

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME:	BLAZE ON VENTURES
CERTIFICATE NUMBER:	119237 FOR FISCAL YEAR ENDED: 12/31/2024

Part I: Gross Contributions

1) General Contributions	1
2) Gross Receipts from Special Events	2
3) Contributions from Affiliates	3
4) Contributions Received from Federated Fundraising Organizations	4
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5
6) Gross Contributions (add lines 1 through 5)	6

Part II: Other Income

7) Program Service Revenues	7	29,614
8) Bona Fide Membership Dues and Assessments	8	
9) Government Grants and Contracts	9	
10) Miscellaneous Income	10	
11) Total Income (add lines 6 through 10)	11	29,614

Part III: Expenses

12) Program Services	12	44,155
13) Administrative Expenses	13	674
14) Fundraising Expenses	14	
15) Payments to Affiliated Organizations	15	
16) Other Expenses from Special Events (other than fundraising expenses)	16	
17) Miscellaneous Expenses	17	
18) Total Expenses (add lines 12 through 17)	18	44,829

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	(15,215)
20) Net Assets or Fund Balances at Beginning of Year	20	16,040
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	22	825

(See Next Page for "Salaries and Expense Allowance Statement")

SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
<i>Five Highest Paid Employees:</i>			
1. NONE			
2.			
3.			
4.			
5.			
<i>Officers:</i>			
MICHAEL HAMMERS	PRESIDENT, 20	NONE	NONE
ERIC KENNEDY	VICE PRESIDENT, 20	NONE	NONE
CRYSTAL KENNEDY	SECRETARY, 5	NONE	NONE
SALLI WEIBLE	CHAIRPERSON, 15	NONE	NONE
AARON HAAG	CHAIRPERSON, 15	NONE	NONE

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

B Check if applicable: and ending

C Name of organization: **BLAZE ON VENTURES**

D Employer identification number: **87-1327683**

E Telephone number: **(814) 999-2263**

F Group Exemption Number: **JOHNSTOWN, PA 15902**

Address change: **223 BLUE DIAMOND STREET**

Name change: **Room/suite**

Initial return: **City or town, state or province, country, and ZIP or foreign postal code**

Final return/terminated: **JOHNSTOWN, PA 15902**

Amended return: **Application pending**

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: **LSHIKINGTRAILS.COM**

J Tax-exempt status (check only one): 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Other: _____

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 29,614.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.	1	2	3	4	5a	b	c	d	7a	b	c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
	Contributions, gifts, grants, and similar amounts received																									
	Program service revenue including government fees and contracts																									
	Membership dues and assessments																									
	Investment income																									
	Gross amount from sale of a capital asset																									
	Less: cost or other basis and other adjustments																									
	Gain or (loss) from sale of a capital asset																									
	Gaming and fundraising events																									
	Gross income from gaming (line 6c)																									
	Less: expenses from gaming (line 6c)																									
	Net income or (loss) from gaming (line 6c)																									
	Gross sales of inventory, less returns and allowances																									
	Less: cost of goods sold																									
	Gross profit or (loss) from sales																									
	Other revenue (describe in Schedule O)																									
	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																									
	Grants and similar amounts paid (list in Schedule O)																									
	Benefits paid to or for members																									
	Salaries, other compensation, and employee benefits																									
	Professional fees and other payments to independent contractors																									
	Occupancy, rent, utilities, and maintenance																									
	Printing, publications, postage, and shipping																									
	Other expenses (describe in Schedule O)																									
	Total expenses. Add lines 10 through 16																									
	Excess or (deficit) for the year (subtract line 17 from line 9)																									
	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																									
	Other changes in net assets or fund balances (explain in Schedule O)																									
	Net assets or fund balances at end of year. Combine lines 18 through 20																									

Blaze 23
990 signature
Ty 2024
VA-charity@pa.gov.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Table with columns for question numbers (33-40e), descriptions, and Yes/No checkboxes. Includes questions about IRS reporting, business gross income, Form 990-T filing, and tax-exempt status.

41 List the states with which a copy of this return is filed:
42a The organization's books are in care of: MICHAEL HAMMERS Telephone no. 814-999-2263
Located at: 223 BLUE DIAMOND STREET JOHNSTOWN, PA ZIP + 4 15902

Table with columns for question numbers (42b, 42c), descriptions, and Yes/No checkboxes. Includes questions about foreign accounts and foreign country reporting.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here []
and enter the amount of tax-exempt interest received or accrued during the tax year. [] 43

Table with columns for question numbers (44a-45b), descriptions, and Yes/No checkboxes. Includes questions about Form 990-EZ completion, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Table with 2 columns: Yes, No. Row 1: 46, X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000. Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000. NONE
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. X Yes No

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, Date 3/19/25, Type or print name and title MICHAEL HAMMERS, PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name, Date, Preparer's signature, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

BLAZE ON VENTURES

Employer identification number

87-1327683

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).)

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 on 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		
(A)							
(B)							
(C)							
(D)							
(E)							
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

Table with 6 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows 1-6 describe public support tests.

Section B. Total Support

Table with 6 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows 7-12 describe total support tests.

13 First 5 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

Table with 2 columns: Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)), and Public support percentage from 2023 Schedule A, Part II, line 14. Includes 16a and 17a tests.

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.

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)); Public support percentage from 2023 Schedule A, Part III, line 15. Rows 15 and 16.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)); Investment income percentage from 2023 Schedule A, Part III, line 17. Rows 17 and 18. Includes 19a and 19b support tests and 20 Private foundation test.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10a	
	10b	

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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.		
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include: 1 Net short-term capital gain, 2 Recoveries of prior-year distributions, 3 Other gross income (see instructions), 4 Add lines 1 through 3, 5 Depreciation and depletion, 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), 7 Other expenses (see instructions), 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

Section B - Minimum Asset Amount

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include: 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, b Average monthly cash balances, c Fair market value of other non-exempt-use assets, d Total (add lines 1a, 1b, and 1c), e Discount claimed for blockage or other factors (explain in detail in Part VI); 2 Acquisition indebtedness applicable to non-exempt-use assets, 3 Subtract line 2 from line 1d, 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions), 5 Net value of non-exempt-use assets (subtract line 4 from line 3), 6 Multiply line 5 by 0.035, 7 Recoveries of prior-year distributions, 8 Minimum Asset Amount (add line 7 to line 6).

Section C - Distributable Amount

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include: 1 Adjusted net income for prior year (from Section A, line 8, column A), 2 Enter 0.85 of line 1, 3 Minimum asset amount for prior year (from Section B, line 8, column A), 4 Enter greater of line 2 or line 3, 5 Income tax imposed in prior year, 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions), 7 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)

Table with 10 rows and 2 columns: Description and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Section E - Distribution Allocations (see instructions)

Table with 10 rows and 3 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2024, and (iii) Distributable Amount for 2024. Rows include distributable amount for 2024, carryover, and breakdown of line 7.

SCHEDULE O
(Form 990 or 990-EZ)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

BLAZE ON VENTURES

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

87-1327683

THIS PAGE INTENDED TO BE BLANK FOR THIS RETURN

Name of the organization

Employer identification number

BLAZE ON VENTURES

87-1327683

FORM 990EZ, PART I - OTHER EXPENSES

ADVERTISING

810.

OFFICE EXPENSE

1,671.

MISCELLANEOUS TRAIL EXPENSES

6,549.

EVENT COSTS

26,336.

OTHER EXPENSES

6,888.

INSURANCE

740.

DONATIONS

TOTAL

42,994.

Name of the organization

Employer identification number

BLAZE ON VENTURES

87-1327683

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SAVINGS	16,040.	825.
TOTALS	16,040.	825.

Name of the organization

BLAZE ON VENTURES

Employer identification number

87-1327683

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FORM 990EZ, PART III - STATEMENT ON PROGRAM SERVICE ACCOMPLISHMENTS
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PROGRAM SERVICE ACCOMPLISHMENT 1

THE REVENUE COLLECTED THROUGH OUR EFFORTS IS USED TO BUILD AND
MAINTAIN THE HIKING TRAILS IN LORAIN BOROUGH PARK. EXPENDITURES
ARE MADE FOR MAPS, PRINT MATERIALS, SIGNAGE, LIGHTING AND BRIDGES
AS WELL AS EXPENSES ASSOCIATED WITH PUBLIC EVENTS.