Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2004

Open to Public Inspection

Α	For t	ne 2004 calen <u>dar year,</u>	or tax year beginning Nov 1	, 2004,	and endi	ng Oct		<u>_</u>	2005
В	Check	ıf applicable Please us	C Name of organization				1	-	fication Number
	Ac	ddress change IRS label	HEXCALIDUR Foundatio					<u>-4773</u>	
	N:	or print or type.	Number and street (or P O box if ma	ail is not delivered to street ac	ddr) Room/	suite	E Tele	phone num	ber
	☐ In	itial return See specific	1125 E. Broadway		135				
	Fı	nal return instruc-	City, town or country	Stat	te ZIP code	+ 4	F Acco	ounting lod:	Cash X Accrual
	Ar	mended return	Glendale	CA	9120	5		Other (spe	cıfy) ►
	Π A	oplication pending • Sect	tion 501(c)(3) organizations and	1947(a)(1) nonexempt	H ar	nd I are not applic	able to se	ection 527 o	rganizations
		char	ritable trusts must attach a comp	leted Schedule A	Н (а	a) Is this a grou	p return fo	or affiliates?	Yes X No
_			m 990 or 990-EZ).		H () If 'Yes,' enter	number o	of affiliates I	
G	Web	site: ► N/A	· · · · · · · · · · · · · · · · · · ·		— н (C) Are all affilia	tes includ	ed?	Yes No
J		nization type ck only one)	X 501(c) 3 ◄ (insert no) 4947(a)(1) or	527	(If 'No,' attac			•
K	Chec	k here 🏲 🔲 if the orga	anization's gross receipts are nor	mally not more than		d) Is this a sepa organization			
	\$25,0	000. The organization r	need not file a return with the IRS	; but if the organization	ļ. 				
		ved a Form 990 Packa e states require a com	ge in the mail, it should file a retuing the return.	urn without financial da		Group Exe	_		
_		· · · · · · · · · · · · · · · · · · ·		66 605	М				ion is not required 990-EZ, or 990-PF)
			o, 8b, 9b, and 10b to line 12 ► 1		2-1			ruiii 330,	
Pa			nses, and Changes in Net		salances	See Instru	ctions)	1	
	i		rants, and similar amounts receiv	ed:	1 . 1	_			
		Direct public support	•		1 a	1	<u>,468.</u>		
		Indirect public support			1 b				
		Government contributi			1 c				
	"				<u>).</u>)		•	1 d	1,468.
	2	Program service rever	nue including government fees ar	nd contracts (from Part	VII, line 9	93)		2	
	3	Membership dues and	assessments					3	
	4	Interest on savings an	nd temporary cash investments					4	29,850.
	5	Dividends and interest	t from securities					5	2,288.
	6a	Gross rents	••		6a				
	b	Less: rental expenses			6b				
	С	Net rental income or (loss) (subtract line 6b from line 6	ia)				6с	
R	7	Other investment inco	me (describe ► Incom	e from passthr	cough e	entities)	7	-3,591.
RE>EZUE	8a	Gross amount from sa	ales of assets other	(A) Securities		(B) Othe	r]	
E		than inventory		136,590.	8a				
Ę	b	Less cost or other ba	sis and sales expenses	122,281.	8b				
	с	Gain or (loss) (attach sched	ule) See L-8 Stmt	14,309.	8c				
	d	Net gain or (loss) (cor	mbine line 8c, columns (A) and (E	3)) .				8 d	14,309.
	9	Special events and ac	tivities (attach schedule). If any a	amount is from gaming	, check he	ere ►]		
	a	Gross revenue (not in	cluding \$	of contributions					
		reported on line 1a)			9a				
	b	Less: direct expenses	other than fundraising expenses		9 b				
	c	Net income or (loss) f	rom special events (subtract line	9b from line 9a)				9 c	
	10a	Gross sales of invento	ory, less returns and allowances		10a				_
	b	Less: cost of goods so	old		10b				
	с	Gross profit or (loss) from s	sales of inventory (attach schedule) (subtr	act line 10b from line 10a)				10 c	
	11	Other revenue (from F	Part VII, line 103)					11	
_	12		nes 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	0c, and 11) .				12	44,324.
	13	Program services (fro						13	233,207.
EXPENSES	14		eral (from line 44, column (C))					14	1,606.
Ë	15	Fundraising (from line						15	300.
Š	16	Payments to affiliates						16	0.
Š	17	-	lines 16 and 44, column (A))					17	235,113.
^	18		the year (subtract line 17 from lin	ne 12)				18	-190,789.
ΜŞ	19		lances at beginning of year (from					19	640,116.
A N S E E T T	20		assets or fund balances (attach e					20	
s	21		lances at end of year (combine lii					21	449,327.
BA	<u> </u>		rwork Reduction Act Notice, see		ions.	· · · · · · · · · · · · · · · · · · ·	EEA0101	01/07/05	

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.

E	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 \$ 231,550.					
	non-cash \$)	22	231,550.	231,550.		
23	Specific assistance to individuals (att sch)	23 24				
24	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	25	0.	0.	0.	0.
25 26	Other salaries and wages .	26	0.		0.	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	2,287.	1,143.	1,144.	0.
32	Legal fees	32	2/207.		1/144.	<u> </u>
33	Supplies	33				
34	Telephone .	34	570.	135.	135.	300.
35	Postage and shipping .	35	264.	200.	64.	0.
36	Occupancy .	36	204.	200.	04.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				<u> </u>
	· '	39				
39	Travel	40				
40	Conferences, conventions, and meetings	40				
41	Interest					
42	Depreciation, depletion, etc (attach schedule)	42			· · · · · · · · · · · · · · · · · · ·	
43	Other expenses not covered above (itemize):	40	F.7	20	20	0
	Bank Charges	43a	57.	28.	29.	0.
	Investment Management Fees	43b	302.	151.	151.	0.
	Licenses & Fees	43c	83.	0.	83.	0.
C		43d				
44	Total functional expenses (odd lines 22 - 42)	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	235,113.	233,207.	1,606.	300.
	t Costs. Check if you are following	SOP 9	98-2.			
Are a	any joint costs from a combined educations	al cam	paign and fundraising sol	icitation reported in(B)	Program services?	► Yes X No
	es,' enter (i) the aggregate amount of these				mount allocated to Prog	ram services
\$_	; (iii) the amount all	ocated	I to Management and gen	eral \$; and (iv) th	e amount allocated
	ındraısıng \$.					
Par	t III Statement of Program Serv	ice A	Accomplishments			
What	t is the organization's primary exempt purp	ose ⁷ '	Grants from our endo	wment to organizations w	hich show results in i	Program Service Expenses
All o	rganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable ti	arpose	achievements in a clear	and concise manner. S	State the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
izatio	ons and 4947(a)(1) nonexempt charitable to	rusts r	nust also enter the amoun	nt of grants & allocation	ns to others)	optional for others)
a	Grants to organizations -	<u>var</u>	ious social and	peace programs		
				. 		
			(Grants and	allocations \$	231,550.)	_231,550.
Ŀ	Administrative and other	cost	<u>s</u>			
			(Grants and	allocations \$	1,657.)	1,657.
•						
			(Grants and	allocations \$		
				· · · · ·		
			(Grants and	allocations \$	-	
•	Other program services			allocations \$)	
f	Total of Program Service Expenses (sho	uld eq	ual line 44, column (B), F	Program services)	, ▶	233,207.

Part IV Balance Sheets (See Instructions)

Note	: Wh	nere required, attached schedules and amounts within the fumn should be for end-of-year amounts only.	description	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing	-	260.	45	2,248.
	46	Savings and temporary cash investments .	Ĺ		46	
	47 a	Accounts receivable 4	7a			
	b	Less ¹ allowance for doubtful accounts . 4	7b		47 c	
	48 a	Pledges receivable 4	Ba			
	b	Less: allowance for doubtful accounts	ВЫ		48 c	
	49	Grants receivable			49	
A S	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
A S E T S	51 a		ı a	-		
Š			1 b		51 c	
-	52	Inventories for sale or use .			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule)L-54 St	tmt▶ Cost FMV	189,694.	54	61,885.
	55 a	Investments – land, buildings, & equipment basis 5	5a — —			•
	b	Less. accumulated depreciation (attach schedule) 5	56		55 c	
	56	Investments - other (attach schedule)	L-56 Stmt	450,207.	56	387,504.
		· · · · · · · · · · · · · · · · · · ·	7a	•		, , , , , , , , , , , , , , , , , , , ,
	b	Less: accumulated depreciation (attach schedule) 5	7b	į	57 c	
	58	Other assets (describe)		58	
		Total assets (add lines 45 through 58) (must equal line	74)	640,161.	59	451,637.
	60	Accounts payable and accrued expenses		45.	60	2,310.
Ļ	61	Grants payable			61	
LIABILITIES	62	Deferred revenue .	Ţ		62	
B	63	Loans from officers, directors, trustees, and key employees (attach sch	edule)		63	
[]		Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64 b	
S	65	Other liabilities (describe >) [65	
	66	Total liabilities (add lines 60 through 65)		45.	66	2,310.
	Organi	izations that follow SFAS 117, check here and c	complete lines 67			
P P		through 69 and lines 73 and 74.				
A	67	Unrestricted			67	
Ş	68	Temporarily restricted			68	
Š		Permanently restricted	_		69	
R	Organi	izations that do not follow SFAS 117, check here ► 2 70 through 74	X and complete lines			
ίχ	70	Capital stock, trust principal, or current funds			70	
Ď	71	Paid-in or capital surplus, or land, building, and equipm	ent fund		71	
<u> </u>	72	Retained earnings, endowment, accumulated income, or	r other funds	640,116.	72	449,327.
FUZD BALAZOWA	73	Total net assets or fund balances (add lines 67 through 72; column (A) must equal line 19; column (B) must eq	i 69 or lines 70 through ual line 21)	640,116.	73	449,327.
s	74	Total liabilities and net assets/fund balances (add lines	· · · · · · · · · · · · · · · · · · ·	640,161.	74	451,637.

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

Par	t IV-A Reconciliation of Revenu Financial Statements wit per Return (See instruction	h Revenue	Pa		Reconcilia Financial per Return	ation of Expen Statements wi า	ses p th Ex	per Audited kpenses
а	Total revenue, gains, and other support per audited financial statements	N/A	а		openses and statements	losses per audited	► a	N/A
b	Amounts included on line a but not on line 12, Form 990		b		ts included or 17, Form 990	n line a but not		
(1)	Net unrealized gains on investments \$		(1) Donated ices and of facility	d use			
(2)	Donated services and use of facilities \$		Ç	2) Prior year ments rep line 20, F	oorted on			
• •	Recoveries of prior year grants \$ Other (specify):	p4	,	3) Losses re line 20, F 4) Other (9	orm 990 \$		_	ę
(' '			`					
С	Add amounts on lines (1) through (4) Line a minus line b	b с	С		unts on lines (1) minus line b	through (4)	b c	
d	Amounts included on line 12, Form 990 but not on line a:	* '	ď		ts included or 90 but not on		}	4
(1)	Investment expenses not included on line 6b, Form 990 \$	* **	ŗ	1) Investment not include 6b, Form	ied on line			***
(2)	Other (specify):		(2) Other (specify):			· •
	Add amounts on lines (1) and (2)	d *			snounts on line	es (1) and (2)	- d	
е	Total revenue per line 12, Form 990 (line c plus line d)	e	е	Total e 990 (lir	xpenses per l ne c plus line	ine 17, Form d)	► e	
Parl	V List of Officers, Directors,	Trustees, and Key E	mp	loyees	(List each on	e even if not comp	ensat	ed; see instructions)
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(if n	npensation ot paid, ter -0-)	(D) Contribution employee bene plans and defer compensation	efit red	(E) Expense account and other allowances
	liam Truax N. Brand Blvd., #316 Glendale, CA	Director	2		0.		0.	0.
	da Neuman O Janet Place Los Angeles, CA							
		Director	0		0.		0.	0.
	hard Neumeyer Orange Cove Ave. La Crescenta, Ci	- <u>\</u> Director	0		0.		0.	0.
		-						
		-						
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of	and all related organization	gate ns, c	compensa of which m	ation of more nore than		▶ [Yes X No
RAA	If 'Yes,' attach schedule – see instruc	•				· •		Form 990 (2004)

	-4773995	F	Page 5
Part VI Other Information (See Instructions)		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		x
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this re-	eturn? 78a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .	79		x
80 a Is the organization related (other than by association with a statewide or nationwide organization) through comm	non		
memberšhip, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization ▶	80 a		Х
	onexempt.		
81 a Enter direct and indirect political expenditures See line 81 instructions 81 a	0.		
b Did the organization file Form 1120-POL for this year?			X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as			
revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	<u></u>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	<u> </u>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts	were		
not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receivaiver for proxy tax owed for the prior year	eived a		» s>
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			`
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		
h 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?	85 h		ļ
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
line 12 b Gross receipts, included on line 12, for public use of club facilities 86a 86b			
87 501(c)(12) organizations. Enter a Gross income from members or shareholders 87 87 87 887 887 887 888 888 888 888 8			
177 7			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		-	\$ # ₃
At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partr or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 If 'Yes,' complete Part IX	nership, 1-3?	Х	
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0.		لتخت
b 501(c)(3) and 501(c)(4) organizations. 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 state explaining each transaction	ion ement 89b		x
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	-		_ · ·
90a List the states with which a copy of this return is filed California, Illinois			
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90 ь	1	0
	3) 257-6980		
	4 ► 91205		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		,	▶ []
and enter the amount of tax-exempt interest received or accrued during the tax year	1 1		
BAA	Forn	n 990 ((2004)

	I Analysis of Income-Produ		business income		ction 512, 513, or 514	(E)
Note: Ent otherwise	ter gross amounts unless Indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pr	rogram service revenue:					Tarrottori intolino
a						
	· · · · · · · · · · · · · · · · · · ·		-	-		
ď						
e						
	edicare/Medicaid payments					
_	es & contracts from government agencies embership dues and assessments .					<u> </u>
	terest on savings & temporary cash invmnts			14	29,850.	
	vidends & interest from securities .			14	2,288.	
	et rental income or (loss) from real estate		٧٠٠			
	ebt-financed property ot debt-financed property		-			<u> </u>
	et rental income or (loss) from pers prop					
	ther investment income	_		18	-3,591.	
100 Ga ot	ain or (loss) from sales of assets her than inventory .			18	14,309.	
	et income or (loss) from special events					
	oss profit or (loss) from sales of inventory				4.2	
103 O	ther revenue· a					
d_						
e					40.056	
	btotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D),	and (E))			42,856.	42,856
	e 105 plus line 1d, Part I, should equ		on line 12, Part I.			42,030
	II Relationship of Activities t			xempt Purpose	S (See instructions.)	
Line No.	Explain how each activity for whice of the organization's exempt purports	h income is rej	oorted in column (E)	of Part VII contribu	ited importantly to the a	ccomplishment
▼		oses (other tha	n by providing funds	for such purposes)	· · · · · · · · · · · · · · · · · · ·	
	N/A					
			·			
						
Part IX	Information Regarding Tax	able Subsi	diaries and Disr	egarded Entitie	S (See instructions.)	
	(A)	(B)		(C)	(D)	(E)
Name	e, address, and EIN of corporation,	Percentage		of activities	Total	End-of-year
<u>_</u>	artnership, or disregarded entity	ownership in	erest		income	assets
-	table Partners, LP	99.000			29,758. 0.	177,813 209,691
IM FAL	thers, br	99.000	% Investmen	10	0.1	209,091
			8			
Part X					·	
	the organization, during the year, receive any fo	•		•		Yes X No
	the organization, during the year, pa	•		on a personal benef	it contract?	Yes X No
Note:	If 'Yes' to (b), file Form 8870 and Fo			ying schedules and staten	nents, and to the best of my kr	nowledge and belief, it is
5 1	Under penalties of parity, Ldeclare-that That true, correct, and complete. Deslaration of p	reparer (other than	officer) is based on all info	rmation of which prepare	r has any knowledge.	•
Please Sign	Signature of officer				Date Date	
Here	In Intilia, In T	Max	Tructer		Date	
-	Type or print name and title	1 CON	Time In		<u>-</u> _	
 Daid	Bronzerie			Date	Check if P	reparer's SSN or PTIN (See eneral Instruction W)
Paid Pre-	Preparer's signature			09/12/06	self- employed	eneral moduction W)
parer's	Firm's name (or William D.	Truax, E.	A, Inc.			
Üse Only	yours if self- employed), address, and	d Blvd, #	316		EIN ►	
Only	ZIP+4 Glendale	 	CA	912032609	Phone no ► (32.	
BAA					TEEA0106 10/03/0	з 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer Identification number Name of the organization 95-4773995 Excalibur Foundation Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation 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 Total number of others receiving over \$50,000 for professional services

Sche	edule	A (Form 990 or 990-EZ) 2004 Excalibur Foundation 95-477	73995	F	age 2
Pa	<u>t III</u>	Statements About Activities (See Instructions.)		Yes	No
1	to i	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	t		
		ncurred in connection with the lobbying activities . • \$,
	-	ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<u> </u>	X
	org lob	anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2	sub tax	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princip reficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	ny pal		
	a Sal	e, exchange, or leasing of property?	2a		Х
ı) Ler	nding of money or other extension of credit?	2b		X
•	: Fur	nishing of goods, services, or facilities?	2c		X
•	J Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	-	X
(e Tra	insfer 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	3-		,,
	•	ilanation of how you determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees?	3a 3b	+	X
	a Did	you maintain any separate account for participating donors where donors have the right to provide advice			
		the use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b	 	X
Pai			1 45	1	
5 6 7 8 9		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 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). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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 33-1/3 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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 section 509(a)(3).)	eral public s, and gross 3% of its su quired by the organizatio 0(a)(2) (See	receipport	
		(a) Name(s) of supported organization(s)	(b) Li	ine ņui	mber
			Trol	m abo	
14		An organization organized and operated to test for public safety Section 509(a)(4). (See instructions)			
BAA	`	TEEA0402 07/27/04 Schedule A (Form 99	0 or Form 9	90-EZ	2004

	dule A (Form 990 or 990-EZ) 2004				95-477399	
	IV-A Support Schedule (ting.
Note	: You may use the worksheet in the	e instructions for conv	rerting from the accrua	al to the cash method	of accounting.	
begi	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	9,425.	9,200.	14,455.	2,730.	35,810.
16	Membership fees received					
17	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					
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	32,247.	24,643.	31,061.	29,839.	117,790.
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					
	Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	41,672.	33,843.	45,516.	32,569.	153,600.
_24	Line 23 minus line 17	41,672.	33,843.	45,516.	32,569.	153,600.
25	Enter 1% of line 23	417.	338.	455.	326.	***
	Organizations described on lines		er 2% of amount in co	• • •	► 26a	
h	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 2000 through 2003 excee	ibuted by each person (othe ded the amount shown in li	er than a governmental unit ne 26a. Do not file this list	or publicly with your	
c	: Total support for section 509(a)(1) test: Enter line 24, o	olumn (e)		► 26c	
d	Add Amounts from column (e) fo	r lines: 18	· · · · · · · · · · · · · · · · · · ·	19		
		22		26b		
	Public support (line 26c minus lin			••	► 26e	- -
	Public support percentage (line 2		ed by line 26c (denom	inator))	► 26f	<u>-</u>
	Organizations described on line and For amounts included in lines 15, name of, and total amounts received amounts for each year: (2003)0.	16, and 17 that were ved in each year from	, each 'disqualified pe	rson ' Do not file thìs l	list with your return. E	Inter the sum of
	For any amount included in line 1					
	show the name of, and amount re \$5,000 (Include in the list organia computing the difference between the excess amounts) for each ve	ceived for each year, zations described in li the amount received ar:	that was more than the nes 5 through 11, as want the larger amount	ne larger of (1) the am well as individuals) Do it described in (1) or (2	ount on line 25 for the not file this list with the country of the sum of the	year or (2) your return. After ese differences
	(2003)	(2002)	0. (2001)	0.	_ (2000)	0.
c	: Add: Amounts from column (e) fo	r lines	35,810.	16		
	(2003) 0. Add: Amounts from column (e) fo 17 I Add: Line 27a total . Public support for section 509(a)(2)	20		21	► 27 c	35,810.
C	Add: Line 27a total .	19,740. ar	nd line 27b total		<u>0.</u> ► 27d	19,740.
e	Public support (line 27c total mini	us line 27d total)			27e	16,070.
f	Total support for section 509(a)(2 Public support percentage (line 2) test: Enter amount f	rom line 23, column (e) <u>[27f]</u>	153,600.	10 40 0
	Investment income percentage (I		· · · · · · · · · · · · · · · · · · ·		•	76.69 %
28	Unusual Grants: For an organizal list for your records to show, for enature of the grant Do not file the	ach year, the name o	f the contributor, the o	date and amount of the	nts during 2000 through e grant, and a brief de: 	n 2003, prepare a scription of the

Pa	Private School Questionnaire (See Instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		<u> </u>
			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, 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 makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)	-		
	Does the organization maintain the following:	<u> </u>		
	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?	32 b		
	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		
33	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	***		•
	a Students' rights or privileges?	33a		**
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33e		
	f Use of facilities?	33 f		
	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.)			
		 		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A I	Lobbying Expenditures by Electing Public Charities (See Instructions.)	<u></u>
((To be completed ONLY by an eligible organization that filed Form 5768)	N/A

		<u> </u>							N/A
Check	► a	If the organization belong	s to an affiliated group	Check ►	ь	ıf you	check	ed 'a' and 'limited contro	ol' provisions apply
			.obbying Expenditu					(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 7	Total lo	bying expenditures to influe	nce public opinion (grassr	roots lobbyin	g)		36		
37 T	Total lob	bying expenditures to influen	nce a legislative body (dir	ect lobbying)		37		
38 T	Total lol	obying expenditures (add line	es 36 and 37)				38		
39 (Other ex	kempt purpose expenditures					39		
40 1	Total ex	empt purpose expenditures (add lines 38 and 39)				40		
41 L	obbyin	g nontaxable amount Enter	the amount from the follow	wing table –					
ľ	f the an	nount on line 40 is -	The lobbying nont	axable amou	unt is -	-			
١	Not ove	r \$500,000	20% of the amount	t on line 40	-				
C	Over \$500	,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over	\$500,000				
C	Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of t	the excess over	\$1,000,00	10 00	41		
C	Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of th	ie excess over \$	1,500,000)			
(Over \$1	7,000,000 .	\$1,000,000		-	_!			
42 (Grassro	ots nontaxable amount (ente	r 25% of line 41)				42		
43	Subtrac	t line 42 from line 36. Enter	0- if line 42 is more than	line 36			43		
44 5	Subtrac	t line 41 from line 38. Enter	0- if line 41 is more than	line 38		ļ	44		
	Caution	: If there is an amount on ei	ther line 43 or line 44, you	u must file Fo	orm 47.	20.			*

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 Expenditures During 4 -Year Averaging 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))		* * **	3	*				
50	Grassroots lobbying expenditures .								

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

- 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
- ${f g}$ 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.)

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

Yes	No	Amount
	Х	3 *
	Х	<u>, , , , , , , , , , , , , , , , , , , </u>
	Х	
	Х	
	Х	
	Х	
	Х	
	Х	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did th	e reporting organization of Code (other than section	directly or inc	directly engage in any of the following anizations) or in section 527, relations.	ng with any other organization described i	ın section	501(c	:)
a Transfers from the reporting organization to a noncharitable exempt organization of:						Yes	No
(i)C	ash				51 a (i)		X
(ii) O	ther assets				<u>a (ii)</u>		Х
b Other	transactions:						
(i) S	ales or exchanges of asse	ets with a no	ncharitable exempt organization		b (i)		X
(ii)Purchases of assets from a noncharitable exempt organization							X
(iii)Rental of facilities, equipment, or other assets							X
(iv)R	eimbursement arrangeme	ents			b (iv)		X
(v)L	oans or loan guarantees				b (v)		X
(vi)P	erformance of services or	membershi	p or fundraising solicitations		b (vi)		X
c Sharıı	ng of facilities, equipment	t, mailing list	ts, other assets, or paid employees	<u></u>	С		X
d If the the go any tr	answer to any of the abounced oods, other assets, or servants cansaction or sharing arra	ve is 'Yes,' c vices given t ingement, sh	complete the following schedule. Col by the reporting organization. If the c low in column (d) the value of the go	umn (b) should always show the fair marke organization received less than fair marke ods, other assets, or services received	ket value et value ir	of 1	
(a)	(b)		(c)	(d)			<u>-</u>
Line no Amount involved Name of noncharitable exer			noncharitable exempt organization	Description of transfers, transactions, and s	sharing arrai	ngemen	ts
						_	
					_		
			liated with, or related to, one or mor her than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► ☐ Ye	s X	No
DII TE	s,' complete the following	schedule.	(b)	(6)		-	
	(a) Name of organization		(b) Type of organization	(c) Description of relations	ship		
				 			
						•	
	·				_		
				-			
· -					_		
					-		

Form 990 Line 8(A) and 8(B) Statement

Schedule of Gains and Losses from Sale of Assets Other than Inventory Attach to return

2004

Name Excalibur Foundat	ion		<u> </u>						mployer 5-477		tification Number	
Part I, Line 8, Columr	ı (A)			Securi	ties			<u> </u>				
Public Securities												
Description			5	Gross Sales Price			Basis					
Publicly Traded Securities		_	136,590.		Cost Selling Expenses Basis		nses	ses		122,281. 0. 122,281.		
Nonpublic Securities											122/201.	
Date Acqu Description and Meth						Gross n Sales Price		FI	Cost, other basis or FMV when donated (State which on top)			
						 -						
Total Securities				1		13	36,590.		122,281.			
Gain or (Loss) from Sa	le of Se	curities									14,309.	
Part I, Line 8, Columr	1 (B)		(Other A	sset	s						
Description		Acquired Method		Sold Whom	S	Gro ales	ss Price	Cost, other basis or FMV when donated				
								Cost Depreciation Basis Donation FMV				
								Cost Depreciation Basis Donation FMV				
		- -		- -				Basis	ciation			
								Cost Depreciation Basis Donation FMV				
Total Other Assets												
Gain or (Loss) from Sa	le of O	her Assets										

Form 990, Page 3, Part IV, Line 54 Investments - Securities Statement

Line 54 — Investments - Securities:	Beginning of Year	End of Year
Charles Schwab account - bond & equity mutual funds Professional Business Bank	121,811. 67,883.	3. 61,882.
Total	189,694.	61,885.

Form 990, Page 3, Part IV, Line 56 Investments - Other Statement

Line 56 — Investments - Other:	Beginning of Year	End of Year		
Limited Partnership Interests	450,207.	387,504.		
Total	450,207.	387,504.		