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CLIENT'S COPY

Thompson, Palmer and Associates PC
Certified Public Accountants
P.O. Box 4158
Jackson, WY 83001-4158

May 18, 2017

Trailblazer Foundation
Po Box 271767
Fort Collins, CO 80527

Trailblazer Foundation:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Thompson, Palmer and Associates PC

TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared for	Trailblazer Foundation Po Box 271767 Fort Collins, CO 80527
Prepared by	Thompson, Palmer & Associates PC P.O. Box 4158 Jackson, WY 83001-4158
Form must be filed on or before	Not applicable
Special Instructions	Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN.

Thompson, Palmer and Associates PC
Certified Public Accountants
P.O. Box 4158
Jackson, WY 83001-4158

May 18, 2017

Trailblazer Foundation
Po Box 271767
Fort Collins, CO 80527

Trailblazer Foundation:

We have prepared and enclosed your 2016 Form 114, Report of Foreign Bank and Financial Accounts.

Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN.

A copy of the form is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Thompson, Palmer and Associates PC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2016

Prepared for	Trailblazer Foundation Po Box 271767 Fort Collins, CO 80527
Prepared by	Thompson, Palmer & Associates PC P.O. Box 4158 Jackson, WY 83001-4158
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0 0 0;">(See instructions below for completion)</p> <p style="margin: 5px 0 0 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0 0 0;">The form 114a may be digitally signed</p>	TRAILBL20160001
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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name TRAILBLAZER FOUNDATION	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2016** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity) * THIS IS NOT A FILEABLE COPY *	8. Date _____ MM DD YYYY	9. Owner or entity TIN 201063922	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name PALMER	16. Preparer first name RICHARD	17. Preparer M.I.	18. Preparer PTIN P00286066
19. Address P.O. BOX 4158	20. City JACKSON	21. State WY	22. ZIP/postal code 830014158
23. Country code US	24. Preparer's (item 15) employer's (Entity) name THOMPSON, PALMER & ASSOCIATE	25. Employer EIN 83-0246322	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

TRAILBLAZER FOUNDATION

20-1063922

Name and title of officer

**MARY JO LOCKBAUM
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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>327,800.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

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 2016 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 2016 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 2016 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 ▶ ******* THIS IS NOT A FILEABLE COPY ***** 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 2016 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 ▶ **05/18/17**

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

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

TRAILBL20160001

Filing Name TRAILBLAZER FOUNDATION

Submission Type NEW

PIN NOT REQUIRED

Check here if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2017. An automatic extension to October 16, 2017 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar
year ended 12/31
2016
Amended

Part I Filer information TRAILBL2016001

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type _____

3 U.S. Taxpayer Identification Number 201063922 <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
--	---	--	--

6 Last name or organization name TRAILBLAZER FOUNDATION	7 First name	8 Middle initial	8a Suffix
---	--------------	------------------	-----------

9 Mailing address (number, street, and apt. or suite no.)

PO BOX 271767

10 City FORT COLLINS	11 State CO	12 ZIP/Postal Code 80527	13 Country USA
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14 a) Does the filer have a financial interest in 25 or more financial accounts?
 Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
 No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
 Yes Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
 No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
20 City	21 State, if known	22 Foreign postal code, if known	23 Country

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
--	---	--

Third Party Preparer Use Only	47 Preparer's last name PALMER	48 First name RICHARD	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN P00286066	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. 307-733-5160	52a Ext.	53 Firm's name THOMPSON, PALMER & ASS		54 Firm's TIN 83-0246322	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) P.O. BOX 4158		56 City JACKSON		57 State WY	58 ZIP/Postal Code 830014158

Part IV Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)	FinCEN Form 114
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Complete a separate block for each account

Add an additional Part IV page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year <u>2016</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 201063922	6 Last name or organization name TRAILBLAZER FOUNDATION
---	--	---

15 Maximum value of account during calendar year 73,855.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	---

17 Name of financial institution in which account is held CAMBODIA COMMERCIAL BANK
--

18 Account number or other designation 003-300053-2-840	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held 108 WAT SVAY MOO ROAD
---	--

20 City SIEM REAP	21 State, if known	22 Foreign postal code, if known	23 Country CAMBODIA
-----------------------------	--------------------	----------------------------------	-------------------------------

34 Last name or organization name of account owner TRAILBLAZER FOUNDATION	35 Tax identification number of account owner 201063922	35a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
---	---	---

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.) PO BOX 271767
---------------	-------------------	------------	--

39 City FORT COLLINS	40 State CO	41 ZIP/Postal Code 80527	42 Country UNITED STATES
--------------------------------	-----------------------	------------------------------------	------------------------------------

43 Filer's title with this owner KEY EMPLOYEE

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
---------	--------------------	----------------------------------	------------

34 Last name or organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	---	--

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)
---------------	-------------------	------------	--

39 City	40 State	41 ZIP/Postal Code	42 Country
---------	----------	--------------------	------------

43 Filer's title with this owner

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRAILBLAZER FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 271767 City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80527 F Name and address of principal officer: MARY JO LOCKBAUM 32600 EAST 149TH AVENUE, BRIGHTON, CO 80603	D Employer identification number 20-1063922 E Telephone number (307) 399-2192 G Gross receipts \$ 327,800. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ THE TRAILBLAZER FOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004 M State of legal domicile: WY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WE EMPOWER RURAL VILLAGERS TO CREATE SELF-SUSTAINING PROGRAMS, BY PROVIDING TRAINING AND		
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)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 243,556.	Current Year 327,772.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,044.	28.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,600.	327,800.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,146.	110,268.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,837.	145,628.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,975.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,967.	127,442.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	253,950.	383,338.
19	Revenue less expenses. Subtract line 18 from line 12	-9,350.	-55,538.
20	Total assets (Part X, line 16)	Beginning of Current Year 137,546.	End of Year 82,007.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	137,546.	82,007.

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.

Sign Here	Signature of officer MARY JO LOCKBAUM, PRESIDENT Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name RICHARD PALMER	Preparer's signature _____	Date 05/18/17	Check <input type="checkbox"/> if self-employed	PTIN P00286066
	Firm's name ▶ THOMPSON, PALMER & ASSOCIATES PC	Firm's EIN ▶ 83-0246322			
	Firm's address ▶ P.O. BOX 4158 JACKSON, WY 83001-4158	Phone no. 307-733-5160			

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 or note to any line 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 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 \$ 73,765. including grants of \$ 31,757.) (Revenue \$ 66,355.) WATER ACCESS PROGRAMS: 2016

1) WATER FILTERS: IN 2016, TRAILBLAZER CONSTRUCTED AND DISTRIBUTED 468 WATER FILTERS. GIVEN THAT ONE FAMILY EACH USES A WATER FILTER, WITH AN AVERAGE OF 5 PEOPLE PER FAMILY, THROUGH OUR 468 WATER FILTERS, IN 2016 WE DIRECTLY BENEFITED 2,340 PEOPLE.

2) WATER FILTER AND HYGIENE WORKSHOPS: IN 2016, TRAILBLAZER PROVIDED A WATER FILTER AND HYGIENE TRAINING FOR THOSE FAMILIES WHO ACQUIRED A WATER FILTER IN 2016. GIVEN THAT TRAILBLAZER HAS ALREADY INCLUDED THIS GROUP OF FILTER RECIPIENTS IN OUR CALCULATION OF "DIRECT BENEFICIARIES" (SEE #1 ABOVE), WE HAVE NOT ALSO INCLUDED THEM - AS RECIPIENTS OF THIS WORKSHOP - IN OUR OVERALL CALCULATION OF 2016 DIRECT BENEFICIARIES.

4b (Code:) (Expenses \$ 79,506. including grants of \$ 38,924.) (Revenue \$ 16,768.) AGRICULTURE & ASSISTANCE: 2016

1) AGRICULTURAL TRAININGS: IN 2016, TRAILBLAZER PROVIDED AGRICULTURAL TRAININGS TO 100 PEOPLE. WITH EACH TRAINEE REPRESENTING AN AVERAGE FAMILY SIZE OF 5, ALL TOTALED OUR AGRICULTURAL TRAININGS WILL DIRECTLY BENEFIT 500 PEOPLE.

2) FARMER COMMUNITY GROUP: IN 2016, TRAILBLAZER ENLISTED THREE INTERNS TO CONDUCT A FEASIBILITY STUDY OF OUR DESIRE TO LAUNCH A FARMER COMMUNITY GROUP, THROUGH WHICH THESE FARMERS WOULD GROW CROPS SPECIFICALLY FOR SALE TO STORES AND/OR RESTAURANTS IN SIEM REAP CITY. AS WE WILL NOT IMPLEMENT THESE PLANS UNTIL 2017, WE HAVE NOT INCLUDED

4c (Code:) (Expenses \$ 36,452. including grants of \$ 18,525.) (Revenue \$ 700.) SUSTAINABLE DEVELOPMENT: 2016

1) VILLAGE FUND CAPACITY BUILDING TRAININGS: DURING TRAILBLAZER'S TWELVE YEARS IN EXISTENCE, WE HAVE HELPED LAUNCH 24 VILLAGE FUNDS, A MICRO-LOAN PROGRAM THAT ENABLES VILLAGERS TO GET THE CAPITAL THEY NEED TO START OR GROW A BUSINESS. IN 2016, WE PROVIDED CAPACITY BUILDING TRAINING TO MOST OF THESE VILLAGE-MANAGED FUNDS. DURING 2016, ALL OF THE VILLAGE FUNDS COMBINED MADE A TOTAL OF 55 LOANS. WITH EACH FAMILY THAT RECEIVES A LOAN HAVING AN AVERAGE OF FIVE MEMBERS, THESE 2016 TRAININGS DIRECTLY BENEFITED 275 PEOPLE.

2) SEWING MACHINES TO WOMEN'S DEVELOPMENT CENTER GRADUATES: EACH

4d Other program services (Describe in Schedule O.) (Expenses \$ 97,301. including grants of \$ 21,062.) (Revenue \$ 62,334.)

4e Total program service expenses 287,024.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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>		X
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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. 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 or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **JENI SWINK - 307-699-7311**
939 NW 3RD AVENUE, CANBY, OR 97013

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 (list any hours for related organizations below line)	(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) MARY JO LOCKBAUM PRESIDENT	2.00	X		X				0.	0.	0.
(2) DON KUSHNER VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) VANDY STALEY DIRECTOR	1.00	X						0.	0.	0.
(4) SAM AUN SECRETARY	2.00	X		X				0.	0.	0.
(5) JAMIE REILLY TREASURER	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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**

	Yes	No
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		X
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		X
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		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	327,772.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28.			28.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.				327,800.	0.	0.	28.

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	110,268.	110,268.		
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	126,700.	65,884.	16,458.	44,358.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,235.	4,951.	754.	3,530.
10 Payroll taxes	9,693.	5,041.	1,259.	3,393.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,641.		4,641.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,055.	310.	161.	2,584.
13 Office expenses	4,796.	735.	3,722.	339.
14 Information technology	3,030.	884.	1,458.	688.
15 Royalties				
16 Occupancy	13,153.	10,541.	2,612.	
17 Travel	19,470.	12,422.	5,441.	1,607.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,389.	887.	1,026.	476.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,511.	4,511.		
23 Insurance	5,110.	3,303.	1,807.	
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 SCHOOL CONSTRUCTION	56,700.	56,700.		
b FIELD OFFICE OPERATIONA	10,587.	10,587.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	383,338.	287,024.	39,339.	56,975.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	26,176.	1	35,144.
	2 Savings and temporary cash investments	107,518.	2	26,522.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,548.		
	b Less: accumulated depreciation	10b 32,207.	3,852.	10c 20,341.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		137,546.	16	82,007.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	137,546.	27	82,007.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	137,546.	33	82,007.	
34 Total liabilities and net assets/fund balances	137,546.	34	82,007.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	327,800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	383,338.
3	Revenue less expenses. Subtract line 2 from line 1	3	-55,538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,546.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,007.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		X
c	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.		
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
b	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		

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	126,606.	191,715.	327,616.	243,556.	327,772.	1217265.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	126,606.	191,715.	327,616.	243,556.	327,772.	1217265.
5 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)						
6 Public support. Subtract line 5 from line 4.						1217265.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	126,606.	191,715.	327,616.	243,556.	327,772.	1217265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273.	324.	179.	1,044.	28.	1,848.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			850.			850.
11 Total support. Add lines 7 through 10						1219963.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.78 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.71 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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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 900 EAST WAYZATA BLVD WAYZATA, MN 55391	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRITISH SCHOOLS GROUP CHIZHU XIN CUN, LINYIN ROAD, TIANZHU TOWN, SHUNYL DISTRICT BEIJING, CHINA 101312	\$ 39,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EDWARD E STONE FOUNDATION INC PO BOX 4004 DARIEN, CT 06820-4004	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JAMES AND JUDY LOEFER 24325 W NORTH SHORE DRIVE BRILLON, WI 54110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROTARY CLUB ZURICH - FLUGHAFEN TALSTRASSE 7C WALLISELLEN, SWITZERLAND CH-8304	\$ 9,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ABERCROMBIE & KENT PHILANTHROPY 1411 OPUS PLACE, EXECUTIVE TOWERS WEST II, SUITE #300 DOWNERS GROVE, IL 60515-1098	\$ 36,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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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
7	FOUR GIRLS FOR FAMILIES 26 BROWNS LANE BELLPORT, NY 11713	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LEW & JILL MITHUN PO BOX 765 TETON VILLAGE, WY 83025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WATER ON WHEELS 158 SOK SAN ST, GROUP 14 STEUNG THMEY VILLAGE, SIEM REAP, CAMBODIA	\$ 6,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE BAMBOO PROJECT FL 16 STE 1, SSP BLDG, EKKAM SOI 26 SUKHUMVIT, THAILAND SOI 63 10110	\$ 9,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FRIENDLY PLANET TRAVEL INC 500 OLD YORK ROAD, SUITE 200 JENKINTOWN, PA 19046	\$ 6,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on 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 XIII, 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) Revenue included on 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 Revenue included on 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 XIII.

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" on 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		51,423.	31,165.	20,258.
e Other		1,125.	1,042.	83.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,341.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 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 XIII.)	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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	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 XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CAMBODIA	1	1	PROGRAM SERVICES - PERFORMED BY TRAILBLAZER CAMBODIA ORGANIZATION (ANGKOR)	WATER PROGRAMS, SCHOOL CONSTRUCTION, SCHOOL OPERATION, SUSTAINABLE DEVELOPMENT AND	177,555.
3 a Sub-total	1	1			177,555.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			177,555.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CAMBODIA	TO PROVIDE PROGRAM SERVICES INCLUDING WATER PROJECTS AND SUSTAINABLE	110,268.	CHECKS ISSUED	0.		CASH VALUE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

OUR PROGRAM ACTIVITIES ARE IN CAMBODIA WHERE WE BUILD SCHOOLS, PROVIDE FRESH WATER WELLS AND WATER FILTERING SYSTEMS TO VILLAGERS, AND TRAIN FARMERS TO OPERATE SUSTAINABLE FARMING OPERATIONS. WE HAVE KEY EMPLOYEES ON SITE TO MONITOR THE USE OF DONATED FUNDS.

PART I, LINE 3:

ACCOUNTING BOOKS AND RECORDS

PART I, LINE 3, COLUMN (E):

REGION: CAMBODIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WATER PROGRAMS, SCHOOL CONSTRUCTION, SCHOOL OPERATION, SUSTAINABLE DEVELOPMENT AND AGRICULTURE

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.

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

OMB No. 1545-0047

2016

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:

3) WELLS: IN 2016, TRAILBLAZER DRILLED 124 WELLS. WITH EACH WELL
SERVING ONE FAMILY, AND WITH AN AVERAGE FAMILY SIZE OF 5 PEOPLE, OUR
WELLS DIRECTLY BENEFITED 620 PEOPLE.

4) LATRINES: IN 2016, TRAILBLAZER BUILT 4 LATRINES. WITH TYPICALLY
ONLY ONE FAMILY USING EACH LATRINE, AND WITH AN AVERAGE FAMILY SIZE OF
5 PEOPLE, OUR LATRINES DIRECTLY BENEFITED 20 PEOPLE.

5) LATRINE TRAINING WORKSHOPS: EVERY FAMILY THAT RECEIVES A LATRINE
ALSO PARTICIPATED IN A TRAINING ABOUT SANITATION (HOW TO IMPROVE IT).
SINCE THESE TRAININGS WERE GIVEN TO PEOPLE TRAILBLAZER ALREADY INCLUDED
IN OUR OVERALL CALCULATION OF 2016 DIRECT BENEFICIARIES (SEE #4), WE

Name of the organization

TRAILBLAZER FOUNDATION

Employer identification number

20-1063922

HAVE NOT ADDED THESE PEOPLE AGAIN VIA THESE LATRINE TRAININGS.

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

THIS NEW FARMER COOPERATIVE IN OUR CALCULATIONS OF PEOPLE WE DIRECTLY BENEFITED DURING 2016.

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

YEAR, OUR LOCAL PARTNER, THE WOMEN'S DEVELOPMENT CENTER, PROVIDES A SEWING CLASS TO EIGHTY WOMEN. WITH SUFFICIENT FUNDING, THE CENTER GIVES EACH GRADUATE A SEWING MACHINE TO TAKE HOME, TO USE SO SHE CAN MAKE AND SELL CLOTHES AND OTHER TEXTILES/PRODUCTS. TO HELP MEET THAT GOAL, IN 2016, TRAILBLAZER DONATED 11 SEWING MACHINES TO THE CENTER. GIVEN AN AVERAGE FAMILY SIZE OF 5 PEOPLE, TRAILBLAZER'S SEWING MACHINE DONATIONS DIRECTLY BENEFITED 55 PEOPLE.

3) EXPANDED SALES OF TEXTILES: ALSO IN 2016, TRAILBLAZER COLLABORATE WITH THE WOMEN'S DEVELOPMENT CENTER TO DEVELOP A PLAN FOR IMPLEMENTING TWO STRATEGIES TO INCREASE THE SALE OF TEXTILES BEING PRODUCED BY GRADUATES OF THE CENTER'S SEWING AND WEAVING TRAINING PROGRAMS. AS WE WILL NOT IMPLEMENT THESE PLANS UNTIL 2017, WE HAVE NOT INCLUDED THESE MARKETING EFFORTS IN OUR CALCULATIONS OF PEOPLE WE DIRECTLY BENEFITED DURING 2016.

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

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

Name of the organization TRAILBLAZER FOUNDATION	Employer identification number 20-1063922
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SCHOOL CONSTRUCTION & EDUCATION: 2016

1) NEW SCHOOL: IN 2016, TRAILBLAZER BUILT A SECONDARY SCHOOL. THIS SCHOOL HAS SIX CLASSROOMS, WITH 40 STUDENTS PER CLASSROOM, AND TWO SESSIONS PER DAY. THEREFORE, IN 2016 ALONE, OUR SCHOOL DIRECTLY BENEFITED 480 STUDENTS.

2) BIKES: IN 2016, TRAILBLAZER DISTRIBUTED 100 BICYCLES TO STUDENTS, SO THEY HAVE AN EASIER TIME GETTING TO AND FROM SCHOOL. BASED ON THE NEEDS REQUEST WE RECEIVED, WE DISTRIBUTED THESE BIKES TO STUDENTS AT A SCHOOL OTHER THAN THE ONE WE BUILT IN 2016. THEREFORE, OUR DISTRIBUTION OF BIKES DIRECTLY BENEFITED AN ADDITIONAL 100 STUDENTS.
EXPENSES \$ 97,301. INCLUDING GRANTS OF \$ 21,062. REVENUE \$ 62,334.

FORM 990, PART VI, SECTION B, LINE 11B:

DURING A REGULAR BOARD OF DIRECTORS TELECONFERENCE MEETING HELD IN THE SPRING OF 2017, 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) 399-2192 OR WRITE TO THE TRAILBLAZER FOUNDATION AT PO BOX 271767, FORT COLLINS, CO 80527 AND REQUEST COPIES OF

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THESE DOCUMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-1.

FORM 990. PART XI, LINE 1

ACCOUNTING METHOD IS MODIFIED ACCRUAL

FORM 990, PART XII, LINE 2:

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:

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

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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 PAST ELEVEN YEARS TRAILBLAZERS WORK HAS RESULTED IN ACCESS TO CLEAN WATER THROUGH THE INSTALLATION OF OVER 1,000 WELLS WITH OVER 3,000 BIO-SAND WATER FILTERS, PROVIDING ACCESS TO WATER FOR OVER 12,000 PEOPLE, PROVIDED POTABLE WATER TO OVER 100,000 INDIVIDUALS, CONSTRUCTION OF FIVE GOVERNMENT PRIMARY SCHOOL BUILDINGS AND TWO LIBRARIES FOR A PRIMARY / JUNIOR-HIGH SCHOOL COMPLEX, ACCESS TO VOCATIONAL TRAINING OPPORTUNITIES, AND 16 VILLAGE-RUN SELF-SUSTAINING BANKS THAT MANAGE 77 ACTIVE MICRO-LOANS. NINE YEARS AFTER INCEPTION, FUNDS ARE STILL WORKING. ALTHOUGH FROM YEAR TO YEAR THE NUMBER OF VILLAGES WITH ACTIVE LOANS AND TOTAL CAPITAL AMOUNTS VARY.

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

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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-FOUNDER CHRIS COATS WORKED AN AVERAGE OF 40 HOURS PER WEEK FOR THE ORGANIZATION FOR A SMALL SALARY. TF'S HOME OFFICE IS 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

IN 2012 TCO SEPARATED FROM TRAILBLAZER FOUNDATION AND BECAME ITS OWN INDIGENOUS NGO. THEY NOW MANAGE THEIR OWN NON-PROFIT. THE SKILLS THEY LEARNED WHILE WORKING WITH TRAILBLAZER FOUNDATION ENABLED AND GAVE THEM THE CONFIDENCE TO START THEIR OWN BUSINESS, WHICH IS PART OF TRAILBLAZER'S MISSION: TO PROVIDE OPPORTUNITIES FOR SELF-EMPLOYMENT AND ECONOMIC INDEPENDENCE. THIS IS ANOTHER TRAILBLAZER STORY OF SUCCESS IN DEVELOPING SELF-SUSTAINING OPPORTUNITIES THAT GROW LOCAL TALENTS.

USING THE SUCCESS OF OUR WORK WITH OUR PILOT MODEL, SRAS VILLAGE, TRAILBLAZER FOUNDATION IS REPLICATING THIS COMMUNITY-BASED SUSTAINABLE

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DEVELOPMENT MODEL IN THE SURROUNDING REGION AND CURRENTLY IS WORKING, DIRECTLY AND INDIRECTLY IN OVER 35 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 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

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

ACCOMPLISHMENTS

IN THE PAST 11 YEARS 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 OVER 700 WELLS AND OVER 4,000 BIO-SAND WATER FILTERS FOR OVER 13,000 PEOPLE WITH ACCESS TO CLEAN DRINKING WATER, AND POTABLE WATER TO OVER 100,000 INDIVIDUALS.

B. INSTALLING 297 PULL PUMP WELLS FOR UP TO 5,346 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. CONSTRUCTION OF 6 GOVERNMENT PRIMARY SCHOOL BUILDINGS AND 2 LIBRARIES.

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

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

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

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

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.

FORM 990, PART XII, LINE 2:

HISTORY (CONTINUED)

A LIST OF AFFILIATES AND ORGANIZATIONS WE COLLABORATED WITH IN 2015

ARE:

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- ROTARY CLUBS IN THE UNITED STATES, NORWAY, AND CAMBODIA;
- GLOBAL MEDIC FROM CANADA FOR PUR WATER
- PURE RENEWABLE POWER LTD FOR SOLAR UNITS;
- LEARNING JOURNEY CAMBODIA;
- RESOURCE EQUALITY - INTERNATIONAL (RE-I);
- TAG WEALTH, TAG FINANCE AND 1% FOR SOLAR UNITS;
- CAMBODIAN MINISTRY OF EDUCATION YOUTH AND SPORT;
- CAMBODIAN MINISTRY OF RURAL DEVELOPMENT;
- CAMBODIAN DEPARTMENT OF RURAL WATER SUPPLY;
- CAMBODIAN MINISTRY OF AGRICULTURE;

SCHOOL CONSTRUCTION AND OPERATION:

IN 2014 THE CONSTRUCTION OF ONE PRIMARY SCHOOL OCCURRED IN TATRAV VILLAGE, ACCOMODATING AN ADDITIONAL 365 STUDENTS.

- DISTRIBUTED 57 PAIRS OF FLIP FLOPS TO PRIMARY SCHOOL STUDENTS IN ROMDOUL VILLAGE, REUL COMMUNE, PUOK DISTRICT.

- DISTRIBUTED 32 BICYCLES TO STUDENTS IN ROMDOUL VILLAGE, REUL COMMUNE, PUOK DISTRICT.

- PROVIDED 56 SCHOOL UNIFORMS TO STUDENTS IN ROMDOUL VILLAGE, REUL COMMUNE, PUOK DISTRICT.

IN 2013, ALONG WITH OPERATION OF THE SCHOOL, 328 PAIRS OF FLIP FLOPS WERE DISTRIBUTED TO PRIMARY SCHOOL STUDENTS IN ANGKOR THOM DISTRICT; 24 BICYCLES WERE DISTRIBUTED TO STUDENTS IN ANGKOR THOM DISTRICT; AND 44 SCHOOL AND SOCCER UNIFORMS WERE DISTRIBUTED TO STUDENTS IN ANGKOR THOM DISTRICT.

IN 2011, CONSTRUCTION OF A SCHOOL LIBRARY FOR THE PRIMARY AND SECONDARY

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LEVEL SCHOOL COMPLEX IN SVAY CHEK VILLAGE WAS COMPLETED. THE TOTAL COST FOR THE CONSTRUCTION OF THE LIBRARY WAS \$18,242. THE LIBRARY SERVES THE SVAY CHEK COMMUNE PRIMARY AND SECONDARY SCHOOLS, FOR WHICH STUDENTS FROM SEVERAL VILLAGES IN THE AREA ATTEND. THE LIBRARY SIZE IS: 9 X 16 METERS, 1 ROOM IS SMALLER FOR THE TEACHER'S OFFICE, THE OTHER ROOM WILL BE THE LIBRARY.

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

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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 NUMBER OF STUDENTS WHO INIALLY ATTENDED THE KINDERGARTEN WAS 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, 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 WAS 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 PHLONG VILLAGE WERE STARTED.

TF ESTABLISHED RELATIONSHIPS WITH, AND RECEIVED SIGNED MEMORANDUM OF

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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.

PART VI. SECTION B. QUESTION #15(B)

PROCESS TO DETERMINE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES
KEY EMPLOYEE OF THE ORGANIZATION IS THE FOUNDER CHRIS COATS.

THE BOARD OF DIRECTORS DETERMINED THAT THE TRAILBLAZER FOUNDATION BUDGET WAS SUFFICIENT ENOUGH TO SUPPORT THE EXECUTIVE DIRECTOR'S COMPENSATION IN 2008. THE BOARD REQUESTED A JOB DESCRIPTION AND EMPLOYMENT OFFER LETTER FROM THE EXECUTIVE. 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. THE BOARD CONTINUES TO SUPPORT THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

KEY EMPLOYEE ANNUAL 2016 COMPENSATION IS AS FOLLOWS:

CHRISTI COATS \$36,861

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
7	FILE CABINET	12/12/07	200DB	7.00		HY17	60.				60.	60.		0.	60.
9	2 TABLES	01/23/08	200DB	7.00		HY17	495.			248.	247.	247.		0.	247.
12	MEETING TABLE	03/15/08	200DB	7.00		HY17	160.			80.	80.	80.		0.	80.
30	2 DESKS & 2 CHAIRS	11/23/12	200DB	7.00		MQ17	230.			115.	115.	75.		11.	86.
37	6 CONFERENCE ROOM CHAIRS	06/01/13	200DB	7.00		MQ17	180.				180.	104.		22.	126.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,125.			443.	682.	566.		33.	599.
	MACHINERY & EQUIPMENT														
2	WATER FILTER MOLD	01/02/07	200DB	7.00		HY17	350.				350.	350.		0.	350.
3	WATER FILTER MOLDS (2)	03/06/07	200DB	7.00		HY17	760.				760.	760.		0.	760.
5	CEMENT MIXER	03/15/07	200DB	7.00		HY17	400.				400.	400.		0.	400.
8	COMPUTER	01/23/08	200DB	5.00		HY17	610.			305.	305.	305.		0.	305.
11	PRINTER	02/14/08	200DB	5.00		HY17	120.			60.	60.	60.		0.	60.
14	SOUNDSTATION	10/21/08	200DB	7.00		HY17	350.			175.	175.	175.		0.	175.
17	MILLIPORE WATER TEST KIT	04/05/09	200DB	7.00		HY17	3,891.				3,891.	3,717.		174.	3,891.
18	SMALL TOOLS	06/30/09	200DB	7.00		HY17	152.				152.	145.		7.	152.
20	DISPLAY FOR EVENTS	07/27/10	200DB	7.00		HY17	93.				93.	80.		9.	89.
21	CANOPY	08/22/10	200DB	7.00		HY17	85.				85.	74.		7.	81.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	LDC PROJECTOR	07/22/11	200DB	7.00	HY17	550.			550.				0.	
23	WELL DRILLING EQUIPMENT	02/25/11	200DB	7.00	HY17	2,800.			2,800.				0.	
24	AGRICULTURAL EQUIPMENT	02/21/11	200DB	7.00	HY17	300.			300.				0.	
26	COMPUTER	06/06/12	200DB	5.00	MQ17	280.			140.	140.	118.		16.	134.
27	TF LAPTOP COMPUTER	06/09/12	200DB	5.00	MQ17	967.			484.	483.	408.		55.	463.
28	MICROSOFT OFFICE PRO - SOFTWARE	07/04/12	200DB	3.00	MQ17	500.			250.	250.	250.		0.	250.
31	CAMERA & BAG	01/11/13	200DB	7.00	MQ17	103.				103.	64.		11.	75.
33	MICROSCOPE FOR AGRICULTURE PROGRAM	10/09/13	200DB	7.00	MQ17	342.				342.	173.		48.	221.
34	HONDA ROTOTILLER	02/01/13	200DB	7.00	MQ17	290.				290.	179.		32.	211.
35	300 GALLON WATER TANK	06/11/13	200DB	7.00	MQ17	200.				200.	116.		24.	140.
36	CHEST FREEZER	06/11/13	200DB	7.00	MQ17	200.				200.	116.		24.	140.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					13,343.			5,064.	8,279.	7,490.		407.	7,897.
	TRANSPORTATION EQUIPMENT													
4	(D)1993 HYUNDAI PORTER UTILITY TRUCK	02/23/07	200DB	5.00	HY17	3,366.				3,366.	3,366.		0.	3,366.
6	MOTOR BIKE	03/27/07	200DB	5.00	HY17	470.				470.	470.		0.	470.
16	TRUCK (PUMP WELL TEAM)	02/03/09	200DB	5.00	HY17	1,600.				1,600.	1,600.		0.	1,600.
19	2 MOTORBIKES	02/28/10	200DB	5.00	HY17	2,530.				2,530.	2,530.		0.	2,530.
25	MOTOR BIKE	02/20/12	200DB	5.00	MQ17	1,955.			978.	977.	856.		108.	964.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	97 KAI FRONTIER TRUCK	12/13/12	200DB	7.00	MC	17	3,025.			1,513.	1,512.	981.		152.	1,133.
32	NISSAN FRONTIER PICKUP	09/14/13	200DB	5.00	MC	17	7,500.				7,500.	5,205.		918.	6,123.
38	NEW TRUCK #1 - FRONTIER	05/06/16	200DB	7.00	MC	19C	9,000.				9,000.			1,607.	1,607.
39	NEW TRUCK #2 - FRONTIER	09/14/16	200DB	7.00	MC	19C	12,000.				12,000.			1,286.	1,286.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						41,446.			2,491.	38,955.	15,008.		4,071.	19,079.
	* GRAND TOTAL 990 PAGE 10 DEPR						55,914.			7,998.	47,916.	23,064.		4,511.	27,575.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						34,914.			7,998.	26,916.	23,064.			24,682.
	ACQUISITIONS						21,000.			0.	21,000.	0.			2,893.
	DISPOSITIONS						3,366.			0.	3,366.	3,366.			3,366.
	ENDING BALANCE						52,548.			7,998.	44,550.	19,698.			24,209.
	ENDING ACCUM DEPR LESS DISPOSITIONS											32,207.			
	ENDING BOOK VALUE											20,341.			

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return TRAILBLAZER FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 20-1063922
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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.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

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

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	1,618.
18 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 2016 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
19a 3-year property						
b 5-year property						
c 7-year property		21,000.	7 YRS.	MQ	200DB	2,893.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 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.	22	4,511.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and 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 aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

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

Part VI Amortization

Table with 6 columns: (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 2016 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2016 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	TRAILBLAZER FOUNDATION	20-1063922
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	PO BOX 271767	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FORT COLLINS, CO 80527	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JENI SWINK

• The books are in the care of ▶ **939 NW 3RD AVENUE - CANBY, OR 97013**
Telephone No. ▶ **307-699-7311** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.