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GOVERNMENT COPY

# Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

<b>A</b> For the <b>2011</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>TRAILBLAZER FOUNDATION</b></td> <td rowspan="2"><b>D</b> Employer identification number  20-1063922</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number  307 733-6869</td> </tr> <tr> <td><b>PO BOX 3694</b></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>JACKSON, WY 83001-3694</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>193,867.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>DOUG SCHULZ</b> <b>PO BOX 3236, JACKSON, WY 83001</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>THETRAILBLAZERFOUNDATION.ORG</b></td> <td><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>2004</b></td> <td><b>M</b> State of legal domicile: <b>WY</b></td> </tr> </table>	<b>C</b> Name of organization <b>TRAILBLAZER FOUNDATION</b>		<b>D</b> Employer identification number  20-1063922	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  307 733-6869	<b>PO BOX 3694</b>		City or town, state or country, and ZIP + 4 <b>JACKSON, WY 83001-3694</b>		<b>G</b> Gross receipts \$ <b>193,867.</b>	<b>F</b> Name and address of principal officer: <b>DOUG SCHULZ</b> <b>PO BOX 3236, JACKSON, WY 83001</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: ▶ <b>THETRAILBLAZERFOUNDATION.ORG</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	<b>L</b> Year of formation: <b>2004</b>		<b>M</b> State of legal domicile: <b>WY</b>
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Part I Summary				
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>WE EMPOWER RURAL VILLAGERS TO CREATE SELF-SUSTAINING PROGRAMS, BY PROVIDING TRAINING AND</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>3</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>173,199.</b>	<b>193,348.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>80.</b>	<b>519.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>173,279.</b>	<b>193,867.</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>94,138.</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>31,259.</b>	<b>35,298.</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,781.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>36,765.</b>	<b>22,683.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>162,162.</b>	<b>150,612.</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>11,117.</b>	<b>43,255.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>106,983.</b>	<b>150,609.</b>
	21	Total liabilities (Part X, line 26)	<b>6,138.</b>	<b>6,509.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>100,845.</b>	<b>144,100.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date	
	▶ <b>DOUG SCHULZ, PRESIDENT</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GEORGE L THOMPSON</b>	Preparer's signature	Date <b>05/11/12</b>
	Firm's name ▶ <b>THOMPSON, PALMER &amp; ASSOCIATES PC</b>	Firm's EIN ▶ <b>83-0246322</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00286065</b>
	Firm's address ▶ <b>PO BOX 4158 JACKSON, WY 83001-4158</b>	Phone no. <b>307-733-5160</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO HELP RURAL VILLAGES IN IMPOVERISHED COUNTRIES DEVELOP WATER PROGRAMS AND COMMUNITY PROJECTS. WE EMPOWER VILLAGERS TO CREATE SELF-SUSTAINING PROGRAMS, BY PROVIDING TRAINING AND APPROPRIATE TECHNOLOGY. OUR FOCUS INCLUDES WATER PROJECTS, SCHOOL CONSTRUCTION,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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 and section 4947(a)(1) trusts 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 \$ 50,203. including grants of \$ ) (Revenue \$ ) WATER ACCESS PROGRAMS: DURING 2011 AN ADDITIONAL 5,865 PEOPLE IN THE REGION WERE PROVIDED WITH ACCESS TO SAFE POTABLE WATER THROUGH THE INSTALLATION OF 72 WELLS AND 391 BIO-SAND WATER FILTERS. APPROXIMATELY 1,400 CHILDREN NOW HAVE ACCESS TO CLEAN DRINKING WATER BECAUSE OF THE INSTALLATION OF BIO-SAND WATER FILTERS IN THEIR SCHOOLS. TO DATE, APPROXIMATELY 2,300 BIO-SAND WATER FILTERS HAVE NOW BEEN MANUFACTURED AND INSTALLED BY OUR CAMBODIAN TEAM. ALL OF TRAILBLAZER'S WATER ACCESS SITES COMBINED SERVE APPROXIMATELY 90,000 INDIVIDUALS AND STUDENTS WITH CLEAN WATER. OUR WATER ACCESS PROGRAMS HAVE THE IMMEDIATE IMPACT OF REDUCING WATER BORNE RELATED DISEASES, ALLEVIATING HUMAN SUFFERING DUE TO SICKNESS, DEATH, LOST EMPLOYMENT, AND THE HARDSHIP OF LOSING LOVES ONES WHO ONCE WERE WAGE EARNERS FROM PREVENTABLE DISEASES THAT RESULT

4b (Code: ) (Expenses \$ 33,926. including grants of \$ ) (Revenue \$ ) SCHOOL CONSTRUCTION: IN 2011, CONSTRUCTION OF A SCHOOL LIBRARY FOR THE PRIMARY AND SECONDARY LEVEL SCHOOL COMPLEX IN SVAY CHEK VILLAGE WAS COMPLETED. THE TOTAL COST FOR THE CONSTRUCTION OF THE LIBRARY IS \$18,242. THE LIBRARY WILL SERVE THE SVAY CHEK COMMUNE PRIMARY AND SECONDARY SCHOOLS, FOR WHICH STUDENTS FROM SEVERAL VILLAGES IN THE AREA WILL ATTEND. THE LIBRARY SIZE WILL BE: 9 X 16 METERS, 1 ROOM IS SMALLER FOR THE TEACHER'S OFFICE, THE OTHER ROOM WILL BE THE LIBRARY.

THERE IS A TOTAL OF 834 PRIMARY STUDENTS (17 CLASSES BETWEEN GRADES 1-6) OF WHICH 428 ARE FEMALE; AND THERE IS A TOTAL OF 214 JR. HIGH LEVEL STUDENTS (4 CLASSES BETWEEN GRADES 7-9) OF WHICH 119 ARE FEMALE.

4c (Code: ) (Expenses \$ 25,209. including grants of \$ ) (Revenue \$ ) SUSTAINABLE DEVELOPMENT: IN 2011, TRAILBLAZER FOUNDATION CONTINUES ITS EFFORTS OF IMPLEMENTING EFFECTIVE COMMUNITY BASED DEVELOPMENT PROJECTS AS A LONG-TERM SOLUTION TO ALLEVIATING POVERTY IN ANGKOR THOM, PRASAT BAKONG AND PUOK DISTRICTS. TRAILBLAZER'S DIRECTOR AND PROJECT STAFF CONTINUE TO MENTOR CHIEFS AND VILLAGERS ON SETTING UP AND MANAGING VILLAGE FUND SYSTEMS AND VILLAGE-RUN MICROLOANS. TO DATE, THERE ARE 130 (54 IN 2010) (OF WHICH 85 TO FEMALES) ACTIVE LOANS SECURED FROM THE VILLAGE FUNDS OF 12 DIFFERENT VILLAGES, ALL OF WHICH ARE MANAGED BY THE VILLAGE FINANCE COMMITTEE OF THOSE VILLAGES. THE TOTAL CAPITAL AMOUNT FOR THESE 12 VILLAGE FUNDS IN 2011 IS \$5,387 USD (2010 IS \$2,524 USD), AND \$506 (\$277 IN 2010) HAS BEEN EARNED IN INTEREST REVENUE. LOANS HAVE BEEN MADE TO QUALIFYING VILLAGERS TO PURCHASE LIVESTOCK, PAY FOR

4d Other program services (Describe in Schedule O.) (Expenses \$ 19,094. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 128,432.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
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> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (6), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JENI SWINK - 307 734-6342 PO BOX 3694, JACKSON, WY 83001-3694

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

Check if Schedule O contains a response to any question 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 tax year.

- 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, and 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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS SCHULTZ PRESIDENT	4.00	X		X				0.	0.	0.
(2) PAT BUTTS VICE PRESIDENT	4.50	X		X				0.	0.	0.
(3) ERIN YOUNGBERG VICE PRESIDENT - PR	2.50	X		X				0.	0.	0.
(4) ROBERT YOUNGBERG SECRETARY / TREASURER	10.00	X		X				0.	0.	0.
(5) DON KUSHNER DIRECTOR	2.50	X						0.	0.	0.
(6) KARIN RALPH DIRECTOR	2.50	X						0.	0.	0.



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.
Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes total count for line 2.

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 193,348.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		193,348.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		519.			519.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			193,867.	0.	0.	519.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	92,631.	92,631.		
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	32,045.	21,112.	1,804.	9,129.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,253.	2,143.	183.	927.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,039.		2,039.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,517.		55.	1,462.
13 Office expenses	1,013.		750.	263.
14 Information technology	305.		305.	
15 Royalties				
16 Occupancy	1,224.		1,224.	
17 Travel	2,083.		2,083.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22.		22.	
20 Interest	270.	270.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,425.	6,382.	43.	
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.)				
a <b>SVAY CHEK LIBRARY</b>	1,824.	1,824.		
b <b>FIELD OFFICE OPERATIONA</b>	1,568.	1,568.		
c <b>WELLS &amp; WATER FILTERS</b>	1,355.	1,355.		
d <b>WEBSITE</b>	712.		712.	
e All other expenses	2,326.	1,147.	1,179.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	150,612.	128,432.	10,399.	11,781.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	96,406.	<b>1</b>	28,553.		
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	114,189.		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>			
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,150.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,288.	7,637.	<b>10c</b>	4,862.	
	<b>11</b> Investments - publicly traded securities .....	2,940.	<b>11</b>	3,005.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		106,983.	<b>16</b>	150,609.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	730.	<b>17</b>	830.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	5,408.	<b>22</b>	5,679.		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>				
<b>26 Total liabilities.</b> Add lines 17 through 25 .....		6,138.	<b>26</b>	6,509.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	100,845.	<b>27</b>	144,100.		
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>			
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....		100,845.	<b>33</b>	144,100.		
<b>34</b> Total liabilities and net assets/fund balances .....		106,983.	<b>34</b>	150,609.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	193,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	150,612.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,845.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	144,100.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>SEE SCH O</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **TRAILBLAZER FOUNDATION** Employer identification number **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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	123,965.	134,858.	182,353.	173,199.	193,406.	807,781.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	123,965.	134,858.	182,353.	173,199.	193,406.	807,781.
<b>5</b> The portion of total contributions 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						807,781.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	123,965.	134,858.	182,353.	173,199.	193,406.	807,781.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....			181.	80.	461.	722.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						808,503.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.91	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	99.96	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(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 year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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

**b 33 1/3% support tests - 2010.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

TRAILBLAZER FOUNDATION

Employer identification number

20-1063922

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>TRAILBLAZER FOUNDATION</b>	Employer identification number <b>20-1063922</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MITHUN FAMILY FOUNDATION 90 SOUTH 7TH STREET, SUITE #5300 MINNEAPOLIS, MN 55402	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STEWART FRY SOHO NEW TOWN D3005 BEIJING, CHINA 100022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROTARY CLUB OF SIEM REAP ANGKOR KING PLAZA, NATIONAL ROAD 6 SIEM REAP, SIEM REAP, CAMBODIA	\$ 10,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	EDWARD E STONE FOUNDATION INC PO BOX 4004 DARIEN, CT 06820-4004	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>TRAILBLAZER FOUNDATION</b>	Employer identification number  <b>20-1063922</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  <b>TRAILBLAZER FOUNDATION</b>	<b>Employer identification number</b>  <b>20-1063922</b>
--	--

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

TRAILBLAZER FOUNDATION

Employer identification number

20-1063922

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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

2 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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 XIV, the text of the footnote to its financial statements that describes these items.

b 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 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:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		19,885.	15,139.	4,746.
e Other		1,265.	1,149.	116.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>4,862.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities 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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CAMBODIA	1	2	PROGRAM SERVICES - PERFORMED BY TRAILBLAZER CAMBODIA ORGANIZATION	WATER PROGRAMS, SCHOOL CONSTRUCTION, SUSTAINABLE DEVELOPMENT	92,631.
<b>3 a</b> Sub-total .....	1	2			92,631.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	2			92,631.





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)* .....  Yes  No
- 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)* .....  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)* .....  Yes  No
- 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)* .....  Yes  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)* .....  Yes  No
- 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)* .....  Yes  No

**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: OUR PROGRAM ACTIVITIES ARE IN CAMBODIA WHERE WE BUILD SCHOOLS AND PROVIDE FRESH WATER WELLS AND WATER FILTERING SYSTEMS TO VILLAGERS. WE HAVE KEY EMPLOYEES ON SITE TO MONITOR THE USE OF DONATED FUNDS.

SCHEDULE F, PART I, LINE 3: ACCOUNTING BOOKS AND RECORDS

PART II, COLUMN (D):

REGION: CAMBODIA

(D) PURPOSE OF GRANT: TO PROVIDE PROGRAM SERVICES INCLUDING WATER PROJECTS AND SUSTAINABLE DEVELOPMENT





**SCHEDULE O**  
**(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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

TRAILBLAZER FOUNDATION

Employer identification number

20-1063922

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPROPRIATE TECHNOLOGY. OUR FOCUS INCLUDES WATER PROJECTS, SCHOOL  
CONSTRUCTION, AND COMMUNITY-BASE DEVELOPMENT IN ORDER TO FOSTER HEALTHY  
FAMILIES, SUFFICIENT FOOD AND SUSTAINABLE INCOMES. ALL OF OUR PROJECTS  
REQUIRE VILLAGER PARTNERSHIP TO ENSURE LONG-TERM SUSTAINABILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COMMUNITY-BASED DEVELOPMENT IN ORDER TO FOSTER HEALTHY FAMILIES,  
SUFFICIENT FOOD AND SUSTAINABLE INCOMES. ALL OF OUR PROJECTS REQUIRE  
VILLAGER PARTNERSHIP TO ENSURE LONG-TERM SUSTAINABILITY AND MINIMIZE  
ONGOING INTERNATIONAL SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FROM DRINKING CONTAMINATED WATER. WELLS ALLOW WOMEN AND CHILDREN  
TRADITIONALLY RESPONSIBLE FOR WATER COLLECTION, TO COLLECT WATER MORE  
QUICKLY AND EASILY. WOMEN SPEND LESS TIME CARING FOR THE SICK AND AS A  
RESULT HAVE MORE TIME TO PURSUE ECONOMIC SUSTAINABILITY THROUGH SMALL  
BUSINESS OR GARDENING. CHILDREN HAVE MORE TIME FOR EDUCATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CURRICULUM AND BOOKS WILL BE SUPPLIED BY THE CAMBODIAN MINISTRY OF  
EDUCATION AND/OR OTHER EDUCATIONAL RELATED GOVERNMENT OFFICES.

THE BUILDING OF A LIBRARY WAS IDENTIFIED AS A PRIORITY BY THE LOCAL  
COMMUNITY AND AT THE 2009 ANGKOR THOM DISTRICT INTEGRATED ANNUAL

WORKSHOP. ADDITIONALLY, MR. PHAL SOVANN, THE DIRECTOR IN CHARGE OF ALL



Name of the organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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PRIMARY EDUCATION FOR THE ENTIRE COMMUNE, APPROACHED TRAILBLAZER FOUNDATION AND ASKED IF WE WOULD BUILD THIS LIBRARY TO SERVE THE STUDENTS OF THE 4-5 VILLAGES IN THE AREA.

IT IS HOPED THAT EVENTUALLY THIS LIBRARY WILL ALSO BE USED TO CONDUCT CLASSES IN ENGLISH AND COMPUTER.

IN 2010, TRAILBLAZER FOUNDATION, IN PARTNERSHIP WITH ANGKOR THOM DISTRICT, BUILT A 3 CLASSROOM KINDERGARTEN SCHOOL IN PHLONG VILLAGE, LEANG DAI COMMUNE. THIS KINDERGARTEN CAN ACCOMMODATE 90 STUDENTS IN EACH SESSION AND WILL PROVIDE CARE AND BASIC EDUCATION, BETTER PREPARING THESE CHILDREN FOR HIGHER LEVELS OF EDUCATION. THE KINDERGARTEN WAS A DISTRICT INITIATIVE TO PROMOTE WOMEN DEVELOPMENT BY HAVING A FACILITY WHERE WOMEN COULD SAFELY TAKE THEIR CHILDREN AND ATTEND VOCATIONAL TRAINING AT THE WOMEN'S DEVELOPMENT CENTER [WDC] ACROSS THE ROAD. THE WDC WAS A MINISTRY OF WOMAN AFFAIRS PROJECT TO PROVIDE VOCATIONAL TRAINING FOR THE WOMEN FROM THE FOUR SURROUNDING VILLAGES: PHLONG, LEANG DAI, DOUN OV, AND TRA PEANG SVAY. WOMEN FROM THESE VILLAGES NOW HAVE THE ABILITY TO PARTICIPATE IN TRAINING ON MAT AND SILK WEAVING, SEWING, BASKET MAKING, COOKING, RUG MAKING, AND OTHER HANDICRAFT ITEMS. THE CURRENT NUMBER OF STUDENTS ATTENDING THE KINDERGARTEN IS 60 [35 FEMALE OR 59%, 25 MALE]. DURING 2011, PREPARATIONS FOR THE CONSTRUCTION OF A SCHOOL LIBRARY FOR THE PRIMARY AND SECONDARY LEVEL SCHOOL COMPLEX IN SVAY CHEK VILLAGE WERE STARTED.

TA TRAV VILLAGE HAD AN OLD WOODEN SCHOOL BUILDING WHICH WAS BECOMING TERMITE RIDDEN AND TIMBERS WERE BEGINNING TO COLLAPSE FROM THE ROOF.

IN 2009, TRAILBLAZER FOUNDATION, IN PARTNERSHIP WITH TA TRAV VILLAGE,

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BUILT A NEW 6 CLASSROOM SCHOOL BUILDING TO EVENTUALLY REPLACE THE CURRENT SCHOOL BUILDING THAT WAS BECOMING A SAFETY HAZARD. THIS NEW SCHOOL BUILDING CAN ACCOMMODATE THE 480 STUDENTS. THE CURRENT NUMBER OF STUDENTS IS 374 [185 FEMALE, 89 MALE]. OF THE NUMBER OF STUDENTS ATTENDING 49% ARE FEMALE. RESIDENTS OF TA TRAV VILLAGE HAVE INCREASED POTENTIAL FOR HIGHER QUALITY OF LIFE THROUGH THE USE OF THE SCHOOL AS A MEETING PLACE FOR ELECTIONS AND OTHER VILLAGE PURPOSES ACCORDING TO THEIR NEEDS. THE WORLD FOOD PROGRAM PROVIDES SUPPLIES TO THE STUDENTS OF THIS PRIMARY SCHOOL. DURING 2009, PREPARATIONS FOR THE CONSTRUCTION OF A KINDERGARTEN SCHOOL IN PHLUNG VILLAGE WERE STARTED.

TF ESTABLISHED RELATIONSHIPS WITH, AND RECEIVED SIGNED MEMORANDUM OF UNDERSTANDING CERTIFICATES WITH THE MINISTRY OF EDUCATION YOUTH AND SPORT AND THE MINISTRY OF RURAL DEVELOPMENT, WHICH ENSURES THE SUSTAINABILITY OF THE SCHOOL. THE CAMBODIAN GOVERNMENT PROVIDES PAID CERTIFIED TEACHERS, AND A GRADUATION CERTIFICATE, ENSURING THAT ALL GRADUATES CAN CONTINUE ON TO SECONDARY AND HIGHER EDUCATION. ALL VILLAGE ADULTS HAVE AN EQUAL OPPORTUNITY TO EARN MONEY AND LEARN VALUABLE VOCATIONAL SKILLS WHILE HELPING TO BUILD THE SCHOOL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL CARE COSTS, BUY RICE, START UP A SMALL BUSINESS, FOR HOUSE CONSTRUCTION, VEGETABLE SEEDS, FERTILIZER, FIXING MOTORBIKE, HIRING LABOR AND FOR MUNICIPAL IMPROVEMENTS. VILLAGE FUNDS ARE A CLEAR INDICATOR OF THE ECONOMIC HEALTH OF THESE VILLAGES AS A WHOLE AND OF THEIR INCREASED ABILITY TO MAINTAIN ECONOMIC STABILITY, REDUCING LONG-TERM DEPENDENCE UPON INTERNATIONAL AID.

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DURING 2010 TRAILBLAZER FOUNDATION NETWORKED WITH OTHER GOVERNMENTAL MINISTRIES AND NGOS TO PROVIDE ACCESS TO WATER, FOOD, MEDICAL, DENTAL, SCHOOLS, EDUCATIONAL, AND VOCATIONAL TRAINING. THESE OTHER ORGANIZATIONS INCLUDE: GLOBAL MEDIC, ROTARY INTERNATIONAL, FRIENDS WITHOUT BORDERS, CAMBODIAN LANDMINE MUSEUM RELIEF FUND, NATIONAL OFFICE OF SOCIAL WELFARE, BRITISH SCHOOLS GROUP, ROTARY CLUBS IN THE UNITED STATES, CANADA, AND CAMBODIA, CAMBODIAN MINISTRY OF EDUCATION YOUTH AND SPORT, AND THE CAMBODIAN MINISTRY OF RURAL DEVELOPMENT. TF HAS PROVIDED SEED MONEY FOR NUMEROUS MICRO-BUSINESS OPPORTUNITIES INCLUDING SUCH THINGS AS THE PURCHASE OF LIVESTOCK, SEEDS, FISH, SEWING MATERIALS, SCHOOL STATIONARY SUPPLIES, BEAUTY SHOP EQUIPMENT, REAL ESTATE, GROCERY SHOP, AND HEALTHCARE.

IN ADDITION, TF HAS WORKED WITH VILLAGE LEADERS TO STRENGTHEN THEIR VILLAGE COUNCIL'S COMMITTEE STRUCTURE AND ESTABLISH A VILLAGE FUND AND VILLAGE-RUN MICROLOAN PROGRAM. IN EXCHANGE FOR A WELL, WATER FILTER, VOCATIONAL TRAINING SCHOLARSHIP, MICRO-BUSINESS EQUIPMENT, OR TF GRANT OF MICRO-BUSINESS SEED MONEY THE RECIPIENT CONTRIBUTES A NOMINAL AMOUNT INTO THE VILLAGE FUND. THE VILLAGE FUND COMMITTEE OVERSEES THE MANAGEMENT AND DISTRIBUTION OF THESE FUNDS THROUGH APPROVED MICRO-LOANS. TRAILBLAZER CAMBODIA ORGANIZATION (AN AFFILIATE) PROVIDES TRAINING AND OVERSIGHT TO THE VILLAGE FINANCE COMMITTEE FOR THE MANAGEMENT OF THE VILLAGE FUND.

IN 2009 TF EXPANDED ITS RURAL DEVELOPMENT PROJECTS FROM ANGKOR THOM DISTRICT TO INCLUDE TWO ADDITIONAL DISTRICTS: BAKONG AND PUOK. TF DIRECTLY SUPPORTED THE CONSTRUCTION AND EQUIPPING OF A BEAUTY SHOP IN SRAS VILLAGE FOR THE TWO BEAUTY SCHOOL GRADUATES. THESE GIRLS, WHO

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WERE PREVIOUSLY POTENTIALLY AT-RISK, ARE NOW SET UP WITH THEIR OWN SMALL BUSINESS WITH THE OPPORTUNITY OF SELF SUFFICIENCY. TRAILBLAZER'S DIRECTOR AND PROJECT STAFF CONTINUE TO MENTOR CHIEFS AND VILLAGERS ON HOW TO SET UP AND MANAGE VILLAGE FUND SYSTEMS AND VILLAGE-RUN MICROLOAN BUSINESSES. IN 2009, THERE WERE 46 ACTIVE LOANS SECURED FROM THE VILLAGE FUNDS OF 7 DIFFERENT VILLAGES, ALL OF WHICH ARE MANAGED BY THE VILLAGE FINANCE COMMITTEE OF THOSE VILLAGES. IN 2009 LOANS HAD BEEN MADE TO 38 QUALIFYING VILLAGERS TO PURCHASE LIVESTOCK, PAY FOR MEDICAL CARE COSTS, BUY RICE, AND START UP A SMALL BUSINESS. VILLAGE FUNDS ARE A CLEAR INDICATOR OF THE ECONOMIC HEALTH OF THESE VILLAGES AS A WHOLE AND OF THEIR INCREASED ABILITY TO MAINTAIN ECONOMIC STABILITY, REDUCING LONG-TERM DEPENDENCE UPON INTERNATIONAL AID

FOR FURTHER INFORMATION PLEASE VISIT OUR WEBSITE AT [WWW.TRAILBLAZERFOUNDATION.ORG](http://WWW.TRAILBLAZERFOUNDATION.ORG) OR CONTACT US AT [INFO@THETRAILBLAZERFOUNDATION.ORG](mailto:INFO@THETRAILBLAZERFOUNDATION.ORG).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALGRICULTURE PROGRAM EXPENSES

EXPENSES \$ 19,094. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: ROBERT YOUNGBERG IS THE SECRETARY/TREASURER OF THE ORGANIZATION, AND IS THE FATHER-IN-LAW OF ERIN YOUNGBERG WHO IS THE VICE PRESIDENT OF THE ORGANIZATION.

SCOTT COATS AND CHRISTI COATS ARE KEY EMPLOYEES OF THE ORGANIZATION. THEY ARE ALSO THE PARENTS OF ERIN (COATS) YOUNGBERG, THE VICE PRESIDENT OF THE

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## ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: DURING A REGULAR BOARD OF DIRECTORS TELECONFERENCE MEETING HELD IN THE SPRING OF 2012, 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.

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

FORM 990, PART VI, SECTION C, LINE 19: 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.

FORM 990. PART XI, LINE 1

OTHER METHOD OF ACCOUNTING

ACCOUNTING METHOD IS MODIFIED ACCRUAL

## HISTORY OF TRAILBLAZER FOUNDATION

## HISTORY

TRAILBLAZER FOUNDATION, WAS INCORPORATED AS A 501(C)3 IN 2004. SINCE THEN, THE FOUNDATION HAS RUN HIGHLY SUCCESSFUL PROGRAMS IN VILLAGES OF RURAL CAMBODIA. THESE PROGRAMS ARE GUIDED BY THE TRAILBLAZER

FOUNDATION'S MISSION:

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BY PROVIDING TRAINING AND APPROPRIATE TECHNOLOGY, WE EMPOWER RURAL VILLAGERS TO CREATE SELF SUSTAINING PROGRAMS. OUR FOCUS INCLUDES WATER PROJECTS, SCHOOL CONSTRUCTION, AND COMMUNITY BASED DEVELOPMENT IN ORDER TO FOSTER HEALTHY FAMILIES, SUFFICIENT FOOD, AND SUSTAINABLE INCOMES.

WE STRIVE TO PRESERVE THE CULTURAL INTEGRITY OF THE VILLAGES WE WORK IN BY USING A PARTICIPATORY MODEL OF COMMUNITY BASED DEVELOPMENT. THIS MODEL ALLOWS THE VILLAGERS TO IDENTIFY THEIR NEEDS AND EMPOWERS THEM TO WORK IN PARTNERSHIP WITH US TO FIND SUSTAINABLE SOLUTIONS TO THEIR MOST PRESSING NEEDS.

TRAILBLAZER FOUNDATION FIRST VISITED SRAS VILLAGE IN THE PROVINCE OF SIEM REAP CAMBODIA IN 2004. AT THAT TIME SRAS VILLAGE WAS IDENTIFIED AS ONE OF THE POOREST VILLAGES IN THE DISTRICT OF ANGKOR THOM. THE PEOPLE OF SRAS HAD NO ACCESS TO POTABLE WATER; 79% OF MEN AND 92% OF WOMEN WERE ILLITERATE; ONLY 15 CHILDREN OUT OF 600 HAD EVER ATTENDED SCHOOL; AND DISEASES LIKE MALARIA, DYSENTERY, AND DENGUE FEVER CLAIMED THE LIVES OF 1 OUT OF 7 CHILDREN BEFORE THE AGE OF FIVE YEARS OLD. SRAS VILLAGE HAD RECEIVED NO INTERNATIONAL AID AND THE VILLAGERS HAD LITTLE HOPE FOR RISING ABOVE THE WORLD BANK POVERTY DEFINITION OF "THE POOREST OF THE POOR."

USING A MODEL OF PARTICIPATORY COMMUNITY BASED DEVELOPMENT, CHRIS AND SCOTT COATS, THE FOUNDERS OF TRAILBLAZER FOUNDATION, BEGAN WORKING IN PARTNERSHIP WITH VILLAGERS IN THE ANGKOR THOM DISTRICT REGION TO IMPROVE THEIR LIVING CONDITIONS AND ACHIEVE SUSTAINABLE ECONOMIC DEVELOPMENT. IN THE LAST SEVEN YEARS TRAILBLAZERS WORK HAS RESULTED IN

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ACCESS TO CLEAN WATER THROUGH THE INSTALLATION OF OVER 300 WELLS AND OVER 2,300 BIO-SAND WATER FILTERS, CONSTRUCTION OF FOUR ELEMENTARY SCHOOLS, ACCESS TO VOCATIONAL TRAINING OPPORTUNITIES, AND 12 VILLAGE-RUN SELF-SUSTAINING BANKS THAT MANAGE 130 MICRO-LOANS.

THE VILLAGE-RUN BANKS OFFER MICRO-LOANS TO ITS OWN RESIDENTS PROVIDING AN OPPORTUNITY FOR EACH VILLAGER TO IMPROVE THEIR LIVELIHOOD AND LIVING CONDITIONS. FOUR YEARS AFTER INCEPTION, VILLAGE BANK FUNDS HAVE GROWN TO THE EQUIVALENT OF MORE THAN \$5,387 USD WITH AN ADDITIONAL \$506 USD IN INTEREST. THIS IS SIGNIFICANT IN A REGION WHERE THE AVERAGE WAGE IS LESS THAN 25 CENTS A DAY. THE VILLAGE BANK IS TRULY THEIR OWN, AS TRAILBLAZER FOUNDATION HAS NOT CONTRIBUTED ANY MONEY TO ITS FUNDS. VILLAGE FUNDS ARE USED FOR PURCHASING LIVESTOCK, PAYING FOR MEDICAL TREATMENT, HOME IMPROVEMENTS, BUYING RICE, STARTING A SMALL BUSINESS, AND MUNICIPAL PROJECTS.

TRAILBLAZER FOUNDATION FOSTERED THIS SUSTAINABLE ECONOMIC INDEPENDENCE AMONG THE PEOPLE OF ANGKOR THOM DISTRICT AND AS OF TODAY, HUNDREDS OF FAMILIES HAVE RISEN TWO FULL POVERTY LEVELS. ACCORDING TO THE WORLD BANK'S POVERTY INDICATORS, THEY ARE NOW JUST "POOR" BUT WITH THEIR NEW SKILLS AND WATER RESOURCES THEY CAN CONTINUE TO SUSTAINABLY IMPROVE THEIR LIVES. THESE RESIDENTS HAVE BEEN EMPOWERED TO LIVE SUSTAINABLY WITHOUT A CONTINUING INFLUX OF INTERNATIONAL AID.

#### ORGANIZATIONAL OVERVIEW

TRAILBLAZER FOUNDATION IS HEADQUARTERED IN JACKSON, WY, USA. DURING THE YEAR, CO-FOUNDERS, CHRIS AND SCOTT COATS EACH WORKED AN AVERAGE OF 30+ HOURS PER WEEK FOR THE ORGANIZATION FOR A SMALL SALARY. TF'S HOME

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OFFICE WAS STAFFED BY ONE PART-TIME OFFICE MANAGER.

TRAILBLAZER CAMBODIA ORGANIZATION (TCO) WAS REGISTERED AS AN INDIGENOUS NGO IN 2008 WITH THE CAMBODIAN MINISTRY OF INTERIOR. LOCAL CAMBODIANS FILL THE TWO MANAGEMENT POSITIONS AND SERVE AS THE MAIN POINT OF CONTACT IN CAMBODIA. PROFESSIONAL DEVELOPMENT OPPORTUNITIES ARE PROVIDED FOR MANAGEMENT STAFF THAT ASSUMED FULL RESPONSIBILITY FOR THE TCO OFFICE AND PROVIDE A LONG-TERM PRESENCE IN THE REGION.

#### IMPLEMENTATION STRATEGIES

USING THE SUCCESS OF OUR WORK WITH OUR PILOT MODEL, SRAS VILLAGE, TRAILBLAZER FOUNDATION IS REPLICATING THIS COMMUNITY-BASED SUSTAINABLE DEVELOPMENT MODEL IN THE SURROUNDING REGION AND CURRENTLY IS WORKING, DIRECTLY AND INDIRECTLY IN OVER 50 RURAL VILLAGES, TOUCHING THE LIVES OF OVER 40,000 RESIDENTS.

TRAILBLAZER FOUNDATION ACCOMPLISHES ITS MISSION IN THE FOLLOWING WAYS.

#### PROJECTS/FIELDWORK:

1. WE PURSUE SUSTAINABLE COMMUNITY DEVELOPMENT PROJECTS WITH EMPHASIS ON BASIC NEEDS, EDUCATION, AND VOCATIONAL TRAINING
2. AS BASIC NEEDS ARE MET, TF STAFF ENCOURAGES AND MENTORS VILLAGERS TO DEVELOP THEIR OWN VILLAGE BANK AND BEGIN A VILLAGE-RUN MICROLOAN PROGRAM TO FOSTER SUSTAINABLE ECONOMIC DEVELOPMENT

#### APPROACH:

1. WE USE A COMMUNITY PARTICIPATORY EMPOWERMENT APPROACH, I.E. A BOTTOM UP SUSTAINABLE IMPLEMENTATION APPROACH, INVOLVING VILLAGE



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REQUESTED AND BACKED COMMUNITY DEVELOPMENT.

2. EMPOWERMENT AND EQUITABLE PARTICIPATION OF THE VILLAGERS

(BENEFICIARIES) ARE KEY TO THE SUCCESS OF OUR SUSTAINABLE OUTCOMES

ROLE:

1. OUR ROLE IS TO IMPLEMENT SUSTAINABLE COMMUNITY-BASED DEVELOPMENT

PROJECTS AND, AS REQUESTED AND APPROPRIATE, ACT AS ADVISORS TO AND

CONDUITS FOR OTHER NGOS PERFORMING SIMILAR WORK.

GEOGRAPHY/GROWTH:

1. WE IMPLEMENT SUSTAINABLE PROJECTS WITHIN CAMBODIA, AND GROW THE ORGANIZATION IN A MANNER THAT MAINTAINS THE INTEGRITY OF THE COMMUNITY PARTICIPATORY EMPOWERMENT MODEL

2. WE SHARE THE TF MODEL GLOBALLY, AND EXPAND OUR GEOGRAPHIC REACH AS APPROPRIATE

ACCOMPLISHMENTS

IN THE PAST YEAR TF HAS SPECIFICALLY ACCOMPLISHED THE FOLLOWING:

I. USED LOCAL LABOR, RESOURCES, AND APPROPRIATE TECHNOLOGY TO PROVIDE ACCESS TO POTABLE WATER BY:

A. LOCALLY MANUFACTURING AND INSTALLING 391 WATER FILTERS

B. INSTALLING 72 PULL PUMP WELLS IN 19 VILLAGES GIVING WATER ACCESS FOR OVER 1,080 PEOPLE

C. PROVIDING TRAINING IN THE INDIGENOUS LANGUAGE TO THE RECIPIENTS OF THE WELLS AND BIO-SAND WATER FILTERS REGARDING USE AND MAINTENANCE TO ENSURE CONTINUED ACCESS TO POTABLE WATER

II. BUILT ONE THREE ROOM KINDERGARTEN SCHOOL (FOR APPROXIMATELY 90 CHILDREN PER SESSION) USING LOCAL LABOR IN PHLONG VILLAGE IN THE SPRING

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OF 2010

A.TF'S ESTABLISHED RELATIONSHIPS WITH THE MINISTRY OF EDUCATION YOUTH AND SPORT AND THE MINISTRY OF RURAL DEVELOPMENT ENSURES THE SUSTAINABILITY OF THE SCHOOL

1.THE CAMBODIAN GOVERNMENT PROVIDES PAID CERTIFIED TEACHERS, AND A GRADUATION CERTIFICATE, ENSURING THAT ALL GRADUATES CAN CONTINUE ON TO PRIMARY, SECONDARY AND HIGHER EDUCATION

B.ALL VILLAGE ADULTS HAVE AN EQUAL OPPORTUNITY TO EARN MONEY AND LEARN VALUABLE VOCATIONAL SKILLS WHILE HELPING TO BUILD THE SCHOOL

III. SUPPORTED TWO WOMEN'S DEVELOPMENT CENTERS WITH SEWING MACHINES FOR VOCATIONAL TRAINING OF LOCAL WOMEN

A.PROVIDED 20 SEWING MACHINES FOR THE WOMEN'S DEVELOPMENT CENTER IN SIEM REAP

B.PROVIDED 18 SEWING MACHINES FOR THE WOMEN'S DEVELOPMENT CENTER IN KOMPANG CHNANG

IV.TF EXPANDED ITS AGRICULTURE PROGRAM FROM THE TEST GARDEN TO THE RURAL FARMERS

A.DELIVERED AND HELP INSTALL 24 DRIP IRRIGATION SYSTEMS TO RURAL FARMERS IN 6 DIFFERENT VILLAGES OF ANGKOR THOM AND PRASAT BAKONG DISTRICTS TO INCREASE PRODUCTION OF PRODUCE AND IMPROVE THEIR FAMILIES DIET

B.DELIVERED 30 PIGLETS TO KOMPONG PHLUK VILLAGE FARMERS LIVING ON FLOATING HOUSES. FARMERS ALSO RECEIVED BASIC HUSBANDRY TRAINING, ALONG WITH FOOD MIX AND VACCINATIONS FOR THE PIGLETS

V.TF WORKED WITH VILLAGE LEADERS TO STRENGTHEN THEIR VILLAGE COUNCIL'S COMMITTEE STRUCTURE, VILLAGE FUNDS AND VILLAGE-RUN MICROLOAN PROGRAMS

A.IN EXCHANGE FOR A WELL, WATER FILTER, LIVESTOCK, OR DRIP IRRIGATION SYSTEM THE RECIPIENT CONTRIBUTES A NOMINAL AMOUNT INTO THE VILLAGE FUND

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B.VILLAGE FUND COMMITTEES OVERSEE THE MANAGEMENT AND DISTRIBUTION OF THESE FUNDS THROUGH APPROVED MICRO-LOANS

C.VILLAGE FUND MICRO-LOANS WERE GIVEN FOR SUCH THINGS AS THE PURCHASE OF LIVESTOCK, VEGETABLE SEEDS, FISH, REAL ESTATE, GROCERY SHOP, HEALTHCARE, AND MUNICIPAL IMPROVEMENTS

D.TRAILBLAZER CAMBODIA ORGANIZATION PROVIDES TRAINING AND OVERSIGHT TO THE VILLAGE FINANCE COMMITTEES FOR THE MANAGEMENT OF THE VILLAGE FUNDS, AS WELL AS, CONDUCT PERIODIC AUDITING OF THE SAVINGS AND LOAN BOOKS.

VI.NETWORKED WITH OTHER GOVERNMENTAL MINISTRIES AND NGOS TO PROVIDE ACCESS TO WATER, FOOD, MEDICAL, DENTAL, SCHOOLS, EDUCATIONAL, AND VOCATIONAL TRAINING

A.GLOBAL MEDIC, ROTARY INTERNATIONAL, FRIENDS WITHOUT BORDERS, NATIONAL OFFICE OF SOCIAL WELFARE, BRITISH SCHOOLS GROUP, ROTARY CLUBS IN THE UNITED STATES, CANADA, AND CAMBODIA, CAMBODIAN MINISTRY OF EDUCATION YOUTH AND SPORT, THE CAMBODIAN MINISTRY OF RURAL DEVELOPMENT, AND THE MINISTRY OF WOMAN AFFAIRS

FOR FURTHER INFORMATION PLEASE VISIT OUR WEBSITE AT WWW.TRAILBLAZERFOUNDATION.ORG OR CONTACT US AT INFO@THETRAILBLAZERFOUNDATION.ORG.

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 & CHRIS COATS.

THE BOARD OF DIRECTORS DETERMINED THAT THE TRAILBLAZER FOUNDATION

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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 EXECUTIVE DIRECTORS, CHRIS AND SCOTT, WHILE IN CAMBODIA AND FOR THE EXECUTIVE DIRECTOR, CHRIS, WHEN IN THE U.S. THE BOARD CONTINUES TO SUPPORT THE COMPENSATION FOR THE EXECUTIVE DIRECTORS.

KEY EMPLOYEES ANNUAL 2011 COMPENSATION IS AS FOLLOWS:

SCOTT COATS	\$ 9,600
CHRIS COATS	10,415

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

**TRAILBLAZER FOUNDATION**

**FORM 990 PAGE 10**

**20-1063922**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions) .....	<b>1</b>	<b>500,000.</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>2,000,000.</b>
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 .....	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2010 Form 4562 .....	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	<b>3,650.</b>
<b>15</b> Property subject to section 168(f)(1) election .....	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2011 .....	<b>17</b>	<b>2,775.</b>
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28 .....	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>6,425.</b>
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles) .....												
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2011 tax year .....					43
44 Total. Add amounts in column (f). See the instructions for where to report .....					44

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**TRAILBLAZER FOUNDATION**

**20-1063922**

Name and title of officer  
**DOUG SCHULZ**  
**PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>193867</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **THOMPSON, PALMER & ASSOCIATES PC** to enter my PIN **63922**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**83014735160**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **05/11/12**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**