997 THE WAY TO HAPPINESS FOUNDATION 95-3937092 Page4

Q U	O Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	·
29 Do	bes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, orin a resolution of its governing body?,	29		
30 Da	bes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, andotherwrittencommunicationswiththepublicdealingwithstudentadmissions.programs.andscholarships?	30		
	as 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?	si		
32 D:	ces the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	2000-0000	
	nondiscriminatory basis?.	32b		
c(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	<u>32c</u>		
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 D	pes the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	33a	*********	
	Admissions policies?	33b		-
C	Employment of faculty or administrative staff?	33c	 	
d	Scholarships orotherfinancial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
<u>д</u>	Athletic programs?	33a		
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.)			
24 -	Does the experience mode any financial aid or excitance from a commental expension	34a		
	Does the organization receive any financial aid or assistance from a governmental agency?,		 	ļ. <u>.</u>
D	Hastheorganization's right to such aideverbeen revoked or suspended?	34b		
35 Do	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," extractions 4.01 through 4.05 of Rev. Proc. 75-50,	35		[

<u>KFRWttt</u> Information Regarding Transfers To and Transactions and Relationships With Nnncharitahlf* <u>Exempt Organizations</u>

		ctly or indirectly engage in any of the section 501(c)(3) organizations) or in		•	d in section				
		ganization to a noncharitable exempt		nicai organizations:				Yes	No
			•			Ī,	S1a(i)		Х
							a(ii)		X
	ner transactions:						<u> </u>		
		aritable exempt organization,,,,,				}	b(i)		Х
		noncharitable exempt organization.					b(ii)		X
		nent					b(iii)		X
		nts					b(iv)		Х
,	,						b(v)		Х
•	,	membership or fundraising solicitati					b(vi)		Х
		mailing lists, otherassets, or paid er					C		X
		is "Yes," complete the following sche				_			
		given by the reporting organization.	. ,	•					
		angement, show in column				rvices re	ceived	. N/A	
(a)	00	(a)) · /		(d)				
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transf		s, and sha	ring ar	rangen	nents
								<u> </u>	
		<u>-</u>							
····									
									·
			·	<u> </u>					
									
		<u> </u>		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>			··········					
									_
С	ode (otherthan section 501(c)	directly affiliated with, or related to, o (3)) orin section 527?					 :S	D(C No
D II		schedule. N / A							
	(a) Name of org	ganization	00 Type of organization		(c) Description of re	lationship			
 					· · · · · · · · · · · · · · · · · · ·				
	······································								
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Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITUE	<u>re and</u> 8 200DI		<u> PME</u> 17	<u>NT</u> 616.	^ <u> </u>	615.	0.
2	FAX MAC		<u> </u>					
		0 200DB		17 DX	1,055.		954,	101•
		11200DI	LIBRA 3 7.00	<u>RY</u> [17	2,033.1		1,710.	215_
	ICOMPUTER	11200DB	315.00	17	852.	<u></u>	851 -	0.
5	COMPUTER			117	1.021		1 (22)	100"
6	COMPUTER	21200DB R AND_	15.00 PRINT	17_ FR	1,821.		1,633.	188"
		DODBI		17	845.		698.	98_
7	COMPUTER		PRINT		2.010.1		1 700 1	
- 8	COMPUTER		15.00 FAX	19	3,019.1		1,509.	604
0		5 SL	15.00	19	2,355.		707-j	471
9	FURNITUE				NT			-
		7 <u> 200DE</u> L 990	8 7.00 PAGE	[17	4,560.		4,560.	0_•
	i i i		PAGE_	<u> </u>	17,156.		13,237.}	1,677
		<u> </u>						
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FORM 990 •	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
INCOME		
	ANCES	
	D (LINE 15)	2,835
9. MERCHANDISE PURCH 10. COST OF LABOR	NNING OF YEAR	
		37,547
	OF YEAR	12,656

FORM 990 *		PAYMENTS TO	PAYMENTS TO AFFILIATES					
AFFILIATE'S N	JAME		AFFILIATE'S ADDRESS					
ABLE INTERNA	 FIONAL							
PURPOSE OF PA	AYMENT			AMOUNT				
LICENSING FEE	ES			9,3	90.			
TOTAL TO FORM	1990, PART	I, LINE 16	·	9,3	90.			
FORM 990	STATEMEN	T OF PROGRAM SI	ERVICE ACCOMPLISHMENTS	STATEMENT	4			
DESCRIPTION (OF PROGRAM S	SERVICE ONE						
THE WAY TO HAT COPIES OF THE REDUCE CRIME	E WAY TO HAI	PPINESS BOOKLET	BUTED MORE THAN 287,000 INTERNATIONALLY TO OSTER COMMON SENSE					

COPIES OF THE WAY TO HAPPINESS BOOKLET INTERNATIONALLY TO REDUCE CRIME IN THE COMMUNITY AND TO FOSTER COMMON SENSE MORAL VALUES. THIS INCLUDED 50,000 COPIES TO RESIDENTS OF CLEARWATER, FLORIDA AND AN ADDITIONAL 1,800 BOOKLETS DONATED AND DISTRIBUTED AMONG 6,000 CRIMINAL JUSTICE OFFICIALS AND OTHERS AT A CRIMINAL JUSTICE CONVENTION IN FLORIDA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	4,035.	55,383.

FORM 990 ' STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

THE WAY TO HAPPINESS FOUNDATION CONDUCTED THE NATIONAL YOUTH ESSAY CONTEST TO REDUCE CRIME IN COMMUNITIES AND FOSTER COMMON SENSE MORAL VALUES, OVER 39,000 COPIES OF THE WAY TO HAPPINESS BOOKLET WERE DELIVERED TO OVER 600 SCHOOLS IN THE U.S. NEARLY 1,500 STUDENTS SUBMITTED ESSAYS WITH OVER 200 STUDENTS RECEIVING AWARDS, ACKNOWLEDGMENTS, AND THE 12 MAJOR PRIZES. 38 TEACHERS WERE ALSO RECOGNIZED BY THE WAY TO HAPPINESS FOUNDATION FOR THEIR EFFORTS IN CONDUCTING THIS CONTEST.

		GRANTS	EXPENSES
TO FORM 990,	PART III, LINE B	31,443.	34,690.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

THE WAY TO HAPPINESS FOUNDATION ENTERED IN 3 PARADES:
THE SET A GOOD EXAMPLE FLOAT FEATURED IN THE HOLLYWOOD
CHRISTMAS PARADE WITH THE SET A GOOD EXAMPLE WINNERS ON
THE FLOAT; THE JR. SEAFARERS PARADE IN SEATTLE AT WHICH OVER
1,200 COPIES OF THE WAY TO HAPPINESS WERE PASSED OUT
BY VOLUNTEER CHILDREN; AND IN NEW YORK, THE WAY TO HAPPINESS
FOUNDATION ENTERED A FLOAT IN THE PUERTO RICO DAY PARADE
WHICH ATTRACTED NEARLY 3 MILLION PEOPLE. THE FLOATS STRESSED
THE IMPORTANCE OF MORALS AND COMMUNICATED THE KEY
TENETS OF THE MORAL CODE CONTAINED IN "THE WAY TO
HAPPINESS." IN JAPAN, AN ARTICLE ON THE WAY TO HAPPINESS
WAS PRINTED IN AN EDUCATIONAL NEWSPAPER "KYOZIA
SHINBUN" WITH A DISTRIBUTION OF 35,000.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	31,443.	40,198.

FORM 990 "	CASH GRANT	S AND ALLOCATIO	NS	STATEMENT 7
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRES	DONEE'S RELATIONSH	IP AMOUNT
EDUCATIONAL	A.B.L.E. RUSSIA	MOSCOW, RUSSIA	N/A	31,443.
EDUCATIONAL	NEW ERA PUBLICATIONS	COPENHAGEN, DENMARK	N/A	834.
EDUCATIONAL	CHURCH OF SPIRITUAL TECHNOLOGY	LOS ANGELES, CALIF.	N/A	3,201.
TOTAL INCLUDED	ON FORM 990, PART I	I, LINE 22		35,478
FORM 990 I	DEPRECIATION OF ASSE	ETS NOT HELD FOR	LINVESTMENT	STATEMENT 8
DESCRIPTION		COST OR OTHER BASIS		BOOK VALUE
FURNITURE AND EFAX MACHINE LEATHERBOUND LI COMPUTER COMPUTER PRINTE COMPUTER AND PR COMPUTER AND PR COMPUTER AND FA FURNITURE AND FA	BRARY ER EINTER EINTER EX	616. 1,055. 2,033. 852. 1,821. 845. 3,019. 2,355. 4,560.	615. 1,055. 1,925. 851. 1,821. 796. 2,113. 1,178. 4,560.	108. 108. 1. 0. 49. 906. 1,177.
TOTAL TO FORM 9	90, PART IV, LN 57	17,156.	14,914.	2,242
FORM 990		I OF RELATED ORG	SANIZATIONS	STATEMENT S
NAME OF ORGANIZ ASSOCIATION FOR APPLIED SCHOLAS NARCONON INC.	BETTER LIVING & EI	DUCATION	EXEM X X X X	

Department of the Treasury Interns) Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

^ Attach this form to your return.

Business or activity to which this form relates

Attachment Sequence No. 67

Identifying number

OMB No. 1545-0172

THE WAY TO HAPPINESS I	₽∩₽₩₩₩₽₽	NT	FOR	M 990 P.	AGE 2		95-3937092	
Part Election To Expense Certain Ta						loto Part \/ k		
							18,000.	
	···· 	10,000.						
	Total cost of section 179 property placed in service							
4 Reduction In limitation. Subtract line 3					,, ,		\$200,000	
5 Dollar limitation for tax year. Subtract line 3							· · · · · · · · · · · · · · · · · · ·	
separately, see instructions				•		. 5		
Q (a) Description of pr			o) Cost (busine		(c) Elected			
			_					
7 Listed property. Enter amount from line	27			7				
S Total elected cost of section 179 prope	rty. Add amounts	in column (c), li	ines 6 and	7	• * . * . * . * . * . * . * *	. 8		
9 Tentative deduction. Enter the smaller	of line 5 or line 8.			**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9		
10 Carryover of disallowed deduction from	1996		······································		,	10		
11 Business income limitation. Enter the s	maller of business	s income (not les	ss than zer	o) or line 5	,	. , 11		
12 Section 179 expense deduction. Add li						12		
13 Carryover of disallowed deduction to 19								
Note: Do not use Part II or Part III below for used for entertainment, recreation, or amus	or listed property (ement). Instead.	automobiles, cei use Part V for lis	rtaın other sted proper	vehicles, cellu tv.	lar telephones	, certain co	omputers, or property	
Part II MACRS Depreciation For Asse				1	(Do Not Inclu	de Listed	Property.)	
	Section	A - General As	set Accou	int Election	-			
14 if you are making the election under se		roup any assets	s placed in	service during	g the tax year	into one or	more general asset	
accounts, check this box. See instructi	ons ection B - Genera	al Depreciation	System (CDS) (See inst	ructions)		•	
	(b) Month and	(c) Basis for der	reciation		Tuctions.)	<u> </u>		
(a) Classification of property	year placed In service	(business/invest only - sea instr	ment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
15 a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property							· · · · · · · · · · · · · · · · · · ·	
g 25-year property				25yrs.		S/L		
1 5 11 51 11 1				27.5 yrs.	MM	S/L		
h Residential rental property	11			27.5 yrs.	MM	S/L	<u> </u>	
i Nonresidential real property					MM	S/L		
<u> </u>	1 1			(4.5.6) (2	_ MM	S/L		
	ction C - Alternat	ive <u>D</u> epreciatio	n System	(ADS) (See in	structions.)	ı		
16 a Class life	-				_	S/L		
b 12-vear	,			12 yrs.	DANA	S/L		
c 40-year	oludo Listad Dra	porty) (Coo in	structions \	40 yrs.	MM	S/L	<u></u>	
I j f f i m Other Depreciation (Do Not In				- 4007		47	602	
17 GDS and ADS deductions for assets pl		, ,	J				002	
18 Property subject to section 168(f)(1) ele							1 075	
19 ACRS and other depreciation						19	1,075	
20 Listed property. Enter amount from line	26					20		
21 Total. Add deductions on line 12, lines		· ·						
and on the appropriate lines of your re				-		21	1,677.	
22 For assets shown above and placed in				<u> </u>			= , 0	
portion of the basis attributable to see	J							

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)

			nd Section C if a		n dodd	ioting load	o oxponoo, com	pioto omy zou, i	zob: ooiamino (a)
Section A - Depreciati	on and Oth	er Information	(Caution: See	instructions for	limits	for passar	nger automobiles	.)	
23a Do you have evidence to	support the bu	usiness/investmen	t use claimed?	J Yes I	No	23blf 'Ye	es," is the evide	nce written? _L	Yes IZZI 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 depre (busin ess/i n veuse only	eciation estment	ffl Recovery period	(g)	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than	<u>1 50% in a C</u>	Qualified busines	ss use:				 		
		%							
	: :	%							
	<u> </u>	%	, , , , , , , , , , , , , , , , , , , ,						
	<u> </u>	%	<u> </u>						
25 Property used 50% or le	ess in a quali	<u>fied business u</u>	se:						
	<u> </u>	%		_			S/L-		
	: :	%					S/L-		
		%					S/L-		
	: :	%					S/L-		
26 Add amounts in column	(h). Enter th	ne total here and	d on line 20, pag	je 1	*******		26		
27 Add amounts in column	(i). Enter the	e total here and	on line 7, page 1	1 <u>,,,</u> ,				27	I
			ction B - Inform						•
Complete this section for If you provided vehicles to those vehicles.									s section for
			(a)	(b)		(c)	(d)	(e)	(f)
28 Total business/investment i	miles driven d	uring the	Vehicle	Vehicle	Ve	hicle	Vehicle	Vehide	Vehicle

		(a	a)	(k	o)	(0	c)	(0	i)	(€	e)	(1	7)
28	Total business/investment miles driven during the	Vehicle		Vehicle Vehicle		Vehic	Vehicle Vehicle		de	Vehide		Vehicle	
	year(D0 NOT include commuting miles)				****								
29	Total commuting miles driven during the year					,							
30	Total other personal (noncommuting) miles	}		ļ		}		ļ		ļ			
	driven, """												
31								İ					
	Add lines 28 through 30,												
	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

	[7	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by you employees?	1		
36 Doyou 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 tise?	····		
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?	AMERICANA AND AND AND AND AND AND AND AND AND		_
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	S		

IIETIMI Amortization						
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) AmortizaKon period or percent		
40 Amortization of costs that begins during your 1997 to	ax year:					
	: :					
	: :					
41 Amortization of costs that began before 1997			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		41	
42 Total. Enter here and on "Other Deductions" of		12				