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Form 990-PF

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www irs gov/form990of OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2013 or tax year beginning and ending Name of foundation A Employer identification number BLAZER FOUNDATION FKA C.W.B. FOUNDATION 36-3480054 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 300 1252 BELL VALLEY ROAD 815-231-7300 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 61108 ROCKFORD, ILG Check all that apply. Initial return of a former public charity Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Name change Address change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 19,812,121. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income 2,720,515 N/A 1 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 473,333. 473,333. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 34,039 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,943,287. 34,039. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 507,372. 3,227,887 12 Total. Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 2 15,193. 7,597. 7,596. STMT 16a Legal fees 2,425. 2,425. 3 4,850. STMT b Accounting fees 41,087. 74,561. 33,474. STMT c Other professional fees Operating and Administrative 17 Interest 39,967. 5,454. 0. 18 Taxes 19 Depreciation app 20 Occupandy 21 Travel, con le ences le No le tiges 2014 22 Printing and publications 23 Other expenses 23 Other expenses CORM UT
24 Total operating and administrative UT 134,571 56,563 43,495. expenses. Add lines 13 through 23 797,600. 797,600. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 932,171 56,563 841,095. Add lines 24 and 25 27 Subtract line 26 from line 12: 2,295,716. a Excess of revenue over expenses and disbursements 450,809. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

BLAZER FOUNDATION FKA C.W.B. FOUNDATION

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Part IV Capital Gains a	and Losses for Tax on li	nvestment	Income						
	ibe the kind(s) of property sold (e.ç rehouse, or common stock, 200 sh			( <b>b)</b> Ho P - D -	w acquired Purchase Donation		) Date a mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAIN D	ISTRIBUTION				P	0	1/0:	1/13	12/31/13
b SCHWAB		·			P			1/09	12/17/13
c SCHWAB		<del></del>			P	0	5/20	)/13	12/17/13
<u>d</u>				ļ					
<u>e</u>	(f) Degrapation allowed	(a) Coo	t or other book	<u> </u>			(b) Co	ın or (loss	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		<u></u>	(		in or (loss (f) minus (	(g) _
a 248,567.									248,567.
ь 1,627,852.			1,786,01						-158,158.
c 1,066,868.			1,123,23	8.					-56,370.
d				$\dashv$					
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69	$\dashv$		(I) G	aine /Cr	ol. (h) gain	minue
	(j) Adjusted basis	1	cess of col. (1)	$\dashv$		col. (k	), but n	ot less thai	n -0-) <b>or</b>
(i) F.M V. as of 12/31/69	as of 12/31/69		col. (j), if any			L	osses (	from col. (	h))
a									248,567.
b									-158,158.
С									-56,370.
d		<b>.</b>							
е		<u> </u>		_					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter-	er in Part I, line î 0- in Part I, line	7 7	}[	2				34,039.
3 Net short-term capital gain or (los	`								
If gain, also enter in Part I, line 8,		` ,		λl	Ì				
If (loss), enter -0- in Part I, line 8	nder Section 4940(e) fo	- Dadwaad	Toy on Not	71	3	200		N/A	
<u> </u>	<u>`</u>					IICOI	ne		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	come.,					
If section 4940(d)(2) applies, leave the	ns part blank.								
Was the foundation liable for the sec	tion 4942 tax on the distributable ar	mount of any ve	ar in the base per	od?					Yes X No
If "Yes," the foundation does not qual									
1 Enter the appropriate amount in	each column for each year; see the	instructions bef	ore making any e	ntries					
(a) Base period years	(b)			(c)				Distrit	(d) oution ratio
Calendar year (or tax year beginni			Net value of no				(	col (b) div	rided by col. (c))
2012		04,724.			316,19				.039232
2011		57,417.			531,0				.059018
2010		05,802. 78,305.			509,23 724,2				.047877
2009		28,275.			$\frac{754,2}{752,3}$				.060835
2000		20,275		<u></u>	732,3	<del>, , , ,</del>			.00005
2 Total of line 1, column (d)						į	2		.252602
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of year	·S		_		
the foundation has been in existe	-	, ,		,			3		.050520
	•								
4 Enter the net value of noncharitat	ole-use assets for 2013 from Part X	, line 5					4	1	8,395,613.
5 Multiply line 4 by line 3							5		929,346.
									4 500
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					į	6		4,508.
7 Addison F ==== 0							,		933,854.
7 Add lines 5 and 6							7		333,634.
8 Enter qualifying distributions from	m Part XII, line 4						8	_	841,095.
If line 8 is equal to or greater that See the Part VI instructions	n line 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	ıg a 1%	tax rate.				

Form 990-PF (2013) BLAZER FOUNDATION FKA C.W.B.  Part VI Excise Tax Based on Investment Income (Section 494)		36-3480 <b>948 - see</b>			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and e					
Date of ruling or determination letter (attach copy of letter if ne					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		9,0	16.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 45	% of Part I, line 12, col (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	2			<u>0.</u>
3 Add lines 1 and 2		3		9,0	<u> 16.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		9,0	<u> 16.</u>
6 Credits/Payments	1 10 000				
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 18,080.				
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		7		8,0	80.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>.</b>	9			<del>- 1</del>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.064   5	10		9,0	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax	9,064 Refunded ►	11			0.
Part VII-A Statements Regarding Activities				Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	station or did it participate or intervene	ın	4.	162	
any political campaign?		\ <b>0</b>	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo			1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	nd copies of any materials publishe	ea or			
distributed by the foundation in connection with the activities			1		X
c Did the foundation file Form 1120-POL for this year?	a von		1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. ► \$ 0 • (2) On foundation manager e Enter the reimbursement (if any) paid by the foundation during the year for political expense.		•			
managers. > \$ 0.	uiture tax imposed on roundation				
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS2		2		Х
If "Yes," attach a detailed description of the activities			-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument articles of incorporation of	nr			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		•	3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?	·	5		X
If "Yes," attach the statement required by General Instruction T			· · · · · ·		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either.				
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with the state	e law			
remain in the governing instrument?	•		6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col (c), and Part XV	/	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) <b>&gt;</b>				
IL					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of s		endar			
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"	complete Part XIV		9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	dule listing their names and addresses		10		X

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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	:		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► JAY MADDOX  Telephone no. ►815-23		<u>400</u>	
	Located at ► 1252 BELL VALLEY ROAD SUITE 300, ROCKFORD, IL ZIP+4 ►61	.108		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<i>,</i> . ►	نــا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country	]		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	:		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	١	1	х
	before the first day of the tax year beginning in 2013?	10	<u> </u>	<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	1	İ	
ě	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?  Yes X No			,
,	If "Yes," list the years \( \sum_{\text{inst}} \), \( \text{junction} \), \( junction			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b	ŀ	
	to If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	<b></b>	$\vdash$
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
٠.	during the year?		1	
1	b if "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A	36		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	·	<del>                                     </del>	
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4 h		x

Form 990-PF (2013) BLAZER FOUNDATION FKA C. Part VII-B   Statements Regarding Activities for Which F			36-3480	054		Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 Way be t	required (continu	ueu)			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e)\2		s X No			1
(2) Influence the outcome of any specific public election (see section 4955); or						
any voter registration drive?	to dairy on, an oddy or man		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<b>)</b>		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	-	٠٠ ســـــ				
509(a)(1), (2), or (3), or section 4940(d)(2)?	. 000011000 111 00011011	□ <b>γ</b> ,	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f					
the prevention of cruelty to children or animals?	or caucational purposes, or r		s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i		,			
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check hi	•		<b>▶</b> □			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned				
expenditure responsibility for the grant?			es 🔲 No			
If "Yes," attach the statement required by Regulations section 53 4945		.,	.5			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •					
a personal benefit contract?	ay promiums on		s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		.5 [11] 110	6b	-	х
If "Yes" to 6b, file Form 8870	cisonal benefit contract.			0.0		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		I	N/A	7b	-	
Part VIII Information About Officers, Directors, Trusto		nagers Highly		,,,		<u> </u>
Paid Employees, and Contractors	co, i odiladion ma	magers, riiging	•			
1 List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan		(e) Exp	ense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	°   a	ccount, allowa	, otner nces
		· ·	,	1		
SEE STATEMENT 8		0.	0			0.
	-					
			1			
				-		
		}				
				İ		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s a	(e) Exp	ense other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(C) compensation	and deferred compensation	_   "	allowa	nces
NONE						
			İ			
	<del>-</del>			$\exists \Box$		
				$\perp$		
Total number of other employees paid over \$50,000						0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
		_
		0.
2	4	
	-	
3	+	
	]	
	]	
4	1	
	4	
Part IX-B Summary of Program-Related Investments	.1	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	1	Amount
1 N/A		
	<del> </del>	<del></del>
2	-{	
	-	
All other program-related investments. See instructions	<del>                                     </del>	
3		
	]	
	↓	
Total. Add lines 1 through 3	Щ_	0.
	For	m 990-PF (2013)

Form 990-PF (2013)

4940(e) reduction of tax in those years.

#### Page 9 Undistributed Income (see instructions) Part XIII (d) (a) (b) (c) Corpus Years prior to 2012 2012 2013 1 Distributable amount for 2013 from Part XI, 910,765. line 7 Undistributed income, if any, as of the end of 2013 17,086. a Enter amount for 2012 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2013: a From 2008 **b** From 2009 c From 2010 dFrom 2011 e From 2012 0. f Total of lines 3a through e 4 Qualifying distributions for 2013 from 841,095. Part XII, line 4: ►\$ a Applied to 2012, but not more than line 2a 17,086 b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 824,009. d Applied to 2013 distributable amount 0. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 0 a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 0. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0. assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2012. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must 86,756. be distributed in 2014 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008 0. not applied on line 5 or line 7 Excess distributions carryover to 2014. 0. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 b Excess from 2010 c Excess from 2011

dExcess from 2012 e Excess from 2013

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Part XIV   Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2013, enter the date of t	he ruling	<b>&gt;</b>	<u>·                                      </u>	
<b>b</b> Check box to indicate whether the found	lation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed	!				
b 85% of line 2a	·				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c  Complete 3a, b, or c for the alternative test relied upon:  a "Assets" alternative test - enter:  (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>		1 105 000	<u> </u>
Part XV   Supplementary Info at any time during t			if the foundation	nad \$5,000 or mo	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed r	nore man \$5,000). (See s	section 507(a)(2).)			
NONE				<del></del>	
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a pa	artnership or
NONE				· · · · · · · · · · · · · · · · · · ·	
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does r		
a The name, address, and telephone num				ssed:	
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year BARBARA OLSON CENTER NONE PUBLIC CHARITABLE 3206 N CENTRAL AVE 10,000. ROCKFORD, IL 61101 NONE BIRDIES FOR LOVE SPECIAL OLYMPICS PUBLIC CHARITABLE 1252 BELL VALLEY ROAD ROCKFORD, IL 61108 5,000. NONE PUBLIC CHARITABLE CAMP COURAGEOUS- ELVERNA ARDUSER MEMORIAL 12007 190TH STREET MONTICELLO, IA 52310 500. CARRIE LYNN CHILDRENS CENTER NONE PUBLIC CHARITABLE 946 NORTH SECOND STREET ROCKFORD, IL 61107 1,000. PUBLIC CHARITABLE CASA WINNEBAGO COUNTY NONE 211 S. COURT STREET ROCKFORD, IL 61101 2,000. SEE CONTINUATION SHEET(S) ▶ 3a 797,600. Total b Approved for future payment NONE Total

nter gross amounts unless otherwise indicated.	oniferated of	usiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b		·			
C					
d	<del></del>				
e					
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14		
Dividends and interest from securities		-	14	473,333.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal			- 1		
property					
Other investment income			14		
Gain or (loss) from sales of assets other					
than inventory			18	34,039.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
С					
d					
e					
O 14 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			).	507,372.	
				13	507,37
Total. Add line 12, columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e)	ations )				
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate.		nplishment of	Exempt F	urposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ	vities to the Accon				
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular and the No.   Explain below how each activity for w	vities to the Accon	olumn (e) of Part XV	I-A contribute		plishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B Relationship of Activ  ine No. Explain below how each activity for w the foundation's exempt purposes (o	vities to the Accondition income is reported in other than by providing fund	olumn (e) of Part XV s for such purposes).	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B Relationship of Activ  ine No. Explain below how each activity for w the foundation's exempt purposes (o	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculated a columns.  Part XVI-B  Relationship of Activity for with the foundation's exempt purposes (of THIS INCOME WENT Total columns and the columns are columns.	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B  Relationship of Activity for w the foundation's exempt purposes (o  THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B Relationship of Activities ine No. Explain below how each activity for with the foundation's exempt purposes (of THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula  Part XVI-B Relationship of Activities ine No. Explain below how each activity for with the foundation's exempt purposes (of THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated and the second se	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
ine No. Explain below how each activity for we the foundation's exempt purposes (of THIS INCOME WENT TO	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated a columns.  Part XVI-B Relationship of Activations to verify calculated a columns.  Explain below how each activity for with the foundation's exempt purposes (of this income went to the columns.	vities to the Accondition income is reported in of their than by providing fund O CHARITABLE	column (e) of Part XV s for such purposes). ORGANIZAT	I-A contribute	d importantly to the accomp	

Part XVII	Information Regarding	Transfers To and	Transactions and	d Relationships With	Noncharitable
	<b>Exempt Organizations</b>				

1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	g with any other organizatio	n described in section	on 501(c) of		Yes	No
	the Code (	(other than section 501(c)	(3) organizations) or	in section 52	7, relating to political organ	ızatıons?				
а	Transfers	from the reporting founda	ition to a noncharitab	le exempt org	ganization of:					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
þ	Other tran	sactions*								
	(1) Sales	of assets to a noncharitat	ole exempt organizati	on				1b(1)		<u>X</u>
	(2) Purch	nases of assets from a nor	icharitable exempt or	rganization				1b(2)		X
		al of facilities, equipment, o	or other assets					1b(3)		X
		bursement arrangements				-		1b(4)		X
		s or loan guarantees						1b(5)		X
		rmance of services or mei	*	-				1b(6)		X
	-	f facilities, equipment, mai	-					1c		X
а					dule. Column (b) should alv				ets,	
		s given by the reporting ic 1) the value of the goods, (			ed less than fair market valu	e in any transaction	or snaring arrangement, sn	ow in		
<u>مار د</u>	ine no	(b) Amount involved			exempt organization	(d) D			<del></del>	
a j L	ine no	(u) Amount myored	(c) Name of	N/A		(u) Description	of transfers, transactions, and sh	aring arr	angeme	nis
				IN/A						
	<u></u>									
			·	<u>.</u>						
			-			-+-				
				•						
							· <del></del> , <u>-</u>			
							<del>.</del>			
-										
				_						
2a		=	-		or more tax-exempt organi	zations described		_	_	_
		501(c) of the Code (other	, ,	(3)) or in sect	on 527?			」 Yes	X	No
b	If "Yes," co	omplete the following sche			r- <del></del>					
		(a) Name of org	anization		(b) Type of organization	(	c) Description of relationshi	p		
		N/A								
					-					
		<u> </u>		<u> </u>	·					
	Under	r penalties of perjury, I declare	that I have examined this	s return, includin	g accompanying schedules and	statements, and to the t	pest of my knowledge			
Si	and b				n taxpayer) is based on all inform		has any knowledge return	he IHS c	e prepar	er
	re				15/28/2014	DIRECT		n below Yes		No No
	Sigi	gature of officer or trustee			Date	Title	<u> </u>	J 162		3 140
		Print/Type preparer's na		Preparer's s			Check If PTIN			
		Υ		XX			self- employed			
Pa	id	PATRICK T.	SHAW	1	1	1915/14	P00	184	961	
Pr	eparer	Firm's name ► MCG		6 1.		<del>//</del>	Firm's EIN ▶ 42-07			
Us	e Only									
		Firm's address ▶ 12	52 BELL V	ALLEY	ROAD, SUITE	300				
		RO	CKFORD, I	<u>ட 611</u> 0	8		Phone no. 815-23	1-7	300	
							For	m <b>99</b> 0	)-PF	(2013)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2013

Name of the organization

Employer identification number

BLAZER FOUNDATION FKA C.W.B. FOUNDATION

36-3480054

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
<del>-</del>	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one applete Parts I and II.
Special Rules	
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% or (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, as of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or foruelty to children or animals. Complete Parts I, II, and III.
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 locked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively lible, etc., contributions of \$5,000 or more during the year
but it must answer "No" o	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

# BLAZER FOUNDATION FKA C.W.B. FOUNDATION

36-3480054

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF CEDRIC W. BLAZER  1252 BELL VALLEY ROAD STE 300  ROCKFORD, IL 61108	\$2,720,515.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-	A4.13	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## BLAZER FOUNDATION FKA C.W.B. FOUNDATION

36-3480054

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \$	990, 990-EZ, or 990-PF) (

Employer identification number

BLAZEI	R FOUNDATION FKA C.W.B.	FOUNDATION		36-3480054					
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th the total of exclusively religious, charitable, etc	idual contributions to section 501(c) e following line entry. For organization of \$1,000 or less for	(7), (8), or (10) organizations completing Part III, enter the year (Enter this information oncome	ons that total more than \$1,000 for the					
(a) No. from Part I	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, ar	.,	Relationship of transferor to transferee						
(a) No			· · · · · · · · · · · · · · · · · · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
			_						
		(e) Transfer of gift	1						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, at	nd ZIP + 4	Relationship of tra	ansferor to transferee					

Part XV Supplementary Information  3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual,		D	<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<u></u>	or substantial contributor	Toopion		
CUMBERLAND COLLEGE WELLNESS CENTER	NONE	PUBLIC	EDUCATIONAL	
6178 COLLEGE STATION DRIVE	HONE	T OBBIC	EDOCATIONAL	
WILLIAMSBURG, KY 40769		}		5,000.
DISCOVERY CENTER MUSEUM	NONE	PUBLIC	CHARITABLE	
STE 3 711 NORTH MAIN ST #2				
ROCKFORD, IL 61103		ļ		10,500
FIRST CHRISTIAN CHURCH	NONE	PUBLIC	CHARITABLE	
220 NORTH FOURTH STREET				
STEUBENVILLE, OH 43952		<del>                                     </del>		500.
FISH-ABLED FOUNDATION 2013 ACTIVITIES	NONE	PUBLIC	CHARITABLE	
2015 GRACE STREET ROCKFORD, IL 61103		İ		2,100.
NOCAPORD, II 01103				2,100
GIGI'S PLAYHOUSE	NONE	PUBLIC	EDUCATIONAL	
8801 NORTH SECOND STREET #2	NONE	FUBBLE	BDOCKITONAL	
MACHESNEY PARK, IL 61115				14,000.
KLEHM ARBORETUM	NONE	PUBLIC	CHARITABLE	
2715 S MAIN ST				
ROCKFORD, IL 61102		<u> </u>		21,000
MIDWAY VILLAGE	NONE	PUBLIC	CHARITABLE	
6799 GUILFORD RD				
ROCKFORD, IL 61107		<del> </del>		25,000
MILESTONE	NONE	PUBLIC	CHARITABLE	
4060 MCFARLAND RD ROCKFORD, IL 61111				15,000
NOORIOND, 12 OTT11	<del> </del>	-		
OSF ST ANTHONY	NONE	PUBLIC	MEDICAL	
5666 E STATE STREET				
ROCKFORD, IL 61108				5,000
RAMP WHEEL A THON	NONE	PUBLIC	CHARITABLE	
202 MARKET ST				E 6 000
ROCKFORD, IL 61107  Total from continuation sheets	<del></del>	<u> </u>		56,000 779,100

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual,		D /	
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ROCKFORD AREA ARTS COUNCIL	NONE	PUBLIC	CHARITABLE	
713 E STATE ST				İ
ROCKFORD, IL 61104		ļ		3,000
ROCKFORD ARTS MUSEUM	NONE	PUBLIC	CHARITABLE	
711 N MAIN ST				
ROCKFORD, IL 61103				5,000
ROCKFORD PARK DISTRICT FOURTH OF JULY	NONE	PUBLIC	SOCIAL WELFARE	
401 SOUTH MAIN STREET				2 00
ROCKFORD, IL 61101				2,000
			COCTAL WINLEADS	
ROCKFORD PARK DISTRICT MULTIPLE	NONE	PUBLIC	SOCIAL WELFARE	
401 SOUTH MAIN STREET ROCKFORD, IL 61101				45,00
NOCKI OND, 12 OTTOI				,
ROCKFORD PARK DISTRICT NICHOLAS	NONE	PUBLIC	SOCIAL WELFARE	
CONSERVATORY			1	
401 SOUTH MAIN STREET				
ROCKFORD, IL 61101		<del> </del>		10,000
ROSECRANCE FOUNDATION BENEFACTOR	NONE	PUBLIC	MEDICAL	
SOCIETY				
3815 HARRISON AVENUE				
ROCKFORD, IL 61108				5,00
SALVATION ARMY	NONE	PUBLIC	SOCIAL WELFARE	
500 S ROCKFORD AVE				10.00
ROCKFORD, IL 61104		-		10,00
SPECIAL OLYMPICS GOLF	NONE	PUBLIC	SOCIAL WELFARE	
PO BOX 17017 ROCKFORD, IL 61110				10,00
SWEDISH AMEROICAN REGIONAL CANCER	NONE	PUBLIC	MEDICAL	
CENTER				
3535 N BELL SCHOOL RD	1			25.00
ROCKFORD, IL 61114	<del> </del>			25,00
UNIVERSITY OF IL COLLEGE OF MEDICINE	NONE	PUBLIC	EDUCATIONAL	
1601 PARKVIEW AVE				500,00
ROCKFORD, IL 61101  Total from continuation sheets		<u> </u>		1 300,00

BLAZER FOUNDATION FKA C.W.B. FOUNDATION 36-3480054

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Envadebre	Durage of great as	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Or Substantial Contributor	recipient	<del>                                     </del>	
RAVEHEARTS THERAPEUTIC	NONE	PUBLIC	CHARITABLE	
319 MAXON RD				
HARVARD, IL 60033				10,000
		<del></del>		
				1
				ļ
				!
				ł
				-
		1		
				}
		1		-
Total from continuation sheets				

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
CHARLES SCHWAB	470,632		0.	470,632. 2,701.	470,632. 2,701.		
TO PART I, LINE 4	473,333	·	0.	473,333.	473,333.		
FORM 990-PF	<del></del>	LEGAL	FE	ES	S	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL FEES		15,193.		7,597.		7,59	96.
TO FM 990-PF, PG 1,	LN 16A	15,193.		7,597.	-	7,59	96.
FORM 990-PF		ACCOUNTING FEES			S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES		4,850.		2,425.	7.00	2,42	25.
TO FORM 990-PF, PG	1, LN 16B	4,850.		2,425.		2,42	25.
FORM 990-PF	0'	THER PROFES	SIO	NAL FEES	S	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
INVESTMENT MANAGEME ADMINISTRATIVE FEES	5	40,248. 30,910.		40,248.		30,91	0.
WEB DEVELOPMENT AND MAINTENANCE FEES MISCELLANEOUS	<b>)</b>	1,725. 1,678.		0. 839.		1,72 83	25. 39.
TO FORM 990-PF, PG	1, LN 16C	74,561.		41,087.		33,4	74.
	=	<del></del>	_	<del> </del>		=====	==

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION			(C) ADJUSTED NET INCOM			
FOREIGN TAX 2012 FEDERAL TAX 2013 ESTIMATED TAX IL CHARITY BUREAU FILING	5,454. 16,418. 18,080. 15.	5,	0. 0. 0.			
TO FORM 990-PF, PG 1, LN 18	39,967.	5,	454.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	CT
EQUITY FUNDS			8	3,016,440.	9,132,0	61.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			8,016,440.	9,132,0	61.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
CORPORATE BONDS			9	9,008,380.	8,749,6	42.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			9,008,380.	8,749,6	42.

FORM 990-PF PART VIII - LIST TRUSTEES AND				S	STATI	EMENT 8
NAME AND ADDRESS	TITLE AN				EMPLOYEE BEN PLAN CONTRIB	
JAMES W. KEELING 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
PATRICK SHAW 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
BOB YOCUM 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
JAY MADDOX 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
JIM VITALE 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
MARK BLAZER 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108	DIRECTOR 0.00	PART-	TIME	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	- -		0.	0.	0.

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www irs gov/form8868 ·

OMB No 1545-1709

12

	are filing for an Automatic 3-Month Extension, complet	-				
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
			atic 3-month extension on a previous	•		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (	6 months for a co	rporation
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers	Associated With C	Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the ele	ctronic filing of this	s form,
visit www	v.irs gov/efile and click on e-file for Charities & Nonprofits				_	
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor					
Part I on	ly			·	;	<b>▶</b> □
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	
to file inc	come tax returns			Enter file	er's identifying ni	umber
Type or	Name of exempt organization or other filer, see instru-	ctions.			r identification nur	
print				' 1		` ,
	BLAZER FOUNDATION FKA C.W.	3. FO	UNDATION		36-34800	)54
File by the due date for	Number, street, and room or suite no. If a P.O box, s	ee instruc	tions	Social se	ecunty number (SS	 SN)
filing your	1252 BELL VALLEY ROAD, NO.				, , , ,	,
return See instructions	City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions	<u> </u>		
	ROCKFORD, IL 61108	Ü				
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
		*				
Applicat	ion	Return	Application			Return
Is For		Code	Is For			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	,		07
Form 99	0-BL	02	Form 1041-A		-	08
Form 47	20 (Individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	JAY MADDOX		•			
• The b	ooks are in the care of > 1252 BELL VALLI	EY RO	AD SUITE 300 - ROC	KFORE	), IL 6110	8 (
	hone No ▶ 815-231-7400		Fax No ►		<del> </del>	
	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit			If this is fo	or the whole aroup	check this
box >	If it is for part of the group, check this box					
1   re	equest an automatic 3-month (6 months for a corporation		<del></del>			
		•	ition return for the organization nam		The extension	
ıs	for the organization's return for:	J	<u> </u>			
<b>&gt;</b>	X calendar year 2013 or					
<b>•</b>	tax year beginning	, an	nd ending			
	, , , , , , , , , , , , , , , , , , , ,	·	<u> </u>			
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	son: Initial return	Final retu	m	
	Change in accounting period					
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax, less any	T		
	onrefundable credits See instructions	,,	and the same same same same same same same sam	За	\$	9,016.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and		† <del>*</del>	
	timated tax payments made Include any prior year over		-	3b	<b>s</b> 1	18,080.
	alance due. Subtract line 3b from line 3a Include your pa			- 5.5	† <del>*</del>	
	using EFTPS (Electronic Federal Tax Payment System)	-	·	3с	\$	0.
	. If you are going to make an electronic funds withdrawal					
	,	,	,			paytillelit