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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491238009500

2019

OMB No 1545-0052

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd en	nding 12-31-	2019	
		indation AIN FOUNDATION			A Employer id	entification numbe	r
11	IC AJ DL	AIN FOUNDATION			81-1379951		
		street (or P O box number if mail is not delivered to street address;) Room/suite		B Telephone nu	ımber (see ınstructioi	ns)
		1770			(406) 252-693	7	_
		i, state or province, country, and ZIP or foreign postal code IT 59102			C If exemption	application is pendin	g, check here
G Cl	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	re . \square
		\square Final return \square Amended return				ganizations meeting	
		Address change Name change			·	k here and attach co	
_		pe of organization Section 501(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust					
of	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 427,942 J Accounting method □ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					(532.1.22.1.2.1.1,7)
		schedule)	148,867				
	2	Check ► ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
e	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-				
E		- , ,					
Revenue	b 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)	-		0		
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	148,867	ļ	0		
	13	Compensation of officers, directors, trustees, etc	0		0	0	0
	14 15	Other employee salaries and wages					
ses	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	1,305	:	0	1,305	0
Ex	°	Other professional fees (attach schedule)	398		0		0
ΙVe	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instructions)					
SILI	19	Depreciation (attach schedule) and depletion					
E	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
anc	22	Printing and publications	530		0	530	0
biu	23	Other expenses (attach schedule)	1,528		0	1,028	500
Operating	24	Total operating and administrative expenses.					
) Dee		Add lines 13 through 23	3,761	-	0	3,261	500
)	25	Contributions, gifts, grants paid	34,000				34,000
	26	Total expenses and disbursements. Add lines 24 and 25	37,761		0	3,261	34,500
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	111,106				
	ь	Net investment income (If negative, enter -0-)			0		
	c	Adjusted net income (if negative, enter -0-)				0	
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289	K For	m 990-PF (2019)

111,699

427.942

427,942

427,942

427,942

316,836

111,106

427,942

427,942 Form **990-PF** (2019)

0

0

1

2

3

4

5

6

316,836

111,699

427,942

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ts	8
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C

11

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14

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23

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25

26

28

30

Part III

2

3

4

Liabilities

Fund Balances

ō

Assets 27

Net 29

```
Land, buildings, and equipment basis
Less accumulated depreciation (attach schedule)
                                                      9
                                                                     0
Other assets (describe > _
Total assets (to be completed by all filers—see the
                                                                 316.836
instructions Also, see page 1, item I)
Grants payable
Loans from officers, directors, trustees, and other disqualified persons
Mortgages and other notes payable (attach schedule). . . . . .
Other liabilities (describe -
Total liabilities(add lines 17 through 22) . . . . . . . . .
Foundations that follow FASB ASC 958, check here
and complete lines 24, 25, 29 and 30.
Net assets without donor restrictions . . .
                                                                 316,836
Net assets with donor restrictions . . .
Foundations that do not follow FASB ASC 958, check here ▶ \Box
and complete lines 26 through 30.
Capital stock, trust principal, or current funds . . . .
Paid-in or capital surplus, or land, bldg, and equipment fund
Retained earnings, accumulated income, endowment, or other funds
Total net assets or fund balances (see instructions) . . . . .
                                                                 316,836
```

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Less accumulated depreciation (attach schedule) ▶

Less allowance for doubtful accounts ▶

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

			Page 3
2			
	(b)	(c)	(d)

(d)

Distribution ratio

(col (b) divided by col (c))

0 720363

0 053011

0 000000

0 000000

0 000000

0 773374

0 154675

315,723

48,834

48,834

34,500

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	2-story brick warehou	ise, or common stock, 200 shs MLC	Co)	P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1a						
-						
-						
-						
_		(f)		(g)	(h)
	(e) Gross sales price	Depreciation allowed		other basis		r (loss)
	Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (f) minus (g)
a						
b						
С						
d						
е						
	Complete only for assets show	ring gain in column (h) and owned by	the foundation	on 12/31/69	(I)
	(i)	(j)		(k)	Gains (Col (h) gain minus
	FMV as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) or
		as of 12/31/69	over col	(j), if any	Losses (fre	om col (h))
a						
<u> b </u>						
с						
d						
е						
2	Capital gain net income or (n		n, also enter in P ss), enter -0- in F		2	
3	Net short-term capital gain o	r (loss) as defined in sections 1222(5	5) and (6)			
	If gain, also enter in Part I, li	ne 8, column (c) (see instructions) I	If (loss), enter -0	- 1		
	ın Part I, line 8			}	3	
				J		
Part	V Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net	Investment In	come	
(For op	tional use by domestic private	foundations subject to the section 4	940(a) tax on ne	t investment incom	ne)	
If section	on 4940(d)(2) applies, leave t	his part blank				
Was th	e foundation liable for the sect	tion 4942 tax on the distributable am	ount of any year	ın the base period	, I	es 🗹 No

Net value of noncharitable-use assets

217,078

226,370

24,866

0

0

2

4

5

6 7

8

(a)

Base period years Calendar

year (or tax year beginning in)

2018

2017

2016

2015

2014

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

Enter the appropriate amount in each column for each year, see instructions before making any entries

156,375

12,000

0

0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

	330-F1 (2013)										age (
Pai			Activities for Which	Form 4720 May Be	Required (continue	rd)				
5a	During the year did the foundation		•							Yes	No
	(1) Carry on propaganda, or other					Yes	✓	No			
	(2) Influence the outcome of any s		· ·	**							
	on, directly or indirectly, any vo		-			Yes	✓	No			
	(3) Provide a grant to an individual	for t	avel, study, or other sımı	ılar purposes?		Yes	✓	No			
	(4) Provide a grant to an organizat	ion ot	her than a charitable, etc	, organization described	I						
	in section 4945(d)(4)(A)? See ii	nstru	ctions			Yes	✓	No			
	(5) Provide for any purpose other t	han r	eligious, charitable, scient	tıfıc, lıterary, or							
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?		Yes	V	No			
b	If any answer is "Yes" to 5a(1)-(5),	did a	ny of the transactions fa	ıl to qualıfy under the ex	ceptions descr						
	Regulations section 53 4945 or in a	curre	nt notice regarding disast	ter assistance? See instr	uctions				5b		
	Organizations relying on a current r	otice	regarding disaster assista	ance check here		. ▶					
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the			ш				
	tax because it maintained expenditi	ure re	sponsibility for the grant?	·		¬ v	П	N.			
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)		Yes	ш	No			
6a	Did the foundation, during the year		-	• •	ıms on						
	a personal benefit contract?		, , , , , ,			_					
h	Did the foundation, during the year					Yes	✓	No	6b		No
_	If "Yes" to 6b, file Form 8870	, pu,	premianis, anderly or ma	irectiff of a personal be	Tiene contract		•	ŀ			110
7a	At any time during the tax year, wa	c the	foundation a party to a p	rohibited tay chalter train	reaction?	_					
	If "Yes", did the foundation receive					Yes	✓	No	7b		
	'	, ,	•				•		70		
8	Is the foundation subject to the sec						_				
	excess parachute payment during t					Yes		No L			
Par	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	ınagers, Hig	hly Pai	d Em	iploy	ees,		
	and Contractors										
1	List all officers, directors, truste	es, fo	oundation managers an	d their compensation.	See instruct	ons					
		(b) Title, and average	(c) Compensation (If	(d) Contr			(e)	Expen	se acc	ount.
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee ber deferred co					lowand	
ROBB	I BLAIN	PRES	IDENT	-0-)		препзас	0				
	IMROCK RD	1 00	IDEM	U			ไ				•
	NGS, MT 59102										
AL BL	AIN		CTOR	0			0				(
	IMROCK RD	0 50									
	NGS, MT 59102										
	GER BLAIN	DIRE 0 50	CTOR	0			0				(
	ARK LANE NGS, MT 59102	0 30									
	HERINGER	SECE	ETARY-TREASURER	0			0				
	FRONT ST	0 50	ETAIN THEASONEN	0			ျ				
	NGS, MT 59101										
2	Compensation of five highest-pa	id en	nployees (other than th	ose included on line 1	–see instruc	tions). I	f non	e, en	ter "l	NONE.	"
			(b) Title, and average		(d) Contr						
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	' '	e benefit				e acco	
	more than \$50,000		devoted to position	` ′ ′	plans and	i deferred nsation	1	otr	ner all	owance	25
NON	=				33						
	-										
							-+				
							_				
Гota	I number of other employees paid ov	er \$5	0,000			•					(
		-						Forr	n 99 ()-PF (2019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

34,500

34.500

34.500

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15,786

15,786

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0

Part 2

b Total for prior years

a From 2014. **b** From 2015. . . . c From 2016. . . d From 2017.

e From 2018.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. . c Excess from 2017. . .

d Excess from 2018. .

e Excess from 2019. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

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Pa	rt XIII	Un

0-PF (2	019)	
XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

144,959

144.959

18.714

(a)

Corpus

144.959

18.714

163,673

163,673

0

(b)

Years prior to 2018

2018

(c)

GRANT MONEY WILL GO DIRECTLY TO THE ORGANIZATION/PROGRAM CHOSEN IN THE APPLICATION IT ALSO SPECIFIES THE PERIODIC AND FINAL REPORTS THAT MUST BE COMPLETED BY THE GRANT RECIPIENT, AS WELL AS THE FOUNDATION'S RIGHT TO RECOVER THE FUNDS IF

THE RECIPIENT CHOOSES NOT TO ATTEND THE PROGRAM

nter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	1 512, 513, or 514	(e) Related or exemp
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees a	and contracts from government agencies					
	rship dues and assessments					
1 Dividen	ds and interest from securities tal income or (loss) from real estate					
	financed property					
	ebt-financed property.					
Net ren	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
invento	•					
	ome or (loss) from special events profit or (loss) from sales of inventory					
1 Other r	evenue a					
с						1
d e						
d e 2 Subtota	al Add columns (b), (d), and (e).		0		(
d e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				3)
d e 2 Subtota 3 Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		1	<u> </u>	
de 2 Subtota 3 Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Belationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	3	
de 2 Subtota 3 Total., (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplisi Income is report tempt purposes	nment of Exempled in column (e) of (other than by prov	pt Purposes F Part XVI-A contribu	3	
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de 2 Subtota 3 Total., (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplisi Income is report tempt purposes	nment of Exempled in column (e) of (other than by prov	pt Purposes F Part XVI-A contribu	3	
de 2 Subtota 3 Total., (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplisi Income is report tempt purposes	nment of Exempled in column (e) of (other than by prov	pt Purposes F Part XVI-A contribu	3	
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de 2 Subtota 3 Total., (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplisi Income is report tempt purposes	nment of Exempled in column (e) of (other than by prov	pt Purposes F Part XVI-A contribu	3	

(/
XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
	Exchipt organizations

Part	XVI		formation Re empt Organi		ransters To	and Fransacti	ons and Kelat	ionships With Noncha	ritable		
		rganızat	on directly or in	directly enga		e following with a 527, relating to p		tion described in section 50 ons?	1	Yes	No
a Tra	nsfers	from th	e reporting foun	dation to a n	oncharitable ex	empt organizatio	n of				
(1)	(1) Cash										No
(2)	(2) Other assets										No
	b Other transactions										
									1b(1)	_	No
						zation			1b(2)	_	No
				•					1b(3)	_	No
٠,			-						1b(4) 1b(5)	_	No No
									1b(6)	_	No
					_				1c		No
								always show the fair marke	t value		
of t	he go	ods, oth	er assets, or ser	vices given b	y the reporting	foundation If the	e foundation recei	ved less than fair market v sets, or services received			
111 6		insaction	i or sharing arra		ow iii columiii (d) the value of th	e goods, other as	sets, or services received			
(a) Line	No	(b) Ar	nount involved	(c) Name of	noncharitable exe	empt organization	(d) Description	of transfers, transactions, and s	haring arra	ingemer	nts
	-+										
2a is t	he fou	ındatıon	directly or indire	ectly affiliated	d with or relate	ed to, one or more	tax-exempt org	enizations			
			•	•		•		Yes	✓ No		
			the following s								
			lame of organization		(b) Type of organizat	ion	(c) Description of rel	ationship		
	Unc	ler nens	Ities of periury	I declare tha	t I have examin	and this return in	cluding accompar	nying schedules and statem	ents and	to the	hest
								er than taxpayer) is based			
C:	whi	ch prep	arer has any kno	wledge		1		_			
Sign	l.	*****				2020-08-17	*****		y the IRS d urn	ıscuss tl	าเร
Here								wit	h the prepa	rer show	wn
	 7	Signatu	re of officer or t	rustee		Date	Title	bel	ow e instr) 互	7 v r	٦
								(Se	e instr) L	_ res -	- NO
		Print	/Type preparer's	name	Preparer's Sig	nature	Date	Check if self-			
									P0126	3187	
D-:4		ME	GAN MODEL				2020-08-14	employed ▶ ☐			
Paid	3=0	<u>.</u>									
Prep Use		1	s name ► WIP	FLI LLP				Firm's	EIN ►39	-07584	149
U3E	J111)		address ► 55	0 NORTH 31	ST ST SUITE 30	00					
								Phone	e no (406	5) 248-	1681
			BI	LLINGS, MT	59101				(,	

efile GRAPHIC print - DO NOT	PROCESS As Filed D	Data -	DI	N: 93491238009500					
TY 2019 Accounting Fees Schedule									
	Name: THE AJ E EIN: 81-1379	BLAIN FOUNDATION 951							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
ACCOUNTING SERVICES	1,305	0	1,305	0					

Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: THE AJ BLAIN FOUNDATION

UNDEPOSITED FUNDS

PAYPAL REIMBURSEMENT

EIN: 81-1379951

Other Assets Schedule

Book Value

Beginning of Year -End of Year - Book End of Year - Fair

111,705

Value

DLN: 93491238009500

Market Value

111,705

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491238009500	
TY 2019 Other Expenses Schedule					
Name: THE AJ BLAIN FOUNDATION					
EIN: 81-1379951					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK/CC SERVICE CHARGE	703	0	703	0	
FACILITIES AND EQUIPMENT	325	0	325	0	

CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DL	N: 93491238009500		
TY 2019 Other Professional Fees Schedule						
Name: THE AJ BLAIN FOUNDATION						
EIN: 81-1379951						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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CONTRACT SERVICES

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491238009500	
Schedule B		Schedu	le of Contributor	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990-F <u>//Form990</u> for the latest in			2019	
Name of the organization THE AJ BLAIN FOUNDATION	ON.				Employer id	lentification number	
					81-1379951		
Organization type (che	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) or	ganızatıon				
	☐ 4947(a)(²	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 politi	☐ 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						
			F that received, during th mplete Parts I and II Se				
Special Rules							
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vı), that chec urıng the year, total	Form 990 or 990-EZ tha ked Schedule A (Form 9 contributions of the grea lete Parts I and II	90 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 or exclusively for religious, animals Complete Parts	charitable, scien			
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	<i>ively</i> for religious, c total contributions to parts unless the Gei	or (10) filing Form 990 or haritable, etc , purposes that were received during neral Rule applies to this or more during the year .	, but no such con g the year for an s organızatıon be	itributions tota exclusively re cause it recei	aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
Caution: An organizatio 990-EZ, or 990-PF), but or on its Form 990PF, P 990-EZ, or 990-PF)	ıt must answer "No	on Part IV, line 2,	of its Form 990, or check	k the box on line	H of its Form		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ule B (Form 990	, 990-EZ, or 990-PF) (2019)	

lame of organizat HE AJ BLAIN FOU		Employer identification 81-1379951	n number
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if addit	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEN STEVE TOEPFER 1275 CLOVERLEAF PLACE BILLINGS, MT 59106	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
2	KENNETH LORRAINE TOLLIVER 6335 STRATTON ROAD BILLINGS, MT 59101	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	ROSE FRANCIS FOUNDATION 412 RIVER STREET MINNEAPOLIS, MN 55401	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BILLINGS FLYING SERVICE 6309 JELLISON ROAD BILLINGS, MT 59101	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Schodulo P (F	Person Payroll Noncash (Complete Part II for noncash contributions)

Form 990, 990-EZ, or 990-PF) (2019)		Page		
ame of organization HE AJ BLAIN FOUNDATION		Employer identification number		
an \$1,000 for the year from any one cont ganizations completing Part III, enter the e year. (Enter this information once. See	ributor. Complete columns (a) to total of exclusively religious, characteristics.) > \$	hrough (e) and the following line entry. For		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee		
(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(b) Purpose of gift (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and 2 (b) Purpose of gift	Course C		