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DLN: 93493280011206

Form 990

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 private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the 2	2015 ca	alendar year, or tax year beginn	ing 01-01-2015 , and ending 12-31-	2015				
	eck if app		C Name of organization TRAILBLAZER FOUNDATION			D Employe	r identification number		
☐ Ad	dress cha	nge				20-106	3922		
	me chang		Doing business as						
Ini	tıal return	1	Number and street (or D.O. hourst	mad a not delivered to street address \ Decor	· /austa	E Telephone	e number		
Fir ret	nal :urn/termi	ınated	PO BOX 3694	mail is not delivered to street address) Room	1/ Suite	(307)7	33-6869		
_	nended re		City or town state or province co	untry, and ZIP or foreign postal code		(007)1			
	plication p		1ACKSON WY 830013694	antify, and En or foreign poster code		G Gross rece	eipts \$ 244,600		
		,	F Name and address of pr	incipal officer	H(a)	To the or a second second	. h		
			MARY JO LOCKBAUM			Is this a group resubordinates?	Yes \ ✓No		
			PO BOX 3694 JACKSON, WY 83001			Are all subordina	tes		
			,			included? If "No." attach a	list (see instructions)		
I Ta	ıx-exemp	t status	501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527		Group exemptio			
J W	ebsite:	► ТН	IETRAILBLA ZERFO UNDATION	ORG					
K For	m of orga	anızatıor	Corporation Trust Associat	on Other ►	L Yea	ar of formation 2004	M State of legal domicile		
Pa	rt I	Sum	nmary						
	1 Brie	efly de	scribe the organization's mission						
				CREATE SELF-SUSTAINING PROGR CCUS INCLUDES WATER PROJECTS					
	BA	SE DE	VELOPMENT IN ORDER TO FO	DSTER HEALTHY FAMILIES, SUFFIC	CIENT FOO	DD AND SUSTAI			
<u>ڪ</u>	<u>0 F</u>	OURI	PROJECTS REQUIRE VILLAGE	ER PARTNERSHIP TO ENSURE LONG	G-TERM SU	<u>JSTAINABILITY</u>			
Governance									
e¥e	_								
ن ا	2 Ch	heck th	his box দ if the organization d	iscontinued its operations or dispose	d of more tl	han 25% of its ne	et assets		
Activities &	3 NI	umber	of voting members of the gover	ning body (Part VI, line 1a)		1	3 6		
Ě			-	of the governing body (Part VI, line 1		_	4 6		
ş				calendar year 2015 (Part V, line 2a)		_	5 4		
•	6 To	otal nu	mber of volunteers (estimate if	necessary)		[6 20		
	1			Part VIII, column (C), line 12		_	7a 0		
	b Net	t unrel	ated business taxable income f	rom Form 990-T, line 34			7b 0		
						Prior Year	Current Year		
<u>a</u>	8 9			line 1h)		327,61	0 243,556		
Revenue	10		stment income (Part VIII, colun	17	<u> </u>				
æ	11		r revenue (Part VIII, column (A		0 0				
	12			1 (must equal Part VIII, column (A),	line	327,79	244,600		
		12)							
	13			rt IX, column (A), lines 1-3)		134,44			
	14 15			IX, column (A), line 4)		59,59	0 4 91,837		
82	13	5-10		yee belieffes (Fure 1x, column (x), inte	e benefits (Part 1X, Column (A), lines				
Expenses	16a	Profe	ssional fundraising fees (Part I	X, column (A), line 11e)			0 0		
ਡੋ	b	Total fo	undraısıng expenses (Part IX, column (D), line 25) • 19,420	_				
	17			, lines 11a-11d, 11f-24e)		112,13			
	18 19			ust equal Part IX, column (A), line 25		306,17			
<u>ም</u>	19	Revei	nue less expenses Subtract init	e 18 from line 12		21,62	-		
Not Assets or Fund Balances					Бедіпі	ning of Current Ye			
Ass Ba			assets (Part X, line 16)		. —	150,88	-		
35 25	21 22			t line 21 from line 20		3,98 146,89			
			nature Block	time 21 nom me 20	•	140,00	137,340		
	r penalt	ties of		xamıned thıs return, ıncludıng accomp					
					r than office	er) is based on al	i intormation of which		
my k	arer has	ally K		mplete Declaration of preparer (othe	ir chan onle				
my k	arer has	***	belief, it is true, correct, and co nowledge	mplete Declaration of preparer (othe	The trial of the trial	2016-10-04			
my k prepa		***:	belief, it is true, correct, and co nowledge	mplete Declaration of preparer (othe		2016-10-04 Date			
my k	1	**** Sign	belief, it is true, correct, and co nowledge ***	mplete Declaration of preparer (othe					
my k prepa	1	**** Sign	belief, it is true, correct, and co nowledge *** nature of officer	mplete Declaration of preparer (othe		Date			
Sign Her	n e	**** Sign MAR Type	belief, it is true, correct, and co nowledge *** nature of officer	Preparer's signature RICHARD PALMER	Date 2016-10-04	Date Check If P	TIN 00286066		
Sign Her	n e	Sign MAR Type	belief, it is true, correct, and connowledge *** nature of officer RY JO LOCKBAUM PRESIDENT e or print name and title Print/Type preparer's name	Preparer's signature RICHARD PALMER	Date	Date Check If P	00286066		

JACKSON, WY 830014158

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Use Only

orm	990 (2015)	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	.▽
1	Briefly describe the organization's mission	
MP OUR OS	IELP RURAL VILLAGES IN IMPOVERISHED COUNTRIES DEVELOP WATER PROGRAMS AND COMMUNITY PROJECTS WE OWER VILLAGERS TO CREATE SELF-SUSTAINING PROGRAMS, BY PROVIDING TRAINING AND APPROPRIATE TECHNOLO FOCUS INCLUDES WATER PROJECTS, SCHOOL CONSTRUCTION, AND COMMUNITY-BASED DEVELOPMENT IN ORDER T FER HEALTHY FAMILIES, SUFFICIENT FOOD AND SUSTAINABLE INCOMES ALL OF OUR PROJECTS REQUIRE VILLAGER FNERSHIP TO ENSURE LONG-TERM SUSTAINABILITY AND MINIMIZE ONGOING INTERNATIONAL SUPPORT	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 135,536 including grants of \$ 74,643) (Revenue \$ 45,481) WATER ACCESS PROGRAMS DURING 2015 AT LEAST AN ADDITIONAL 8,000 PEOPLE IN THE REGION WERE PROVIDED WITH ACCESS TO SAFE POTABLE WAT	ER
	THROUGH THE INSTALLATION OF 484 BIO-SAND WATER FILTERS, REINSTALLATION OF 54 BIO-SAND WATER FILTERS, AND DRILLING OF 66 WELLS TO DATE 4,000 BIO-SAND WATER FILTERS HAVE NOW BEEN MANUFACTURED AND INSTALLED BY OUR CAMBODIAN TEAM ALL OF TRAILBLAZER'S WATER ACCESS SITE COMBINED SERVE APPROXIMATELY 100,000 INDIVIDUALS AND STUDENTS WITH CLEAN WATER OUR WATER ACCESS PROGRAMS HAVE THE IMMEDIATE IMP. REDUCING WATER BORNE RELATED DISEASES, ALLEVIATING HUMAN SUFFERING DUE TO SICKNESS, DEATH, LOST EMPLOYMENT, AND THE HARDSHIP OF LOVES ONES WHO ONCE WERE WAGE EARNERS FROM PREVENTABLE DISEASES THAT RESULT FROM DRINKING CONTAMINATED WATER WELLS ALLOW WOM CHILDREN TRADITIONALLY RESPONSIBLE FOR WATER COLLECTION, TO COLLECT WATER MORE QUICKLY AND EASILY WOMEN SPEND LESS TIME CARING FOR SICK AND AS A RESULT HAVE MORE TIME TO PURSUE ECONOMIC SUSTAINABILITY THROUGH SMALL BUSINESS OR GARDENING CHILDREN HAVE MORE TIME EDUCATION	ES ACT OF OSING MEN AND OR THE
4b	(Code) (Expenses \$ 30,915 including grants of \$ 19,085) (Revenue \$ 3,172)	
	AGRICULTURE & ASSISTANCE FURTHER 2014 ACCOMPLISHMENTS INCLUDE - DELIVERED 80 POINT-OF-USE SOLAR UNITS, AND 27 SOLAR CAPS TO VILLAGE TONLE SAP LAKE - DISTRIBUTED 370 MOSQUITO NETS TO FAMILIES IN PEAM TAOU VILLAGE, KEO POER COMMUNE, POUK DISTRICT, AND ROMDOUL VILLAGE COMMUNE, PUOK DISTRICT - DISTRIBUTED 2,500 FISH FINGERLINGS TO 9 FARMERS FOR THEIR FISH FARMS IN PREAS KOR, TATRAV, BOSTATRAV, KOK K VILLAGE, SVAY CHECK COMMUNE, ANGKOR THOM DISTRICT - DELIVERED 1 COW TO A WOMAN FARMER IN ROMDOUL VILLAGE, REUL COMMUNE, PUOK DISTRIBUTED 50 PACKETS OF VEGETABLE SEED TO FARMERS IN KOK TRACH VILLAGE - DELIVERED 3 SEWING MACHINES TO SUPPORT A NEW TRAINING FOR WITH THE ORGANIZATION HUSK - DISTRIBUTED 72 CHICKENS TO 25 FARMERS IN ROMDOUL VILLAGE, REUL COMMUNE, PUOK DISTRICT WHO ALSO ATTEN LIVESTOCK TRAINING SESSION - CONDUCTED 1 HORTICULTURE TRAINING FOR 10 FARMERS, AND MUSHROOM PRODUCTION TRAINING FOR 12 FARMERS	E, REUL KORCK STRICT FACILITY
4 c	(Code) (Expenses \$ 27,959 including grants of \$ 12,612) (Revenue \$ 10,647) SUSTAINABLE DEVELOPMENT IN 2015, TRAILBLAZER FOUNDATION CONTINUES ITS EFFORTS OF IMPLEMENTING EFFECTIVE COMMUNITY BASED DEVELOPME PROJECTS AS A LONG-TERM SOLUTION TO ALLEVIATING POVERTY IN ANGKOR THOM, PRASAT BAKONG AND SOUTR NIKUM DISTRICTS TRAILBLAZER'S DIRE AND PROJECT STAFF MENTORED CHIEFS AND VILLAGERS ON SETTING UP AND MANAGING VILLAGE FUND SYSTEMS AND VILLAGE-RUN MICROLOANS DURIN THE FOLLOWING WAS ACCOMPLISHED - CONSTRUCTED 62 LATRINES AND CONDUCTED 1 LATRINE AND HYGIENE TRAINING - DELIVERED 2,660 BOXES OF KEO POR COMMUNE, POUK DISTRICT, AND OMAL VILLAGE, KRALANH DISTRICT - DELIVERED 20 WATER BAGS FOR FISHERMEN ON TONLE SAP LAKE - CONDUCTED 1 OYSTER MUSHROOM TRAINING WITH 2 SUPERVISORS - CONDUCTED OYSTER MUSHROOM TRAINING FOR 20 VILLAGERS IN ANKGOR CHUM DISTRICT - DELIVERED 375 SOLAR LANTERNS TO SVAY CHEK COMMUNE, BALLANG COMMUNE, SRAS VILLAGE, PEAM TA OU VILLAGE AND OMAL VILLAGE, SAI COMMUNE, KRALANH DISTRICT - DELIVERED 8 SEWING MACHINES TO HUSK IN KAMPHEN VILLAGE - DELIVERED SALADS FOR SIGHT FUNDS TO TATRAV PR SCHOOL, SVAY CHEK COMMUNE, ANKGOR THOM DISTRICT IN 2015, THERE WERE 44 ACTIVE LOANS SECURED FROM THE VILLAGE FUNDS OF DIFFERENT V ALL OF WHICH ARE MANAGED BY THE VILLAGE FINANCE COMMITTEE OF THOSE VILLAGES THE TOTAL CAPITAL AMOUNT FOR THESE VILLAGE FUNDS WAS \$2	ECTOR G 2015 PUR TO MBOUR IMARY ILLAGES
	USD THE LOAN AMOUNTS RANGED FROM \$10 USD TO \$450 USD NINE YEARS AFTER INCEPTION, VILLAGE FUNDS ARE STILL WORKING ALTHOUGH FROM YEAR THE NUMBER OF VILLAGES WITH ACTIVE LOANS AND TOTAL CAPITAL AMOUNTS VARY LOANS WERE MADE TO QUALIFYING VILLAGES FOR - THE PURCOF LIVESTOCK AND/OR FERTILIZERS, - PURCHASE OF RICE, - PAYING FOR MEDICAL CARE OR FUNERAL COSTS, - STARTING UP A SMALL BUSINESS, - HON IMPROVEMENTS, - PURCHASE OF MOTORBIKE OR BICYCLE, - INVESTMENT IN MORE EDUCATION FOR FURTHER INFORMATION PLEASE VISIT OUR WEBSITE WWW TRAILBLAZERFOUNDATION ORG OR CONTACT US AT INFO@THETRAILBLAZERFOUNDATION ORG	YEAR TO CHASE ME
	See Additional Data	
4d	Other program services (Describe in Schedule O)	
Tu	(Expenses \$ 20,710 including grants of \$ 5,806) (Revenue \$)	

215,120

Total program service expenses ▶

Part IV	Checklist	of Red	uired	Schedules
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{?}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page
Pai	** Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CB See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		1110

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	H		110
	more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
C.	ection C. Disclosure	16b		<u> </u>
<u> </u>	List the States with which a copy of this Form 990 is required to be filed.			
_,	Elast the actuates with which a copy of this form about a required to be ineur			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	· · · · · · · · · · · · · · · · · · ·			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶JENI SWINK PO BOX 3694 JACKSON, WY 830013694 (307) 734-6342

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▶ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer lingihest or director direc						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee				organizations
(1) MARY JO LOCKBAUM	2 00	×		x				0	0	0
PRESIDENT		^		^					0	0
(2) ROBERT YOUNGBERG TREASURER	5 00	х		х				0	0	0
(3) DON KUSHNER VICE PRESIDENT	3 00	х		х				0	0	0
(4) VANDY STALEY DIRECTOR	1 00	х						0	0	0
(5) JIM CATALANO SECRETARY	1 00	х		х				0	0	0
(6) SAM AUN DIRECTOR	2 00	х						0	0	0
								_		
										Form 990 (2015)

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

(A) Name and Title	Name and Title A verage hours per week (list any hours and a director/trustee) A verage hours per work (list any hours and a director/trustee) A verage hours person is both an officer and a director/trustee) A verage hours person is both an officer organization (W-organization (W-o										. ((F) Estimated amount of othe compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizat relat organiza	ed
											+		
											-		
4. 0.17.1						<u> </u>							
1b Sub-Total	· · · · · s to Part VII, S	 ection A	٠.										
d Total (add lines 1b and 1c) .						►			0	0			0
Total number of individuals (inc \$100,000 of reportable compe	-					d abov	e) w	ho receive	ed more th	an			
												Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
For any individual listed on line organization and related organization and related organization.	e 1a, is the sum zations greater	of repo than \$:	rtable 150,0	e co	mpe ? <i>If</i>	nsatio "Yes," d	n and	d other co lete Sched	mpensatio	on from the uch	4		No
5 Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organization.	e highest comp											ax vear	
	(A) ame and business	<u> </u>								(B) cription of services		(C Comper)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 99		015)						Page 9
Part V	ΉП	Statement o			th D t \/ I I I			_
		Check if Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b					
وَ قُ	c	Fundraising eve	ents 1c					
iiffs ar /	d	Related organiz	rations 1d					
s, G	e	Government grants	s (contributions) 1e					
ion I Si	f		ons, gifts, grants, and 1f	243,556				
Contributions, Gifts, Grants and Other Similar Amounts	q	similar amounts no	ot included above					
		1a-1f \$			242.556			
<u>ပြော မူ</u>	h	Total. Add lines	s 1 a - 1 f	· · · •	243,556			
e 🗆	,			Business Code				
Wen	2a b							
or GE	C							
rwc	d							+
å, ⊆	e							
Program Service Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest,	1,044			1,044
	4		ar amounts) stment of tax-exempt bond		1,044			1,044
	5			F. 0000000 ►				
		,	(ı) Real	(11) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	c d	Gain or (loss)	ss)					
ù		Gross income fi	ı	· · · · · · · · · · · · · · · · · · ·				
Other Revenue		events (not inc						
her R		See Part IV, lin						
ō	1		penses b					
			(loss) from fundraising (rom gaming activities	events 🕦				
	"		ne 19					
	L.	lass de la	a					
	b c		penses b (loss) from gaming acti ^r	vities				
		Gross sales of	i					
		returns and allo						
	ь	less costofa	oods sold b					
			(loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C	A II						
	d e	All other revenu		🕨				
	12		See Instructions .	_				
		iotai ievenue.	See Thethuctions .	🕨	244,600	o	C	1,044

Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	ıs Part IX		<u></u>	
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	112,146	112,146		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	75,360	54,660	9,415	11,285
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,712	8,610	983	1,119
10	Payroll taxes	5,765	4,181	720	864
11	Fees for services (non-employees)				
а	Management				
b	Legal	93		93	
C	Accounting	2,925		2,925	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,257		120	3,137
13	Office expenses	1,766	323	1,213	230
14	Information technology	4,451	848	1,204	2,399
15	Royalties				
16	Occupancy	1,052		1,052	
17	Travel	5,521	4,205	1,316	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	386			386
20	Interest	158	158		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,727	2,716	11	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	WATER PROJECT	7,030	7,030		
b	FIELD OFFICE OPERATIONA	6,108	5,750	358	
c	SCHOOL CONSTRUCTION	5,640	5,640		
d	LATRINE CONSTRUCTION	5,400	5,400		
e	All other expenses	3,453	3,453		
25	Total functional expenses. Add lines 1 through 24e	253,950	215,120	19,410	19,420
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

Page **11** Part X **Balance Sheet**

	eneck if beneatie o contains a response of note to any fine	111 (1113 1	uicx	· · · · · ·		<u> </u>
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			31,906	1	26,176
2	Savings and temporary cash investments			108,949	2	107,518
3	Pledges and grants receivable, net			· · ·	3	,
4	Accounts receivable, net				4	
5	Loans and other receivables from current and former office		tors trustees.		-	
	key employees, and highest compensated employees Cor	nplete P	art II of			
	Schedule L				_	
					5	
6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) Co Schedule L)(3 [°])(B), ı(9) volu	and contributing ntary			
					6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or other basis	ı .				
100	Complete Part VI of Schedule D	10a	34,914			
Ь	Less accumulated depreciation	10b	31,062	6,579	10c	3,852
11	Investments—publicly traded securities	<u> </u>		3,451	11	
12	Investments—other securities See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11 .				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			150.885	16	137,546
17	Accounts payable and accrued expenses			832	17	
18	Grants payable		• •		18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of				21	
22	Loans and other payables to current and former officers, di				21	
22	key employees, highest compensated employees, and disc		ilustees,			
	persons Complete Part II of Schedule L			3,157	22	
23	Secured mortgages and notes payable to unrelated third p	arties			23	
24	Unsecured notes and loans payable to unrelated third part	ies .			24	
25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,		25	
	Tabel Makifelia Add Inno 17 Abranah 25			3.000	25	
26	Total liabilities. Add lines 17 through 25			3,989	26	0
	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	• ►	ind complete			
27	Unrestricted net assets			146,896	27	137,546
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or equipment fu				31	
32	Retained earnings, endowment, accumulated income, or ot				32	
33	Total net assets or fund balances			146,896	33	137,546
				· ·		
34	Total liabilities and net assets/fund balances	• •		150,885	34	137,546

Par	t XI	Reconcilliation of Net Assets			<u>.</u>	age ==
·	CVI	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		2	44,600
2	Total	expenses (must equal Part IX, column (A), line 25)	2		2	53,950
3	Rever	nue less expenses Subtract line 2 from line 1	3			-9,350
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.46,896
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	red services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10		1	.37,546
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. F
					Yes	No
-		MODIFIED				
1	Accou If the Scheo	unting method used to prepare the Form 990				
2a		the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	Νo
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed o			
		eparate basis Consolidated basis Both consolidated and separate basis				
ь	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
	If Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
		eparate basis Consolidated basis Both consolidated and separate basis				
С		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant		2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i Iule O	n			
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ie	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 20-1063922

Name: TRAILBLAZER FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 20,710 including grants of \$ 5,806) (Revenue \$)
SCHOOL CONSTRUCTION IN 2015 THE CONSTRUCTION OF ONE PRIMARY SCHOOL OCCURRED IN ROMDOUL VILLAGE,
ACCOMODATING AN ADDITIONAL 365 STUDENTS - DISTRIBUTED 215 PAIRS OF FLIP FLOPS TO PRIMARY SCHOOL STUDENTS
IN VEAL PRIMARY SCHOOL, DANRUN COMMUNE, SOUTR NIKUM DISTRICT - DISTRIBUTED 116 BICYCLES TO STUDENTS
BETWEEN SRAS VILLAGE, SVAY CHEK COMMUNE, ANKGOR THOM DISTRICT AND ROMDOUL VILLAGE, REUL COMMUNE, PUOK
DISTRICT - COMPLETED A 240-METER FENCE AROUND PHLONG KINDERGARTEN SCHOOL, AND INSTALLED A GATE AND SIGN

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493280011206

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization TRAILBLAZER FOUNDATION

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public

Inspection

20-1063922 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
			Yes	No			
Total							

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally

(see instructions) You must complete Part IV, Sections A and D, and Part V.

integrated, or Type III non-functionally integrated supporting organization

Provide the following information about the supported organization(s)

Pa	Support Schedule for (Complete only if you	checked the bo	x on line 5, 7, 0	or 8 of Part I o	r if the organiza	ation failed to q	
<u> </u>	Part III. If the organizection A. Public Support	ration rails to qu	ality under the	tests listed bei	ow, piease com	ipiete Part III.)	
	Calendar year						
(or	fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	193,406	126,606	191,715	327,616	243,556	1,082,899
2	not include any unusual grants) Tax revenues levied for the organization's benefit and either						
3	paid to or expended on its behalf The value of services or facilities furnished by a governmental unit						
4	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	193,406	126,606	191,715	327,616	243,556	1,082,899
5	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,082,899
	ection B. Total Support	,					
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	fiscal year beginning in) > Amounts from line 4	193,406	126,606	191,715	327,616	243,556	1,082,899
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461	273	324	179	1,044	2,281
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				850		850
11	Total support. Add lines 7 through 10						1,086,030
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu	<u> </u>	<u> </u>) organization,
14	Public support percentage for 201			11 column (f))		14	00.710.01
15	Public support percentage for 201			11, column (i))		14	99 710 %
		-	-	on line 12	me 14 to 22 4 (20)	15	99 790 %
b	33 1/3% support test—2015. If the and stop here. The organization question 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization meorganization	ualifies as a publice organization did on qualifies as a piece. The constant of the organization meets the factor is a point of the constant of the factor meets and meets the factor meets and meets are meets as a public meets and meets are meets and meets are meets and meets are meets and meets are meets as a public meets are meets and meets are meets and meets are meets and meets are meets and meets are meets are meets and meets are meets and meets are meets and meets are meets are meets and meets are meets are meets and meets are meets and meets are meets are meets and meets are meets are meets and meets are meets and meets ar	ly supported orga not check a box o ublicly supported inization did not o cts-and-circums	nization in line 13 or 16a, organization heck a box on lin tances test, chec	and line 15 is 33 e 13, 16a, or 16l k this box and st	3 1/3% or more, ch b, and line 14 op here. Explain	►√ neck this ►/
b 18	10%-facts-and-circumstances tes 15 is 10% or more, and if the orga Explain in Part VI how the organiz supported organization Private foundation. If the organizationstructions	anization meets th ation meets the "f	e "facts-and-cırc acts-and-cırcums	umstances" test, stances" test Th	, check this box a e organization qu	nd stop here. alıfıes as a publıc	

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493280011206

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** TRAILBLAZER FOUNDATION 20-1063922 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	1111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal '	Treas	sures, o	or O	ther	Simil	ar As:	sets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, c	heck						ignifica	ant use	of its	
а	ΓP	ublic exhibition		d	ı	Loa	n or ex	change p	rogr	ams				
b	Г s	cholarly research		е	Γ	Oth	er							
c	ГР	reservation for future generations												
4	Provid Part X	de a description of the organization's III	s collections and exp	laın ho	w the	y furt	her the	e organiza	ation	s exer	mpt pu	rpose ır	ı	
5		g the year, did the organization solic s to be sold to raise funds rather th										Yes	┌ No	1
Part	· IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	: IV, l	ıne 9, or	· rep	orted	an aı	mount	on Foi	m 990,
		organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	y for c	ontrıl	butions	s or other	ass	ets no		Yes	┌ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowin	a tab	le					Amoi	unt	
c		ginning balance							1c					
d		ditions during the year						-	1d					
e		tributions during the year							1e					
f		ding balance							1f					
2a		ie organization include an amount oi	n Form 990. Part X. lı	ne 21.	for es	scrow	or cus	∟ stodial ac	cour	ıt lıabı	litv? [Yes	┌ No	1
	D14 (1)			,	, 101 01		, o. ca.	ocourar ac		ic mabi	, ,		,	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	ne expl	lanatı	on ha	s beer	provided	d ın P	art XI	II .			Γ
Par		Endowment Funds. Comple												
		·	(a)Current year		nor yea			wo years b	-		ee years		(e)Four y	ears back
1a	Begir	ning of year balance												
b	Contr	nbutions · · · · · · ·												
c	Net II losse	nvestment earnings, gains, and s												
d	Grant	s or scholarships												
е		r expenditures for facilities rograms												
f	• Admi	nistrative expenses												
g		fyear balance												
_		de the estimated percentage of the o	current vear end hala	nce (lu	ne 1a	colu	mn (a))) held as						
		designated or quasi-endowment	carrent year ena bara	1100 (111	ne ig	Colu	iiii (u)	,, пета аз						
_		•												
b		anent endowment 🕨												
		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%											
	organ	nere endowment funds not in the pos ization by 	_		that a	are he	eld and	d adminis	tered	for th	е		Yes	No
		related organizations				•		•				3a(i	-	+
		lated organizations s" on 3a(ii), are the related organizations.										3a(i		+
		The in Part XIII the intended uses of					· •		•	•	•	30		
Pari		Land, Buildings, and Equip												
		Complete if the organization a		orm 9	990, F	Part :	IV, lın	e 11a.S	ee F	orm 9	990, P	art X,	line 10).
		Description of property		(a		or othe	er basıs ıent)	(b) Cost or oth (other	ner ba	sis (Accun (c) depre	nulated eciation	(d)B	ook value
1 a L	and.			\Box				<u> </u>		\top				
b E	Buildin	gs		.						\top				
		old improvements		.						\top				
d E	quipm	nent		.					33,7	39		30,05	3	3,736
e (ther								1,1	25		1,00	9	116

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,852

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the or	ganızatıon answered	d 'Yes' on Form	990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	у	(b)Book value)Method of valuation rend-of-year market value
(1)Financia	al derivatives			3323	end of year market value
	-held equity interests				
(3)0 ther					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)		•		
	Investments—Program Related				
	Complete if the organization answere	d 'Yes' on Form '	990, Part IV, line 11	^{.C.} See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
					,
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>		
	Other Assets. Complete if the organization			line 11d See For	m 990, Part X, line 15
	(a) Desc	cription			(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line				
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answe	red 'Yes' on Form 9	90, Part IV, lın	e 11e or 11f.
1.	(a) Description of liability	(b) Book va	lue		
Federal inc	ome taxes				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u>* </u>			

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines $2a$ through $2d$				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4 c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
С	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Information (continued)									
Return Reference	Explanation								

Schedule D (Form 990) 2015

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SCHEDULE F (Form 990)	Statement of	Activities	Outside the Unit	ed States	OMB No 1545-0047			
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.								
Department of the Treasury Internal Revenue Service	ormation about Sched		and its instructions is at ห	ww.irs.gov/form990.	Open to Public Inspection			
Name of the organization TRAILBLAZER FOUNDATION				Employer i	dentification number			
			the United States. Form 990, Part IV, line	20-10639 14b.	22			
For grantmakers. Does and other assistance, the used to award the grant	the organization in the grantees' eligible ts or assistance? .	maintain recor ility for the gra	ds to substantiate the ants or assistance, and	amount of its gran the selection critei	1a ▽ Yes ୮ No			
assistance outside the	grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other istance outside the United States. vites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)							
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d program service, descr specific type of service(s) in region	ibe for and investments in region			
(1) CAMBODIA	1	1	PROGRAM SERVICES - PERFORMED BY TRAILBLAZER CAMBODIA ORGANIZATION (ANGKOR)	WATER PROGRAMS SCHOOL CONSTRUCTION, SCHOOL OPERATION SUSTAINABLE DEVELOPMENT AN AGRICULTURE	DN,			
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuation sh to Part I c Totals (add lines 3a and 3		0			133,669 0			

Schedule F (Form 990) 2015

•	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			CAMBODIA	TO PROVIDE PROGRAM SERVICES INCLUDING WATER PROJECTS AND SUSTAINABLE DEVELOPMENT	112,146	CHECKS ISSUED			CASH VALUE
(2)									
(3)									
(4)									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+			1		1
(3)		†	·		'		
(4)		+			+		1
(5)		+ +			†		
(6)		+			†		1
(7)		+			†		1
(8)		+ +			<u> </u>		
(9)		+ + +					1
(10)		+ +	·		<u> </u>		
(11)		+ + +			1		
(12)		+ + +					
(13)		+ +	·		<u>'</u>		'
(14)		†			1		
(15)		+ + +			1		
(16)		1			1		
(17)					1		
(18)					1		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	OUR PROGRAM ACTIVITIES ARE IN CAMBODIA WHERE WE BUILD SCHOOLS, PROVIDE FRESH WATER WELLS A ND WATER FILTERING SYSTEMS TO VILLAGERS, AND TRAIN FARMERS TO OPERATE SUSTAINABLE FARMING OPERATIONS WE HAVE KEY EMPLOYEES ON SITE TO MONITOR THE USE OF DONATED FUNDS

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	ACCOUNTING BOOKS AND RECORDS

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Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493280011206

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Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

Name of the organization **Employer identification number** TRAILBLAZER FOUNDATION Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (c) Purpose of (d) Loan to (f)Balance (i)Written (b) (e) **(g)** In (h) ınterested Relationship loan or from the Original due default? Approved agreement? organization? by board or person with principal organization amount committee? From Yes Yes Yes Τо No No 7,500 **CHRIS** ORIGINAL TO COMPLETE Νo Yes Yes CONSTRUCTION (1) COATS FOUNDER OFSRAS VILLAGE SCHOOL, IN 2015 REPAID IN FULL **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person organization

	sactions Involvin					
Complete if the	organization answe	red "Yes" on Fori	<u>m 990, Part IV, line 2</u>	8a, 28b	, or 28c.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh o organı reven	f zation's	
				Yes	No	
Part V Supplemental			Cohodula I (aca mateur			
	liniormation for respon	ses to questions or	Schedule L (see instruc	•		
Return Reference			Explanation			

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493280011206

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization TRAILBLAZER FOUNDATION	Employer identification number
	20-1063922

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ROBERT YOUNGBERG IS THE TREASURER OF THE ORGANIZATION, AND IS THE FATHER-IN-LAW OF ERIN (COATS) YOUNGBERG WHO IS THE DAUGHTER OF SCOTT COATS AND CHRISTI COATS - TWO KEY EMPLOYEES OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	DURING A REGULAR BOARD OF DIRECTORS TELECONFERENCE MEETING HELD IN THE FALL OF 2016, THE BOARD MEETS TO REVIEW THE FORM 990 MEMBERS OF THE BOARD ARE PROVIDED WITH COPIES OF THE FORM 990 FOR THEIR REVIEW THE FORM 990 IS FILED AFTER BEING REVIEWED BY THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION	DURING BOARD MEETINGS, INQUIRY IS MADE AS TO WHETHER ANY SORT OF CONFLICT OF INTEREST
B, LINE 12C	HAS COME UP SINCE THE LAST BOARD MEETING

Return Reference	Explanation
	THE TRAILBLAZER FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST INTERESTED PARTIES CAN CALL (307) 203-2542 OR WRITE TO THE TRAILBLAZER FOUNDATION AT PO BOX 3694, JACKSON, WY 83001 AND REQUEST COPIES OF THESE DOCUMENTS

Return Reference	Explanation
FORM 990 PART XI, LINE 1	ACCOUNTING METHOD IS MODIFIED ACCRUAL

Return Reference	Explanation
	HISTORY TRANSPILAZER FOUNDATION, WAS INCORPORATED AS A SOTIOGS IN 2004 SINCE THEN THE FOUNDATION HAS RIAN HISTORY TRANSPILATION, WAS INCORPORATED AS A SOTIOGS IN 2004 SINCE THEN THE FOUNDATION HAS RIAN HISTORY ASSOCIATION AND ADDRESS OF CORPORATION HAS RIAN HISTORY ASSOCIATION AND ADDRESS OF CORPORATION AND ADDRESS O
	WWW TRAILBLAZERFOUNDATION ORG OR CONTACT US AT INFO@THETRAILBLAZERFOUNDATION ORG

Return Reference	Explanation
FORM 990, PART XII, LINE 2	HISTORY (CONTINUED) A LIST OF AFFILIATES AND CRORANIZATIONS WE COLLABBRATED WITH IN 2015 ARE - ROTARY CLUBS IN THE UNITED STATES, NORWAY, AND CAMBODIA, - GLOBAL MEDIC FROM CANADA FOR RIR WATER - P. RIF RENEWABLE FOWER LID FOR SOLAR LINTS, - CAMBODIA, - RESOURCE EQUALITY - INTERNATIONAL (REI), - TAG WEALTH TAG FINANCE AND 1% FOR SOLAR UNITS, - CAMBODIAN MISSTRY OF EDUCATION YOUTH AND SPORT, - CAMBODIAN MISSTRY OF RURAL DEVELOPMENT CAMBODIAN MISSTRY OF EDUCATION YOUTH AND SPORT, - CAMBODIAN MISSTRY OF AGRICULTURE SCHOOL CONSTRUCTION AND OFERATION IN 2014 THE CONSTRUCTION FOR PRIMARY SCHOOL COCURRED IN TATRAY VILLAGE, ACCOMDIANT IN AND ADDITIONAL 35S STULENTS - SUPERLY CAMBODIAN MINISTRY OF AGRICULTURE SCHOOL CONSTRUCTION OF ONE PRIMARY SCHOOL COCURRED IN TATRAY VILLAGE, ROLL COMMUNE, ELOC BISTRUCTION STRUCTION OF STRUCTION OF STUDENTS IN ROMODIAL VILLAGE, RELL COMMUNE, ELOC BISTRUCT FROM STRUCTION OF THE SCHOOL, 328 PARS OF FLIP FLOPS TO FRIMARY SCHOOL STUDENTS IN ROMODIAL VILLAGE, RELL COMMUNE, ELOC BISTRECT - ROVORD SESSION OF THE SCHOOL, 328 PARS OF FLIP FLOPS OF STUDENTS IN ROMODIAL VILLAGE, RELL COMMUNE, ELOC BISTRECT THE OFFICE OF STUDENTS IN ROMODIAL VILLAGE, RELL COMMUNE, ELOC BISTRECT THE SCHOOL, 328 PARS OF FLIP FLOPS WERE DISTRIBUTED TO STUDENTS IN ANSKOR THOM DISTRICT. AND 44 SCHOOL AND SOCCEPT WITHOUT AND STRUCT AND AND SCHOOL STUDENTS IN ANSKOR THOM DISTRICT IN 2011, CONSTRUCTION OF A SCHOOL LIBRARY FOR THE FRIMARY AND SCHOOLARY FLUENCE, SCHOOL COMPLEX IN SVAY OHEK VILLAGE WAS COMPLETED THE TOTAL COST FOR THE CONSTRUCTION OF THE LIBRARY WAS STRUCKY STRUCKY WITHOUT AND STRUCT. AND 44 SCHOOL AND SOCCEPT WITHOUT AND AND SCHOOLAR PRIMARY STRUCKY STRUCKY WITHOUT AND SCHOOLAR PRIMARY STRUCKY STRUCKY WITHOUT AND STRUCT. AND AND SCHOOLAR PRIMARY STRUCKY STRUCKY WITHOUT AND AND AND AND SCHOOLAR PRIMARY STRUCKY STRUCKY WITHOUT AND

Return Reference	Explanation
PART VI SECTION B QUESTION #15 (B)	PROCESS TO DETERMINE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES KEY EMPLOYEES OF THE ORGANIZATION INCLUDE THE FOUNDERS SCOTT COATS & CHRIS COATS THE BOARD OF DIRECTORS DETERMINED THAT THE TRAILBLAZER FOUNDATION BUDGET WAS SUFFICIENT ENOUGH TO SUPPORT THE EXECUTIVE DIRECTOR'S COMPENSATION IN 2008 THE BOARD REQUESTED A JOB DESCRIPTION AND EMPLOYMENT OFFER LETTER FROM THE EXECUTIVES UPON THEIR REVIEW OF THESE DOCUMENTS, THE BOARD ACTION WAS APPROVED TO COMPENSATE THE EXECUTIVE DIRECTORS WITH AN AMOUNT THAT WOULD ALLOW A VERY MODEST LIVING EXPENSE FOR BOTH SCOTT, PRIMARILY IN CAMBODIA AND FOR CHRIS, PRIMARILY IN THE US THE BOARD CONTINUES TO SUPPORT THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND PROJECT DIRECTOR KEY EMPLOYEES ANNUAL 2015 COMPENSATION IS AS FOLLOWS SCOTT COATS \$ 16,800 CHRISTI COATS 24,285

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