

**Return of Organization Exempt From Income Tax**

**2005**

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

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 2005 calendar year, or tax year beginning** \_\_\_\_\_, **2005**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See specific instructions.  
**Narconon Stone Hawk Rehabilitation Center**  
 216 St Marys Lake Rd  
 Battle Creek, MI 49017

**D Employer Identification Number**  
38-3646037

**E Telephone number**  
269-969-9773

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Web site:** N/A

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

**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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

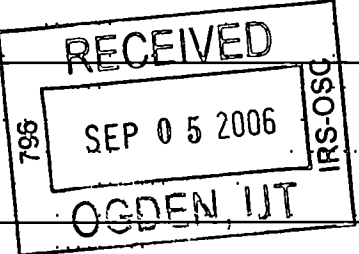
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **7,749,754.**

**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 \_\_\_\_\_  
**H (c)** Are all affiliates included?  Yes  No  
 (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number \_\_\_\_\_  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

RECEIVED SEP 21 2005	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support . . . . .	<b>1 a</b>	14,416.		
	<b>b</b> Indirect public support . . . . .	<b>1 b</b>			
	<b>c</b> Government contributions (grants)	<b>1 c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 14,416. noncash \$ _____)	<b>1 d</b>		14,416.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93).	<b>2</b>		7,735,338.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6 a</b>			
	<b>b</b> Less rental expenses	<b>6 b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6 c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8 a</b>			
		<b>8 b</b>			
<b>b</b> Less cost or other basis and sales expenses		<b>8 c</b>			
<b>c</b> Gain or (loss) (attach schedule)					
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8 d</b>		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9 a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9 b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9 c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10 a</b>				
<b>b</b> Less: cost of goods sold	<b>10 b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10 c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		7,749,754.		
EXPENSES	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	6,286,929.		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	1,510,542.		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	61,369.		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	7,858,840.		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-109,086.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		-1,647,483.		
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 1	<b>20</b>		1,608,715.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		-147,854.		



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (att sch)	715.	715.		
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	608,310.	425,817.	121,662.	60,831.
26	Other salaries and wages	2,052,230.	1,436,561.	615,669.	
27	Pension plan contributions				
28	Other employee benefits	24,593.	17,215.	7,378.	
29	Payroll taxes	222,095.	155,466.	66,629.	
30	Professional fundraising fees.	538.			538.
31	Accounting fees	48,694.		48,694.	
32	Legal fees	43,526.		43,526.	
33	Supplies	398,893.	398,893.		
34	Telephone	109,968.	65,981.	43,987.	
35	Postage and shipping	41,689.	20,844.	20,845.	
36	Occupancy	1,385,594.	1,163,899.	221,695.	
37	Equipment rental and maintenance	27,752.	27,752.		
38	Printing and publications	5,770.	2,885.	2,885.	
39	Travel	2,295.	1,147.	1,148.	
40	Conferences, conventions, and meetings	31,764.		31,764.	
41	Interest	43,600.		43,600.	
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize).				
a	See Statement 2	2,810,814.	2,569,754.	241,060.	
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	7,858,840.	6,286,929.	1,510,542.	61,369.

**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 \$ \_\_\_\_\_.

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**Part III Statement of Program Service Accomplishments**

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.

What is the organization's primary exempt purpose? ▶ <u>See Statement 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
<b>a</b> <u>Drug &amp; alcohol rehabilitation and education. 400 clients entered the clinic and 330 completed the program successively in the year 2005. In addition, several seminars were given, at various locations on drug prevention, during the year 2005</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	6,286,929.
<b>b</b> _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	6,286,929.

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**Part IV Balance Sheets** (See Instructions)

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

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	25,345.	45	-113,746.	
	46 Savings and temporary cash investments		46	260,450.	
	47a Accounts receivable	47a 732,050.			
	b Less: allowance for doubtful accounts	47b	47c	732,050.	
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		350.	50	
	51a Other notes & loans receivable (attach sch)	51a 157,040.			
	b Less: allowance for doubtful accounts	51b	51c	157,040.	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53	5,000.	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments – land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c			
56 Investments – other (attach schedule)		56			
57a Land, buildings, and equipment: basis	57a 518,238.				
b Less: accumulated depreciation (attach schedule) <b>Statement 4</b>	57b 139,916.	390,046.	57c	378,322.	
58 Other assets (describe <b>See Statement 5</b> )		120,105.	58	488,430.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		648,527.	59	1,907,546.	
LIABILITIES	60 Accounts payable and accrued expenses	1,057,456.	60	525,509.	
	61 Grants payable		61		
	62 Deferred revenue	646,926.	62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	564,500.	63	754,500.	
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	27,128.	64b	47,000.	
	65 Other liabilities (describe <b>See Statement 6</b> )		65	728,391.	
66 <b>Total liabilities.</b> Add lines 60 through 65		2,296,010.	66	2,055,400.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	-1,647,483.	67	-147,854.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	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)		-1,647,483.	73	-147,854.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		648,527.	74	1,907,546.

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
Kathleen J Wickstrom 216 St Marys Lake Rd Battle Creek, MI 49017	President 80	304,155.	0.	0.
Per Wickstrom 216 St Marys Lake Rd Battle Creek, MI 49017	Vice President 70	304,155.	0.	0.
Wallace Fryer Newman Maple City, MI 49664	Vice President 0	0.	0.	0.
L Lousie Moreau West Torch Lake Kewadin, MI 49648	Vice President 0	0.	0.	0.



Part VI Other Information (continued)		Yes	No
<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>82 a</b>		X
<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.)	<b>82 b</b>		N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83 b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>		N/A
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	<b>85 a</b>		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>		N/A
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.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>		N/A
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>		N/A
<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?	<b>85 h</b>		N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>		N/A
<b>87 501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87 a</b>		N/A
<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)	<b>87 b</b>		N/A
<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>		X
<b>89 a 501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
<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>89 b</b>		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ None			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90 b</b>		0
<b>91 a</b> The books are in care of ▶ Kathleen Wickstrom Telephone number ▶ 269-969-9773 Located at ▶ 216 St Marys Lake Rd, Battle Creek MI ZIP + 4 ▶ 49017			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	<b>91 b</b>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country	<b>91 c</b>		X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>	N/A	N/A

**Part VII Analysis of Income-Producing Activities** (See 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 Drug & Alcohol Rehab					7,735,338.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments.					
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
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					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					7,735,338.
105 Total (add line 104, columns (B), (D), and (E))					7,735,338.

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 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)
2	330 participants entered the program and completed the rehabilitation successfully

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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	%			
	%			
	%			

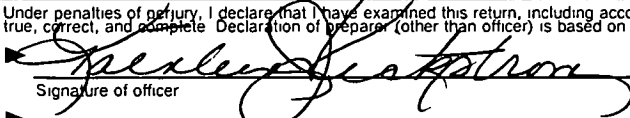
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- 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 4730 (see instructions).

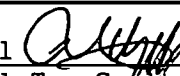
Please Sign Here

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.

Signature of officer:  Date: 8/24/06

Kathleen Wickstrom, President  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Richard M. Tyrrell  Date: 8/17/06

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed): Richard M. Tyrrell Tax Cnslt  
address, and ZIP + 4: 255 N. Center, Suite 5  
Saginaw, MI 48603

EIN: N/A  
Phone no: (989) 792-1985



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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2005**

Name of the organization **Narconon Stone Hawk  
Rehabilitation Center** Employer identification number **38-3646037**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 9		434,920.	0.	0.
Total number of other employees paid over \$50,000	▶	3		

**Part II – A 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
Robert Doerr 20066 Linwood, TN Lake Ann, MI 49650	Marketing	10,750.
Sandy Hook Holding 19 Osborne Place Sea Bright, NJ 07760	Marketing	22,187.
James Notaro 6253 Ordaz Ave. Henderson, NV 89015	Marketing	23,060.
Desiree Romero PO Box 70701 Houston, TX 77270	Marketing	74,542.
Mark Mchugh 1215 Higby St. Jackson, MI 49203	Software	30,165.
Total number of others receiving over \$50,000 for professional services	▶	0

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

**Part III Statements About Activities** (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A  
(Must equal amounts on line 38, Part VI-A, or line i 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)? . . . . .
  - e Transfer of any part of its income or assets? . . . . .
- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments )
- b Do you have a section 403(b) annuity plan for your employees? . . . . .
- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
3c		X
4a		X
4b		X

**Part IV Reason for Non-Private Foundation Status** (See instructions)

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 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). Check the box that describes the type of supporting organization. ▶  Type 1  Type 2  Type 3

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	N/A				
<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					
<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.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ... N/A ▶ **26 a**

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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26 b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26 c**

d Add: Amounts from column (e) for lines: **18** \_\_\_\_\_ **19** \_\_\_\_\_ ▶ **26 d**  
**22** \_\_\_\_\_ **26 b** \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ **26 e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26 f** %

**27 Organizations described on line 12:** N/A

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  
 (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

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 11b, 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:  
 (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

c Add: Amounts from column (e) for lines: **15** \_\_\_\_\_ **16** \_\_\_\_\_ ▶ **27 c**  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27 d**

e Public support (line 27c total minus line 27d total) ▶ **27 e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27 f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27 g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27 h** %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 N/A

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A  
 Yes No

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement ) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	32d		
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		
34a	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		

**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

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

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

- 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

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



Narconon Stone Hawk  
Rehabilitation Center

38-3646037

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

Deferred income adj	\$ 646,926.
Dep & Amortization not ded on b f/s	100,835.
Net income adj per books	860,954.
Total	<u>\$ 1,608,715.</u>

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,289,573.	1,289,573.		
Auto Exp	45,686.	31,980.	13,706.	
Books & Subscriptions	58,348.	29,174.	29,174.	
Credit Card Fee	72,454.		72,454.	
Insurance	117,731.	82,412.	35,319.	
Internet cable	9,139.		9,139.	
License Fees	571,901.	571,901.		
Medical	333,776.	333,776.		
Misc. Expenses	7,949.	3,975.	3,974.	
Office Expense	34,868.		34,868.	
Outside Computer Ser	30,111.		30,111.	
Outside Contractors	219,951.	219,951.		
Professional Fees	12,315.		12,315.	
Training	7,012.	7,012.		
Total	<u>\$ 2,810,814.</u>	<u>\$ 2,569,754.</u>	<u>\$ 241,060.</u>	<u>\$ 0.</u>

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

Alcohol & drug rehabilitation clinic. 400 clients participated in the program and 330 completed the program successively.  
Several seminars were given on Drug prevention, at various locations, during the year 2005.

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 91,800.	\$ 28,757.	\$ 63,043.
Furniture and Fixtures	387,501.	94,191.	293,310.
Machinery and Equipment	38,937.	16,968.	21,969.
Total	<u>\$ 518,238.</u>	<u>\$ 139,916.</u>	<u>\$ 378,322.</u>

Client 438

Narconon Stone Hawk  
Rehabilitation Center

38-3646037

8/17/06

03 27PM

**Statement 5**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Net Intangible Assets	488,430.
Total	<u>\$ 488,430.</u>

**Statement 6**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

Credit Line	\$ 98,634.
Other Short Term Liab	98,326.
Payrol Taxes payable	487,085.
Student Accts	44,346.
Total	<u>\$ 728,391.</u>

**Statement 7**  
**Form 990, Part IV-A, Line b(4)**  
**Other Amounts**

Accounts Rec incl in F/S income	\$ 752,050.
Total	<u>\$ 752,050.</u>

**Statement 8**  
**Form 990, Part IV-B, Line d(2)**  
**Other Amounts**

Dep & Amortization Exp	\$ 83,351.
Total	<u>\$ 83,351.</u>

**Statement 9**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

Name and Address	Title & Average Hours Worked	Compen- sation	Contributio EBP & DC	Expense Account
Raymond Russo 100 Minges Creek Pl Battle Creek, MI 49015	Administration 70	116,971.	0.	0.
John Walser 5730 MI-66 E E. Leroy, MI 49051	Nurse 50	92,713.	0.	0.
Dan Greene 100 Minger Creek Battle Creek, MI 49015	Intake Coordina 0	73,566.	0.	0.
Michael Sturgeon	Intake Coordina	77,395.	0.	0.



Narconon Stone Hawk  
Rehabilitation Center

38-3646037

Statement 9 (continued)  
Schedule A, Part I  
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP &amp; DC</u>	<u>Expense Account</u>
11481 Chandler Dewitt, MI 48820	50			
Douglas McGarry 259 Carole St. Newaygo, MI 49203	Intake Coordina 64	74,275.	0.	0.
		Total \$ <u>434,920.</u>	\$ <u>0.</u>	\$ <u>0.</u>