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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

				
A	For the 2004 calendar year, or tax year beginning , 2004, and ending			
В	eneck ii appriçable	loyer Identification Number		
		3646037		
	Namo change or print 218 St Marys Lake Rd E Tolophi	one number		
		- <u>96</u> 9-9773		
	Final return Instruc-	X Cash Accrual		
	Amondod roturn	thor (specify)		
	Application pending • Section 501(c)(X3) organizations and 4947(a)(X1) nonexempt H und I are not applicable to section	ion 527 organizations		
	charitable trusts must attach a completed Schedule A	offiliates? Yes X No		
_	(Form 990 or 990-EZ). H (b) If 'Yos,' enter number of a	affiliates >		
<u>G</u>	Web site: ► N/A H (c) Are all affiliates included			
J	Organization type (If 'No,' attach a list See	instructions)		
_	(check only one) ► X 501(c) 3 < (insort no) 4947(a)(1) or 527 H (d) is this a separate return f	iled by an		
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			
		organization is not required		
ī		orm 990, 990-EZ, or 990-PF)		
Pa				
	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support			
	b Indirect public support 1b			
	c Government contributions (grants)			
₹	d Total (add lines noncash \$)	1 d 0.		
•	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 5,135,022.		
2	3 Membership dues and assessments.	3		
_	4 Interest on savings and temporary cash investments	4		
7	5 Dividends and interest from securities.	5		
	6a Gross rents 6a			
}				
;	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
} ! :	7 Other investment income (describe •)	7		
R E V E	(A) Securities (B) Other			
Ě	8a Gross amount from sales of assets other than inventory			
Ň	b Less cost or other basis and sales expenses . 8b			
E	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). If any amount is from gaming, check here			
	a Gross revenue (not including \$ of contributions			
	reported on line 1a) 9a			
	b Less direct expenses other than fundraising expenses 9b			
F	EG Not Whome or (loss) from special events (subtract line 9b from line 9a)	9c		
ب	10a Gross sales of the ventory, less returns and allowances 10a			
١				
A	G Gross profit or (1958) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c		
L	Other revenue (from Part VII, line 103)	11		
O	2 Local kevenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 5,135,022.		
_ <u> </u>	13. Program services (from line 44 solving (P))	13 3,586,811.		
E	13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C))	14 962,955.		
EXPENSES	, , , , , , , , , , , , , , , , , , ,	15		
Ņ	15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule)	16		
Ĕ	· · · · · · · · · · · · · · · · · · ·			
_	17 Total expenses (add lines 16 and 44, column (A))			
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 585,256. 19 -1 413 281		
N E T	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 -1,413,281.		
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20 -819,458.		
_	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 -1,647,483.		

Narconon Stone Hawk

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

. D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					}
22	non-cash \$)	22				+
23 24	Specific assistance to individuals (att sch)	24				
25	Compensation of officers, directors, etc	25	402,018.	281,413.	120,605.	
26	Other salaries and wages	26	1,316,352.	921,446.	394,906.	
27	Pension plan contributions	27				
28	Other employee benefits	28	57,980.	43,485.	14,495.	
29	Payroll taxes	29	132,914.	94,103.	38,811.	
30	Professional fundraising fees	30				
31	Accounting fees	31	9,524.		9,524.	
32	Logal fees	32	23,764.	100 216	23,764.	
33	Supplies	33 34	207,260.	180,316. 55,570.	26,944. 37,047.	
34	Telephone	35	92,617. 11,874.	5,937.	5,937.	
35 36	Postage and shipping Occupancy	36	667,371.	560,592.	106,779.	
37	Equipment rental and maintenance	37	34,206.	34,206.	100///5.	
38	Printing and publications .	38	24,868.	12,434.	12,434.	
39	Travel	39	33,964.	16,982.	16,982.	
40	Conferences, conventions, and meetings	40	-			
41	Interest .	41	25.		25.	
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize):					
ě	See Statement 2	43a	1,535,029.	1,380,327.	154 <u>,</u> 702.	
t)	43b				
(:	43 c				·
(!	43 d				
44	Total functional expenses (add lines 22 43)	43 e				
- 	Total functional expenses (add lines 22 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	4,549,766.	3,586,811.	962,955.	0.
	t Costs. Check ► if you are following					
	any joint costs from a combined education					► Yes X No
	es,' enter (i) the aggregate amount of thes		costs \$d to Management and ge	, (ii) the a	mount allocated to Programme , and (iv) the	
\$_ to Fi	indraising \$; (iii) the amount a	locate	o to Management and go	enerai \$, and (iv) in	e amount anocated
Par		vice A	Accomplishments			
	t is the organization's primary exempt pui			nt 3		Program Service Expenses
Ali c clier izati	rganizations must describe their exempt its served, publications issued, etc. Discusons and 4947(a)(1) nonexempt charitable	ourpos ss achi trusts	e achievements in a cle evements that are not n must also enter the amo	ar and concise manner neasurable (Section 50 ount of grants & allocat	State the number of (1(c)(3) & (4) organ- lons to others)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
	See Statement 4					
			Grants and	d allocations \$		3,586,811.
ı	· · · · · · · · · · · · · · · · · · ·		Colonia and	- unocurions y		
			(Grants and	d allocations \$)	
	°					
			. 			
		. -				
			(Grants and	d allocations \$	<u>)</u>	
1	^d	. -	. 			
		. -				
			(Grante and	d allocations \$		j
	Other program services			d allocations \$		
	Total of Program Service Expenses (sh	ould e				3,586,811.

Part IV Balance Sheets (See Instructions)

Note:	Who	ere required, attached schedules and amounts within umn should be for end-of-year amounts only	the de	escription	(A) Beginning of year		(B) End of year
\Box	45	Cash - non-interest-bearing	37,319.	45	25,345.		
		Savings and temporary cash investments			35.	46	
				-			
	47 a	Accounts receivable	47 a	282,681.			
	Ь	Less, allowance for doubtful accounts	47 b	170,000.	77,555.	47 c	112,681.
	48 a	Pledges receivable	48 a				
		Less allowance for doubtful accounts.	48 b			48 c	
1	49	Grants receivable	•			49	
A S S E T S	50	Receivables from officers, directors, trustees, and k employees (attach schedule)	еу			50	350.
Ē	51 a	Other notes & loans receivable (attach sch)	51 a				
s	b	Less allowance for doubtful accounts .	51 b	-		51 c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges		[53	
	54	Investments - securities (attach schedule)	, · .	► Cost FMV		54	
-	55 a	Investments - land, buildings, & equipment: basis	55 a				
	Ь	Less accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)				56	
	57 a	Land, buildings, and equipment: basis	57a	471,719.			
	b	Less accumulated depreciation (attach schedule) Statement 5	57 b	81,671.	89,660.	57 c	390,048.
	58	Other assets (describe - See Statement 6)	194,756.	58	120,105.
	59	Total assets (add lines 45 through 58) (must equal	line 74)	399,325.	59	648,529.
	60	Accounts payable and accrued expenses			530,142.	60	1,057,456.
Ļ	61	Grants payable				61	
Å B	62	Deferred revenue			606,411.	62	646,926.
ΞÌ	63	Loans from officers, directors, trustees, and key employees (attac	h schedu	ıle)	634,500 <i>.</i>	63	564,500.
L T		Tax-exempt bond liabilities (attach schedule)				64a	
E S		Mortgages and other notes payable (attach schedule)			41,553.	64ъ	27,128.
S		Other liabilities (describe - See Statement	7)	1 010 555	65	2.
		Total liabilities (add lines 60 through 65)			1,812,606.	66	2,296,012.
<u>, </u>	Organ	izations that follow SFAS 117, check here > X a	nd con	nplete lines 67			
Ě	c=	through 69 and lines 73 and 74.			_1 412 201	-	_1 647 402
Ş	67	Unrestricted		•	-1,413,281.	1	-1,647,483.
ANOMETAS	68	Temporarily restricted				68 69	
	69 Traan	Permanently restricted	· 🗀	and complete lines		03	
R	Jiyan	70 through 74.		and complete lines	l		
F.020	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equ	nt fund		71		
B	72	Retained earnings, endowment, accumulated incom				72	
BALAZOWA		Total net assets or fund balances (add lines 67 thr	ough 6	9 or lines 70 through			
Ē		72, column (A) must equal line 19, column (B) must	st equa	al line 21)	-1,413,281.	73	-1,647,483.
	74	Total liabilities and net assets/fund balances (add	lines 6	66 and 73)	399,325.	74	648,529.

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.

BAA

Part IV-A Reconciliation of Revenu Financial Statements with per Return (See instruction	n Revenue	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 4,867,592.	Total expenses and losses per audit financial statements	ed a 5,151,794.			
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990				
(1) Net unrealized gains on investments . \$		(1) Donated services and use of facilities \$				
(2) Donated services and use of facilities . \$ 50,000.		(2) Prior year adjust- ments reported on line 20, Form 990 \$				
(3) Recoveries of prior year grants. \$		(3) Losses reported on line 20, Form 990 \$				
See Stm 8 \$ 329,496. Add amounts on lines (1) through (4)	b 379,496. c 4,488,096.	See Stmt 10 \$ 602,02 Add amounts on lines (1) through (4) c Line a minus line b	8. b 602,028. c 4,549,766.			
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:				
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990. \$				
(2) Other (specify)		(2) Other (specify)				
See Stm 9 \$ 646, 926. Add amounts on lines (1) and (2)	d 646,926.	\$ Add amounts on lines (1) and (2)	► d			
e Total revenue per line 12, Form 990 (line c plus line d)	e 5,135,022.	e Total expenses per line 17, Form 990 (line c plus line d)	► e 4,549,766.			
Part V List of Officers, Directors,	Trustees, and Key E	mployees (List each one even if not co	mpensated, see instructions)			
(A) Name and address	(B) Title and average he per week devoted to position	ours (C) Compensation (D) Contribution (if not paid, enter -0-) plans and de compensal	enefit account and other ferred allowances			
Kathleen J Wickstrom 218 St Marys Lake Rd Battle Creek, MI 49017	President 80	207,009.	0. 0.			
Per Wickstrom 218 St Marys Lake Rd Battle Creek, MI 49017	Vice President 70	195,009.	0. 0.			
Wallace Fryer Newman Maple City, MI 49664	Vice President None	0.	0. 0.			
L Lousie Moreau West Torch Lake Kewadin, MI	Vice President None	0.	0. 0.			
75 Did any officer, director, trustee, or ki than \$100,000 from your organization \$10,000 was provided by the related If 'Yes,' attach schedule — see instru	i and all related organizat organizations?	regate compensation of more tions, of which more than	► Yes X No			
BAA	CHOITS		Form 990 (2004			

Form 990 (20		38-364603	1	Р	age 5			
Part VI	Other Information (See instructions.)			Yes	No			
76 · Did the attach a	organization engage in any activity not previously reported to the IRS? If 'Yes,' detailed description of each activity.		76_		<u>x</u>			
77 Were any changes made in the organizing or governing documents but not reported to the IRS?								
If 'Yes,' attach a conformed copy of the changes								
	organization have unrelated business gross income of \$1,000 or more during the year of	overed by this return?	78a	- ,,	X			
	has it filed a tax return on Form 990-T for this year?.		78 b	N.	A			
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement								
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization ► N/A								
01 - 5		npt ornonexempt						
	rect and indirect political expenditures. See line 81 instructions. 81 organization file Form 1120-POL for this year?	<u>a</u> 0.	81 b					
	·		810		^			
	organization receive donated services or the use of materials, equipment, or facilities at trally less than fair rental value?	no charge or at	82 a		X			
	you may indicate the value of these items here. Do not include this amount as in Part I or as an expense in Part II (See instructions in Part III)	N/A						
	organization comply with the public inspection requirements for returns and exemption a	• •	83 a	X				
	organization comply with the disclosure requirements relating to quid pro quo contribution	ons?	83 b	Χ				
84a Did the	organization solicit any contributions or gifts that were not tax deductible?		84 a		X			
b If 'Yes,	did the organization include with every solicitation an express statement that such contided with log	ributions or gifts were	0.4 L		/A			
	deductible?		84 b 85 a		/A			
	organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		A			
If 'Yes'	was answered to either 85a or 85b, do not complete 85c through 85h below unless the for proxy tax owed for the prior year	organization received a	333	147				
		sc N/A						
· ·	 	od N/A						
		Se N/A						
20 0		of N/A						
	e organization elect to pay the section 6033(e) tax on the amount on line 85f?	······································	85 g	N.	/A			
	6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonab cable to nondeductible lobbying and political expenditures for the following tax year?	le estimate of	85 h	N.	A			
	7) organizations Enter: a Initiation fees and capital contributions included on							
line 12	· •	N/A						
b Gross		N/A						
87 501(c)	12) organizations Enter. a Gross income from members or shareholders	7a N/A						
	ncome from other sources (Do not net amounts due or paid to other sources amounts due or received from them.)	7b N/A						
88 At any or an e	time during the year, did the organization own a 50% or greater interest in a taxable cor ntity disregarded as separate from the organization under Regulations sections 301 770	poration or partnership.	65	1				
	complete Part IX	ar.	88_		X			
section	3) organizations Enter. Amount of tax imposed on the organization during the year under 4911 ► 0. , section 4912 ► 0. , section 495.	5►0.						
b 501(c) during explair	(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess the year or did it become aware of an excess benefit transaction from a prior year? If 'Y ing each transaction	benefit transaction es,' attach a statement	89 b		x			
c Enter year u	Amount of tax imposed on the organization managers or disqualified persons during the ider sections 4912, 4955, and 4958	•			0.			
	Amount of tax on line 89c, above, reimbursed by the organization	-			0.			
	states with which a copy of this return is filed Michigan							
	r of employees employed in the pay period that includes March 12, 2004 (See instruction		90 b		0			
	oks are in care of Kathleen Wickstrom Telephone number							
	at - 218 St Marys Lake Rd Battle Creek, MI	ZIP + 4 - 4901						
	n 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check h	1 1	N/	Α	>			
	ter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	E	000	N/A			
BAA			rorn	・ココリ	(2004)			

		Unrelated	d business income	Excluded by se	ction 512, 513, or 514	(E)
Note: Enter otherwise in	r gross amounts unless ndicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	gram service revenue					
	ug & Alcohal Rehab					5,135,022.
b		 				
ç—				 		
e				 		
	dicare/Medicaid payments				——————————————————————————————————————	_
g Fees	& contracts from government agencies .					
	mbership dues and assessments.					
	est on savings & temporary cash invmnts .					
	idends & interest from securities rental income or (loss) from real estate:		<u> </u>	 		
	ot-financed property					
	debt-financed property			 		
	rental income or (loss) from pers prop					
	er investment income					
othe	n or (loss) from sales of assets er than inventory					
	income or (loss) from special events .			ļ		
	is profit or (loss) from sales of inventory . Her revenue: a		 	 		
b	let revenue. a			 		
				 -	 	
d						
е					_	
	total (add columns (B), (D), and (E))	L		<u> </u>		5,135,022.
	al (add line 104, columns (B), (D), 105 plus line 1d, Part I, should eq				· *	5,135,022.
	Relationship of Activities			empt Purposi	PS (See instructions)	
Line No.	Explain how each activity for white					accomplishment
•	of the organization's exempt purp	oses (other th	nan by providing funds	for such purpose	s)	accomplishment
2	160 participants ente	red the p	orogram and 110	completed	the rehabilit	ation
	successfully					
					<u> </u>	
Part IX	Information Regarding Tax					
	(A)	(B)	i	C)	(D)	(E)
	address, and EIN of corporation,	Percentag		activities	Total	End-of-year
N/A	tnership, or disregarded entity	ownership in	nterest %		income	assets
N/A			- 3			
			<u> </u>			
			8			
Part X	Information Regarding Tra	ansfers Ass	ociated with Pers	onal Benefit (Contracts (See instru	uctions)
a Did the	e organization, during the year, receive any	unds, directly or	indirectly, to pay premiums o	on a personal benefit	contract?	Yes X No
b Did th	he organization during the year, p	ay premiums,	directly or indirectly, o	n a personal ben	efit contract?	Yes X No
Note: /	If 'Yes to (b) Are Form 8870 and F					
	Under penalties of perury, I declare that I h	ve examined this reparer (other than	return, including accompanying officer) is based on all its orn	g schedules and states at a states at a states at a state at a sta	ments, and to the best of my killer has any knowledge	nowledge and belief it is
Please	1. 26 (n) (n)	1		-	18/25/0	5
Sign /	organist of officer				Date	
Here	Kathleen Wickstrom	, Preside	nt			
	Type or print name and title					
Paid	Preparer's		1 1111	Date	Check if C	reparer's SSN or PTIN (See ieneral Instruction W)
Pre-		Tyrrell (XXVIII	8/19/05		I/A
parer's	Lighter of early		ax Cnslt			
Use	yours if self employed). ► 255 N. Cent		5 /		EIN ► N/A	
Only	address, and ZIP + 4 Saginaw, MI	48603			Phone no ► (98	
BAA					TEFA0106L 10/03/	o3 Form 990 (2004)

SCHEDULE A (Form 990 or,990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2004

Employer Identification number 38-3646037

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Narconon Stone Hawk

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

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

(See instructions List each one If there are none, enter 'None') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation Administration Raymond Russo 78,798. Ο. 0. 100 Minges Creek Pl Battle Creek, MI Nurse John Walsen 50 0. 0. 5730 MI-66 E LeRoy, MI 61,254. Intake Coordina Dan Greene 33133 Tall Oak Farmington, MI 72,097. 0. 0. Sherry Rae 0. 0. 48,434. 5085 Glenn Valley Dr#28 Battle Cree Jai Ehlert 70 48,004 0 0. 216 St Marys Lake Rd Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Andrew Pollock 16,500. 2906 Munkland Ave Office 204 Montreal QL H4A1 Marketing Daniel Naimowicz 5655 Plymouth Rd Ann Arbor, MI 48105 Marketing 11,870. James Notaro 8,475. 3026 Alhambra St #4 Fort Lauderdale, FL 33304 Marketing Desiree Romero 1,700. Marketing PO Box 70701 Houston <TX 77270 Leigh Albrectht Taylor 1,700. Box 72 Big Valley AB T0J0G0 Marketing Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990 EZ) 2004 Narconon Stone Hawk 38-36460	37	F	age 2
Par	t III	Statements About Activities (See instructions)		Yes	No
1	Duri to in	ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt fluence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		curred in connection with the lobbying activities N/A			
	(Mu	st equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	orga	anizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other inizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the ying activities.			
2	subs	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any ble organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal aficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
а	Sale	e, exchange, or leasing of property?	2a		Х
b	Len	ding of money or other extension of credit?	2ь		Х
С	Furr	nishing of goods, services, or facilities? .	2c		х
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
е	Trai	nsfer of any part of its income or assets? .	2e		Х
3 a	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an landton of how you determine that recipients qualify to receive payments.)	3a		x
ь		you have a section 403(b) annuity plan for your employees?	3 b		X
		you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?			<u> </u>
			4a	1	X
		you provide credit counseling, debt management, credit repair, or debt negotiation services?	40	L	1.4
Par	t IV	Reason for Non-Private Foundation Status (See instructions)			
The o	orga	nization is not a private foundation because it is. (Please check only ONE applicable box)			
5	Н	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	Н	A school Section 170(b)(1)(A)(ii). (Also complete Part V)			
7 8	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9	Н	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital	al's nam	ıe, cit	٧.
	_	and state >			,,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)	on 170(b)(1)(A)(ıv)
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from the gener Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	al public	;	
11 b	· 🔲	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
12	[X]	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/39 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquiorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	% of its	suppo	ceipts ort
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of described in: (1) lines 5 through 12 above, or (2) section $501(c)(4)$, (5), or (6), if they meet the test of section $509(a)(3)$)	rganiza	tions	
		Provide the following information about the supported organizations (See instructions)		-	
		(a) Name(s) of supported organization(s)		ine ni m abo	ımber
			- 110		
					-
			<u> </u>		
14	\Box	An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

begi	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 200	0	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.).	7,071.					7,071
16							
	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.	3,045,527.					3,045,527
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
23	Total of lines 15 through 22 .	3,052,598.					3,052,598
24	Line 23 minus line 17	7,071.					7,071
25	Enter 1% of line 23 .	30,526.					
26	Organizations described on line	es 10 or 11: a Ent	er 2% of amount in	column (e), line	24 N/A	► 26 a	·
t	Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	for 2000 through 2003 exce	ributed by each person (eded the amount shown	other than a governme in line 26a Do not file	ental unit or publicly this list with your	► 26 b	
•	Total support for section 509(a)(1) test Enter line 24,	column (e)			► 26 c	
(Add. Amounts from column (e) f						
		22		26 b	·····	26 d	
	Public support (line 26c minus li	·				► 26e	
	Public support percentage (line		ded by line 26c (de	nominator))		► 26f	!
	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year.	5, 16, and 17 that were	e received from a 'c n, each 'disqualified	disqualified persoid person ' Do not	n,' prepare a list f : file this list with	or your re your retur	cords to show the n. Enter the sum o
	(2003) 0.	(2002)	0 . (2001)		0. (2000) _		0.
	PFor any amount included in line 17 show the name of, and amount \$5,000 (Include in the list organ computing the difference betwee (the excess amounts) for each y	received for each year lizations described in en the amount receive ear	r, that was more tha lines 5 through 11, d and the larger an	an the larger of (as well as individual anount described in	1) the amount on luals) Do not file 1 (1) or (2), enter	line 25 for this list w the sum o	the year or (2) ith your return. Aft f these differences
	(2003)0.	(2002)	<u>0</u> . (2001)		0_(2000)_		0.
•	Add Amounts from column (e) f	or lines. 15 _	7,071.	16		, ,	
	(2003) 0. Add Amounts from column (e) from 17 3, Add Line 27a total Public support (line 27c total mi	045,527. 20				27 c	3,052,598
•	Public support (1 = 27	Ua	nd line 27b total		0.	27 d	3,052,598
				(-) - 0	2 052 50	_ 27e	3,052,598
	Total support for section 509(a)(Public support percentage (line	•		nn (e) <u>- 2/1</u>	3,052,59	D	100.00
	Investment income percentage		-	•••	minator)\	≥ 27 h	
		7 101 001011111 (0) (1	alvided	Ly inio Eri (uello		2/11	<u>_ </u>

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	·	,	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	29		
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,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			ļJ
	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.)	31		 -
	The rest please describe, in 190, please explain. (if you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		ļ <i>'</i>
	b Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32 b		<u> </u>
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	ļ		
		-		
		1		
33	Does the organization discriminate by race in any way with respect to			
	a Ctudantal makta ay ayuulaasa?	33a		ļ
	a Students' rights or privileges?	334		1
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance? .	33 d		
				ļ —
	e Educational policies?.	33e		-
	f Use of facilities?.	331		
	Tose of facilities:	1 33.		
	g Athletic programs?.	33 g		
	h Other extracurricular activities?	33 h	_	+
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
		-	Ì	
				
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34e or building every an attached statement.	341	 	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			1
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			1
	nondiscrimination? If 'No,' attach an explanation	35	1	

Par	Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A										
		ation belongs to an affili				nd 'limited conti	rol' provisions apply				
	Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred) (a) Affiliated group totals for ALL electing organizations										
						 -	organizations				
36	* *	ires to influence public o	-		36						
37	• •	ires to influence a legisla	=	iying)	37						
38	• • •	ires (add lines 36 and 37	=		38						
39 40		expendituresxpenditures (add lines 38		• •	40						
41		nount. Enter the amount	•	No —	+0						
	If the amount on line 40		bbying nontaxable a								
	Not over \$500,000.		of the amount on line	_	1 1						
		000,000 \$100,00					†				
		1,500,000 . \$175,00	-		41						
	Over \$1,500,000 but not over \$	17,000,000 \$225,00	0 plus 5% of the excess ov	rer \$1,500,000							
	Over \$17,000,000	\$1,00	0,000								
42	Grassroots nontaxable a	amount (enter 25% of lin	e 41)		42						
43	Subtract line 42 from lin	e 36 Enter -0- if line 42	is more than line 36		43	· · · · · · · · · · · · · · · · · · ·					
44	Subtract line 41 from lin	ie 38. Enter -0- if line 41	is more than line 38		44						
	Caution: If there is an a	amount on either line 43	or line 44, you must f	ile 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)										
			Lobbying Expen	ditures During 4	-Year Averagi	ng Period	·				
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002		(d) 2001	(e) Total				
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e)).										
47	Total lobbying expenditures					····					
48	Grassroots non- taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
	Grassroots lobbying expenditures										
		only by organizations tha	t did not complete Pa	rt VI-A) (See in:			N/A				
Durii atter	ng the year, did the orgaing the influence public of	nization attempt to influe pinion on a legislative ma	nce national, state or atter or referendum, the	local legislation hrough the use of	n, including any of	Yes No	Amount				
i c	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										
	Grants to other organiz			legislativo bodi:		 	 				
	Direct contact with legis	-			ane	 -	 				
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.)										

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

BAA

Schedule A (Form 990 or 990-EZ) 2004

	(Form 990 or 990-EZ) 20				38-364		P	age 6
Part VII	Information Regard Exempt Organization	ling Trans ons (See in	fers To and Transactions structions)	and Relationsh	ips With Nonchar	itable		
51 Did th of the	e reporting organization Code (other than section	directly or in 1 501(c)(3) o	directly engage in any of the fol rganizations) or in section 527,	owing with any other	er organization describ	ed in secti	on 50	1(c)
a Trans	fers from the reporting or	ganization to	a noncharitable exempt organi	zation of:			Yes	No
(i)C	ash .			•	• •	51 a (i)		Х
(ii)O	ther assets			•		a (ii)		Х
b Other	transactions						_	
(i)S	ales or exchanges of ass	ets with a no	ncharitable exempt organization	۱ ,,		b (i)		Х
(ii)Pi	urchases of assets from a	a noncharital	ble exempt organization			b (ii)		X
(III)R	ental of facilities, equipm	ent, or other	assets			b (iii)		Х
(iv)R	eimbursement arrangeme	ents				b (iv)		X
	oans or loan guarantees.				•	b (v)		X
(vi)P	erformance of services of	r membershi	p or fundraising solicitations .			b (vi)		X
c Sharir	ng of facilities, equipmen	t, mailing lis	ts, other assets, or paid employ	ees	•	С		Х
d If the	answer to any of the abo	ve is 'Yes,'	complete the following schedule	Column (b) should	always show the fair	market val	ue of	
the go any tr	oods, other assets, or ser ansaction or sharing arra	vices given l angement, st	complete the following schedule by the reporting organization. If now in column (d) the value of the	the organization rec ne goods, other asse	eived less than fair m ets, or services receive	arket value ed	e in	
(a)	(b)		(c)		(d)			
Line no	Amount involved	Name of r	noncharitable exempt organizati	on Description of	f transfers, transactions, and	d sharing arra	ngemer	nts
N/A						_		
		-						
	<u> </u>				·			
		 						-
		 	- - · · · · · · · · · · · · · · · · · · ·					
		 						
			<u> </u>		····			
								
		<u></u>	<u> </u>	-				
	<u> </u>	ļ						
			<u> </u>					
					_			
				l				
	organization directly or		liated with, or related to, one or ther than section 501(c)(3)) or in	more tax-exempt on section 527?	rganizations	► _ Ye	es X] No
<u> </u>	(a) Name of organization		(b) Type of organization		(c) Description of relation	onship		_
N/A		-					·	
								
		- "						
						 		
								
	_ 			- · 				
								
	·							
			İ	1				

2004,

Federal Statements

Page 1

Narconon Stone Hawk

38-3646037

Statement 1 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

cash basis revisions.......

\$ -819,458. Total \$ -819,458.

Statement 2 Form 990, Part II, Line 43 Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management <u>& General</u>	Fundraising
Advertising		580,886.	580,886.		
Auto Exp		9,760.	6,832.	2,928.	
Books & Subscriptions		39,854.	19,927.	19,927.	
Contract Medical		82,478.	82,478.		
Insurance		87,182.	61,027.	26,155.	
Iternet cable		10,342.		10,342.	
License fees		428,542.	428,542.		
Outside Computer Ser		92,295.		92,295.	
Outside Contractors		199,021.	199,021.		
Professional Fees		3,055.		3,055.	
Training		1,614.	1,614.		
-	Total	\$ 1,535,029.	\$ 1,380,327.	\$ 154,702.	\$ 0.

Statement 3
Form 990 , Part III
Organization's Primary Exempt Purpose

Alcohol & drug rehabilitation clinic.250 clients participated in the program and 200 completed the program successively. Several seminars were given on Drug prevention, at various locations, during the year 2004.

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Program
Grants and Service
Allocations Expenses

Drug & alcohol rehabilitation and education.250 clients entered the clinic and 200 completed the program successively in the year 2004.

In addition, several seminars were given, at various locations on drug prevention, during the year 2004.

3,586,811.

\$ 0. \$3,586,811.

104, ¹	Federal Statements			Page 2 38-3646037
·	Narconon Stone Hawk			
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equipment				
Category		Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Furniture and Fixtures Machinery and Equipment	Equipment \$ Total \$	84,400. \$ 355,382. 31,937. 471,719. \$	900. \$ 71,190. 9,581. 81,671. \$	83,500. 284,192. 22,356. 390,048.
Statement 6 Form 990, Part IV, Line 58 Other Assets				
Net Intangible Assets .			Total \$	120,105. 120,105.
Statement 7 Form 990, Part IV, Line 65 Other Liabilities				
Rounding			Total \$	2.
Statement 8 Form 990, Part IV-A, Line b(4) Other Amounts		-		
Accounts Rec corrections			Total \$	329, 496 329, 496
Statement 9 Form 990, Part IV-A, Line d(2) Other Amounts				
Deferred Income			Total \$	646, 926 646, 926
Statement 10 Form 990, Part IV-B, Line b(4) Other Amounts				
Accrued Expenses			Total \$	602,028 602,028