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. 990-PF

Department of the Treasury Internal Revenue Service (77)

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

Fo	r Ca	alend	dar year 2009, or ta	x year beg	linning	, а	ind ending	3				
G	Ch	eck	all that apply.		return	Initial return of a fo	·		•	Final re	eturn	
				Amer	nded return	Address change		_ Nam	e change			
U	se	the IF	RS Name of foundation	1				4	A Employer identification number			
		bel.	LIVINGSTON C	CINUMMO	Y TRUST, INC.				36- 36 -98542			
(rwis	e, Number and street	(or PO box no	umber if mail is not d	delivered to street address) Room/suite			B Telephone number (see page 10 of the instri			
	•	rınt type	P O BOX 1223						406-222-0412			
S		peci	fic City or town, state,	and ZIP code) If	exemption application is p	ending, check here	
		ictio				MT	59047-12	23) 1	Foreign organizations, ch	eck here	
Н	H Check type of organization X Section 501(c)(3) ex				on 501(c)(3) exe	mpt private foundati	on		2	Foreign organizations me	eting the 85% test.	
Ė	Section 4947(a)(1) nonexempt charitable trust							check here and attach co	mputation >			
$\overline{}$	<u> </u>	ır ma	arket value of all ass	ets at and	J Accounting	method. X Cas	h	rual		private foundation status with the private foundation status with the private formation private formation and the private		
•	of year (from Part II, col. (c).			pecify)				the foundation is in a 60-m				
			▶ \$	1.014.549	(Part I, column (d) must be on cash ba	sis)			nder section 507(b)(1)(B), o		
Ρâ	Tri I	Α	nalysis of Revenue			(a) Revenue and	T				(d) Disbursements	
		_	mounts in columns (b) (c),	-		expenses per	(b) Net ii		t	(c) Adjusted net	for charitable	
		th	e amounts in column (a) (see page 11 of	the instructions))	books	inco	ome		income	purposes (cash basis only)	
	1	Ct	ontributions, gifts, grants,	etc received (attach schedule)		1 1	, 5, 6		, , ,	, , , , , , , , , , , , , , , , , , , ,	
	2		heck	•	•	, 114	1	· · · · · ·				
	3		iterest on savings and	•		33,535		33,5	35		,	
	4		ividends and interest fi			0			0		, "	
	5	a G	ross rents						0		, , , , , , , , , , , , , , , , , , , ,	
a.		b N	et rental income or (los	ss)	0	',		i .	Ϊ,		,	
ă	6	a N	et gain or (loss) from s	ale of assets	not on line 10	0	2 2 7	7 77	₹.	1 1 1		
Ver		b G	ross sales price for all ass	ets on line 6a	0	4 · 1	, -		; ;			
Revenue	7	C	apital gain net income	(from Part IV	/, line 2)			1,4	77	,		
_	8	N	et short-term capital ga	ain		4. 沙色集,一个。				0		
	9	l In	come modifications			1 (1)	: 1	1.6	ŧ		•	
	10	a G	ross sales less returns and	dallowances	0	1 1		1.34	. 1		,	
		b Le	ess Cost of goods so	ld	0		14 11	: - 1	ŀ	` <u> </u>	· · · · · · · · · · · · · · · · · · ·	
			ross profit or (loss) (at		e)	0	1 1	<u>) - </u>	ţ		1	
	11		ther income (attach sc	•		0			0		· · · · · · · · · · · · · · · · · · ·	
0	12		otal. Add lines 1 throu			33,535		35,0	112	0	 	
8x AB AB 2010	13		ompensation of officer		rtistees, etc	0						
É	14		ther employee salares		.Ol							
Ę	15		ension plans, employe		 							
××	16	a Le	egal fees (attace) Richigo	¹ () ≥010	Q	0			0	0	0	
7		b A	ccounting fees (attach	schedule)	1001	550			0			
₹.		c O	ther professional fees	(attach-sche d	d tobe)	3,250			0	0	3,250	
	1/		teres OGDE			710			_	<u> </u>		
2	18		exes (attach schedule) (see			718			0		718	
ŞĒ	19		epreciation (attach sch	iedule) and d	epletion	0			0	0		
35	20		ccupancy			-						
ಹ್ತ	21		ravel, conferences, and	_		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
an	23		rinting and publications ther expenses (attach			359			0		250	
пg	24		otal operating and ad		avnoness					0	359	
Operating and Administrative	24		dd lines 13 through 23		evhenses.	4,877			0	_	4 O T T	
ě	25		ontributions, gifts, grar			11,210	,·		_0	0	4,877	
Q	26		otal expenses and disbu		lines 24 and 25		<u> </u>	<u>- : :</u>	_		11,210	
	27		ubtract line 26 from line		mics 24 gilu 25	16,087			0	0	16,087	
	- '		ccess of revenue over ex		ichurcomente	15	[[[]]] "		;] 	
			et investment income			17,448		35,0	", 12	•		
			djusted net income (i			4	73	1	12		······································	
	L.	- ~	ajastea net income (i	i negative, el			•	<u>. 4</u> 5 11 .		0		

15.	-311	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	d of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	235		330	
	2	Savings and temporary cash investments	717,866	1,014,219	1,014,219	
	3	Accounts receivable 0		· ,		
		Less allowance for doubtful accounts	0	0	0	
	4	Pledges receivable 0		.		
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the		0	0	
	,	instructions)	13 3 5 5 3 3 3 3 3	0	0	
	7	Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts	3 2 3 3 4 4	o	0	
Assets	8	Less allowance for doubtful accounts Inventories for sale or use				
∢	10 -	Prepaid expenses and deferred charges Invesiments—U.S. and state government obligations (attach schedule)	277,523	0	0	
	1	o Investments—corporate stock (attach schedule)	2/7,023	0	0	
		C Investments—corporate stock (attach schedule)	0		0	
	11	Investments—land, buildings, and equipment basis	7 7 7			
	''	Less accumulated depreciation (attach schedule)	0	o	0	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	0	0	0	
	14	t.and, buildings and equipment basis	1 4			
	'	Less accumulated depreciation (attach schedule)	0	. 0	0	
	15	Other assets (describe	0	0		
	16	Total assets (to be completed by all filers—see the			<u>_</u>	
		instructions Also, see page 1, item I)	995,624	1,014,549	1,014,549	
	17	Accounts payable and accrued expenses				
, 0	18	Grants payable				
Liabilities	19	Deferred revenue				
Ę	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
iab	21	Mortgages and other notes payable (attach schedule)	0	0	•	
_	22	Other liabilities (describe)	0	0		
	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here			-	
es	ļ	and complete lines 24 through 26 and lines 30 and 31.				
Ç	24	Unrestricted				
<u>a</u>	25	Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here				
Fu		and complete lines 27 through 31.		į.	,	
ō	27	Capital stock, trust principal, or current funds	945,025	945,025		
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1	
se	29	Retained earnings, accumulated income, endowment, or other funds	50,599	69,524		
As	30	Total net assets or fund balances (see page 17 of the				
let		instructions)	995,624	1,014,549		
2	31	Total liabilities and net assets/fund balances (see page 17				
_		of the instructions)	995,624	1,014,549		
		Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with	1 1	227.22	
_		f-year figure reported on prior year's return)			995,624	
		amount from Part I, line 27a	NE OF TRUE	2	17,448	
		increases not included in line 2 (itemize) CAPITAL GAIN ON SA	ALE OF 1-BILLS	3	1,477	
		nes 1, 2, and 3		4	1,014,549	
		eases not included in line 2 (itemize)		5	0	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	1,014,549	

) List and describe the	kind(s) of property sold (e.g., real est e, or common stock, 200 shs MLC Co	ate	(b) How a P—Pure D—Dor	chase	(c) Date acq (mo day,		(d) Date sold (mo day yr)
1a Treasury N	Note			Р		10/3	1/2008	10/31/2009
b	 							
_ <u>c</u>								
d e								
	s sales price	(f) Depreciation allowed (or allowable)		Cost or other basis is expense of sale		((h) Gain or e) plus (f) n	•
_a	279,000	0		2	77,523			1,477
<u>b</u>	0	0						0
_c 	0	<u>0</u>			0			<u>0</u> 0
_ u	0	0						
	only for assets showi	ng gain in column (h) and owned	by the fou	ndation on 12/31		(I) Ga	uns (Col. (h) gain minus
	as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of col (i) ver col (j), if any		col (k)		ss than -0-) or
_a	0	0	 				1,477	
b	0	0						0
	0	0			0			0
e	0	0			0			0
	in net income or (narcanitalineel (-		n Part I, line 7 n Part I, line 7	}	2		1,477
If gain, als	so enter in Part I, Ii	or (loss) as defined in section ine 8, column (c) (see pages -0- in Part I, line 8	. ,	` '	}	3		0
Part V Qu	alification Und	er Section 4940(e) for Re	duced T	ax on Net Inv	vestmen	t Income		
Was the found If "Yes," the fo	dation liable for the bundation does no	ave this part blank e section 4942 tax on the dist t qualify under section 4940(unt in each column for each y	e) Do not	complete this	part.			
	(a)		1001,000			113 501010 1	<u>_</u>	d)
	period years	(b) Adjusted qualifying distribution	ns Netv	(c) value of noncharital	ble-use asse	ts	Distribu	ition ratio
Calendar year (or tax year beginning in) 2008	<u> </u>	,352		970,7		ol (b) divid	ded by col (c)) 0 005513
	2007		,752		934,99			0 020056
	2006		240		914,63			0 038529
	2005		,415		935,6	50		0 049607
	2004	28	,201		952,64	43		0 029603
	ne 1, column (d)	the 5-year base period—div	Ide the tot	al an line 2 hv	5 or by	2		0 143308
		ndation has been in existence			o, or by	3		0 028662
4 Enter the	net value of nonch	aritable-use assets for 2009	from Part	X, line 5		4		998,432
5 Multiply lin	ne 4 by line 3					5		28,617
6 Enter 1% of net investment income (1% of Part I, line 27b)))		6		350	
7 Add lines	7 Add lines 5 and 6				7		28,967	
If line 8 is		from Part XII, line 4 . r than line 7, check the box in	ı Part VI, I	ine 1b, and co	mplete tha	8 at part usin	ıg a 1% t	16,087 ax rate See

1 a Exempt operating foundations described in section 4940(p), check here □ and enter "NA" on line 1 Date of ruling or determination letter Date of ruling or determination letter	'! orn	990-PF (2005) LIVINGSTON COMMUNITY TRUST, INC					36-04	9854:	2 F	Page 4
1 a Exempt operating foundations described in section 4940(3)?, check here \$\sqrt{100}\$ and enter "NA" on line 1 Dote of ruling or determinant on letter (100 miles) and the section 4940(8) requirements in Part V. check here \$\sqrt{100}\$ and enter 1% of Part I. line 270 C All other of umsite foundations that meet the section 4947(a)(1) fruits and taxable foundations only. Others enter -0-) 3 700 2 Tax unders section 511 (domestic section 4947(a)(1) fruits and taxable foundations only. Others enter -0-) 3 700 3 700 3 700 3 700 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Cadist/Payments a 2009 essumated tax payments and 2009 overpayment credited to 2009 b Evernol foreign organizations—as withheld at source c Tax paid vith application for extension of sime to the (Form 888) c B Evernol foreign organizations—as withheld at source c Tax based in large and payments. Add lines 5 and 8 is incredited to 2009 c B Evernol foreign organizations—as a withheld at source c Tax based in large and payments. Add lines 5 and 8 is incredited to 2009 c B Evernol foreign organizations—as a discredited to 2009 c B Evernol foreign organization for extension of sime to the (Form 888) c B C C C A statements (I for a state of the foreign organization for extension of sime to the (Form 888) c B C C C C C C C C C C C C C C C C C C	Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 49	40(b)	, 4940(e), or 4948—see p	age	18 of th	ie ins	struct	tions)
Damestic foundations that meet the section 4940(e) requirements metal v. check here										T
b Domestic foundations that meet the section 494(e)e requirements in Part V, check nere			_				}			
c All other dimastic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part Line 12, cot (c) of	t	Domestic foundations that meet the section 4940(e) requirements in Part V, che			}	1	ļ		700	<u> </u>
2 To under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 700 Add lines 1 and 2 Add lines 1 and 2 Subtitle A (income) lax (demestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Subtitle A (income) lax (demestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or liss, enter -0- Credis/Payments a 2009 estimated tax payments and 2008 overpayment credited to 2009 Ba 840 Be went priorigian organizations—tax withheld at source C Tax paid with application for extension of time to file (Form 886) Be Enter any penalty for undergoughwent of estimated tax Check here	c		ns en	ter 4%	J					
3 Add lines 1 and 2 Subtille A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 15 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 16 Creditis/Payments 17 A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 17 A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 18 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 19 Creditis/Payments 10 Creditis/Payments 10 Devenpt foreign organizations—Lax withheld at source 10 Overpayment if the chair of lines 5 and 6 is more than line 7. enter amount owed 10 Overpayment if line 7 is more than the total of lines 5 and 8. enter the amount of overpaid 10 Overpayment if line 7 is more than the total of lines 5 and 8. enter the amount overpaid 10 Overpayment if line 7 is more than the total of lines 5 and 8. enter the amount of overpaid 10 Overpayment if line 7 is more than the total of lines 5 and 8. enter the amount of overpaid 10 on the company of line 10 on Concelled to 2019 estimated tax 10 on the foreign of line 11 on 10 o		of Part I, line 12, cot (b)								
4 Subtle A (nacome) lax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter-0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0- 5 Tax based with application for extension of time to file (Form 8858) 6 C O D Everny foreign originarizations—ax withheld at source 6 Tax paid with application for extension of time to file (Form 8858) 6 C O D D Everny foreign originarizations—ax withheld at source 7 Tax paid with application for extension of time to file (Form 8858) 8 C O D D Everny foreign originarization of extension of time to file (Form 8858) 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 11 D Into the line amount of line 10 to be Credited to 2010 estimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if year or line and the properties of the file or line instructions for definition? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if year line answer is "yes" to 4 or 15, attach a detailed description of the activities and copies (see page 19 of the instructions for definition)? 14 If the answer is "yes" to 4 or 15, attach a detailed description of the activities and copies of any materials published of distributed by the foundation in connection with the activities and copies of any materials published of distributed by the foundation and contributed in the IRS? 15 Has the foundation line is Form 1120-POL for this year? 16 Enter the	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ons o	nly Others	enter -0-)	2				
5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Credits/Payments and 2008 overpayment credited to 2009 6 Evernpt foreign organizations—lax withheld at source 7 Tax paid with application for extension of time to fite (Form 8868) 6 Ed 6 D							ļ		700)
5 Credits/Payments a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Evempt foreign organizations—Law withheld at source c Tax paid with application for extension of time to file (Form 9868) d Backup withholding erroneously withheld f Total credits and payments. Add lines 6a through 6d c Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 5 and 8 is more than file of the credit of the credit of lines 5 and 8 is more than file of the credit of lines 5 and 8 is more than file of lines 5 and 8 is m				-	s enter -0-)		ļ			ļ
a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Evempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8858) d Backup withholding erroneously withheld T Total credits and payments. Add line S at shrough 6d Enter any penalty for underpayment of estimated tax. Check here	· · · · · · · · · · · · · · · · · · ·								700	
b Evempt foreign organizations—lax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroreously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here										1
C. Tox paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6s through 6d 8 Enter any penalty for underpayment of estimated tax. Check here		T								
d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here						ĺ	İ			
8 Enter any penalty for underpayment of estimated tax Check here		·				١.	l .			
8 Enter any penalty for underpayment of estimated tax. Check here	_			L		7			840	
9 Tax due if the total of lines 5 and 8 is more than tine 7, enter amount owed 10 Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Enter the amount of line 10 to be Credited to 2010 estimated tax 140 Refunded 11 0 11 0 12 11 0 12 12 12 12 12 12 12 12 12 12 12 12 12 1			n 222	0 is attach	ed	<u> </u>				
11 Enter the amount of line 10 to be Credited to 2010 estimated tax 140 Refunded ▶ 11 0 PartVII-A Statements Regarding Activities	9				•					+
a During the ias year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Yes No participate or intervene in any political campaign? 1	10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount	over	paid	▶	10			140	
I a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation file Form 1120-PDL for this year? If Eler the amount (i' any) of tax on political expenditures (section 4955) imposed during the year If On the foundation S (2) On foundation managers S Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities A Has the foundation made any changes not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes A Did the foundation have unrelated business gross income of \$1,000 or more during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? A was the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument to that no mandatory directions that conflict with the state law remain in the governing instrument of the confliction	1 1	Enter the amount of line 10 to be Credited to 2010 estimated tax		140	Refunded ▶	11			C	
participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation file Form 1120-POL for this year? It is earnoun; ("any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsim \sum_{\text{set}} = \text{if any in paid by the foundation during the year for political expenditure tax imposed on foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$\Bigsim \sum_{\text{if Yes}} = \text{state a detailed description of the activities}} 1 Has the foundation and any changes not previously reported to the IRS? If "Yes," attach a detailed description of the activities of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 1 A a Dd the foundation have unrelated business gross income of \$1,000 or more during the year? 4 a Dd the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section \$08(e) (relating to sections 4941 through 4945) satisfied either 8 by language in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II col (c), and Part XV 8 a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8 by the	Pa	t VII-A Statements Regarding Activities								
participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation fle Form 1120-POL for this year? (I E iter the amount (i' any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \(\text{is year} \) E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers E Has the foundation engaged in any activities that have not previously been reported to the IRS? Has the foundation engaged in any activities that have not previously been reported to the IRS? Has the foundation managers A a Dd the foundation have unrelated business gross income of \$1,000 or more during the year? 4 a Dd the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 4 a Dd the foundation the interval of this year? 4 b N/A The stax iffied a lax return on Form 990-T for this year? 5 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either 6 by language in the governing instrument, or 8 by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Dd the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II col (c), and Part XV 8 a Enter the states to which the foundation furnished a copy of form 990-PF to the Attoriey General (or designate) of each state a	1 a	During the tax year, did the foundation attempt to influence any national, state, or	or loca	al legislation	on or did it				Yes	No
b Did it spend more than \$100 during the year (either directly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities (E. Did the foundation file Form 1120-POL for this year? If the answer is "Yes" of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \(\) \(· · · · · · · · · · · · · · · · · · ·							1a		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation file Form 1120-PDL for this year? (1) On the foundation										
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	-							10		X

Did the foundation hold more than a 2% direct or indirect interest in any business

If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from leopardy before the first day of the tax year beginning in 2009?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

enterprise at any time during the year?

if the foundation had excess business holdings in 2009)

N/A

Х

3b

4a

4b

Yes X No

	1 990-PF (2009) LIVINGS I ON COMMUNITY				36-0498	3542	P	age b
Ĵέ	t VII-B Statements Regarding Activiti	es for Which For	m 4720 May Be F	Required (continued))			
5a	During the year did the foundation pay or incur any	y amount to			_			
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Yes	X No			l
	(2) Influence the outcome of any specific public		1955), or to carry		\			i
	on, directly or indirectly, any voter registratio	n drive?		Yes	X No			
	(3) Provide a grant to an individual for travel, stu	ıdy, or other sımılar pu	rposes?	Yes	X No		, ,	į
	(4) Provide a grant to an organization other than	n a charitable, etc. org	anization described				;	
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 2	2 of the instructions)	Yes	X No		, 1	
	(5) Provide for any purpose other than religious, educational purposes or for the prevention of		•	Yes	X No]	i I
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qua	lify under the excepti					ı
	Regulations section 53 4945 or in a current notice				}	5b	N/A	ı
	Organizations relying on a current notice regarding			· •				
С	If the answer is "Yes" to question 5a(4), does the f				_	ł	}	
tax because it maintained expenditure responsibility for the grant?								
	If 'Yes," attach the statement required by Regulati	ons section 53 4945–5	5(d)			ĺ		
3a	Did the foundation, during the year, receive any fu	nds directly or indirect	lly, to pay		أ	1	ì	
	premiums on a personal benefit contract?			Yes	X No		ŀ	
þ	Did the foundation, during the year, pay premiums	contract?		6b		X		
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation	n a party to a prohibited	d tax shelter transacti	on? Yes	X No			
b	If yes, did the foundation receive any proceeds or	have any net income a	ittributable to the tran	saction?		7b		Υ
P	rt VIII! Information About Officers,	Directors, Trust	ees, Foundation	Managers, Highly	Paid Emp	oloye	es,	
	and Contractors							
1	List all officers, directors, trustees, found			tion (see page 22 of t	the instruc	ction	s)	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			e accou	
See	Attached Statement							
		00	0		0			0
		00	0		0			0
		00	0		0			0
_		00	·		0			0
2	Compensation of five highest-paid employ If none, enter "NONE."	yees (other than th	ose included on li	ine 1—see page 23 of	f the instru	uctio	ns).	
		(b) Title, and average	age	(d) Contributions to employee benefit	1	voore	e accou	.01
(a)	Name and address of each employee paid more than \$50 to		1 ' ' '	on plans and deferred			wances	
_		devoted to posit.	Jn	compensation				
Λοί.	ne							
· · ·								
	·		_					
. 								
		···						
								
ot	al number of other employees paid over \$50,0	000 .					T	0

Form 990-PF (2009)

Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Pai	d Employee	es,
3 Five highe	st-paid independent contractors for professional services (see pa	age 23 of the instructions). If none, enter	er "NONE."	
	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	ensation
NONE				0
				0
				0
				0
			 	0
Total number of	of others receiving over \$50,000 for professional services		>	1
Part IX-A	Summary of Direct Charitable Activities			
	ns four largest direct charitable activities during the tax year. Include relevant stati canizations and other beneficiaries served, conferences convened, research paper		Expen	ses
1 NONE				
2				
3				
4				
Part IX-B S	ummary of Program-Related Investments (see page 24	f of the instructions)		
	argest program-related investments made by the foundation during the tax year or		Amou	nt
1				
2				
All other program-r	elated investments. See page 24 of the instructions			0

Total Add lines 1 through 3

Form 990-PF (2009)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses contributions gifts, etc —total from Part I, column (d), line 26	1a	16,087
b	Program-related investments—total from Part IX-B	1b	C
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	C
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	16,087
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	16,087
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne foundation	

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

11 561

9,698

905

958

Subtract lines 7 and 8 from line 6a

Analysis of line 9 a Excess from 2005

b Excess from 2006

c Excess from 2007 d Excess from 2008

e Excess from 2009

10

Form	1990-PF (2009) LIVINGSTON COMMUNITY	TRUST, INC			36-0498	542 Page 10
	TXV Private Operating Foundations (s	see page 27 of the	instructions and	d Part VII-A, que	stion 9)	
1 a	If the foundation has received a ruling or determination and the ruling is effective for 2009, ent			•		
b	Check box to indicate whether the foundation is a	private operating found	dation described in :	section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	0	0			C
b	35% of line 2a	0	0	0	0	0
L	Qualifying distributions from Part XII,					
	line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b or c for the	0	0			0
,	alternative test relied upon		1		}	
a	'Assets" allernative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	اه	o			0
С	Support alternative test—enter					
Ŭ	(1) Total support other than gross			}		
	investment income (interest,		,			
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as previded in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	t XV Supplementary Information (Cor	nplete this part o	nly if the found	lation had \$5,00	00 or more in	
	assets at any time during the year					
1	Information Regarding Foundation Manag	ers:				
a	List any managers of the foundation who have con				e foundation	
	before the close of any tax year (but only if they ha	ve contributed more th	ian \$5,000) (See se	ection 507(d)(2))		
NOI						
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				on of the	
MOI		the loundation has a	10 % of gleater lines	Cot		
<u>NOI</u> 2	Information Regarding Contribution, Gran	Gift Loan Schol	arship etc. Proc	rame:		
_	Check here If the foundation only makes		• • • • • •		not accept	
	unsolicited requests for funds. If the foundation ma					ns
	ince: other conditions, complete items 2a, b, c, an			,	J	
а	The name address, and telephone number of the	person to whom applic	ations should be ad-	dressed		
		•				
MAI	RLEEN ANDERSON PO BOX 1223 LIVINGS	TON MT 59047 406	5-222-0412			
b	The form in which applications should be submitted	and information and i	materials they shoul	d include		
SEE	ATTACHED					
	Any submission deadlines					
4 1101		v goographical star-	charitable fields In-	de of metitute ===	othor	
CI	Any restrictions or limitations on awards, such as b factors	y geographical areas,	снантаріе пеюs, кіп	ius oi iristitutions, or	omer	
ΡΔΕ	RK COUNTY AND LIVINGSTON MONTANA					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		r Future Pa	yment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	show any relationship to status of contribution any foundation manager status of contribution			
Name and address (home or business) a Paid during the year	or substantial contributor	recipient			
CRAZY MOUNTAIN PRODUCTIONS			AUTOMATIC		
HIGHWAY 89 SOUTH LIVINGSTON MT 59047 WESTERN SUSTAINABILITY EXCHANGE	NONE	}	TICKETING MACHINE SUSTAINABILITY	710	
SOUTH YELLOWSTONE LIVINGSTON MT 59047 HOLIDAY LIGHTS	NONE	i	PROGRAM HOLIDAY LIGHTING	5,000	
MAIN STREET LIVINGSTON MT 59047	NONE		PROGRAM	5 500	
		ç İ		0	
				0	
		İ		0	
				0	
				0	
				0	
				0	
				0	
	:			0	
				J	
				0	
			:	0	
				0	
Total .			D 35		
b Approved for future payment	T		▶ 3a	11,210	
CRAZY MOUNTAIN PRODUCTIONS HIGHWAY 89 SOUTH LIVINGSTON MT 59047	NONE		AUTOMATIC TICKETING	290	
LIVINGSTON YOUTH SOCCER ASSOC SOCCER COMPLEX LIVINGSTON MT 59047	NONE		SOCCER COMPLEX	30,000	
THEATRE GU.LD (BLUE SLIPPER) EAST CALLENDER LIVINGSTON MT 59047	NONE		WIRING PROJECT	7,500	
				0	
				0	
				0	
				0	
				0	
				0	
Total		· · · · · · · · · · · · · · · · · ·	▶ 3b	37 790	

LIVINGSTON COMMUNITY TRUST,		 		36-049	8542 Page I
Part XVI-A Analysis of Income-Producing Activ	/ities				
	Unrelated busi	ness income	Excluded by section	on 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated 1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions)
a		0		0	
b		0		0	
С		0		0	
d		0		0	
e		0		0	
f		0		0	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					33,53
4 Dividends and interest from securities					<u> </u>
5 Net rental income or (loss) from real estate			-l		
a Debt-financed property					
b Not cebt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	(
b		0		0	
c		0		0	(
d		0		0	
e		0		0	(
12 Subtotal Add columns (b), (d), and (e)	• ,	0		0	33,53
13 Total Add line 12 columns (b) (d) and (e)				13	33,53
See worksheet in line 13 instructions on page 28 to verify calcu					
Explain below how each activity for which income the accomplishment of the foundation's exempt p page 28 of the instructions)	is reported in colui	mn (e) of Part XV	/I-A contributed in		
3 INVESTMENT INCOME					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	ın sec	e organization directly tion 501(c) of the Code izations?								Yes	No
а	Transf	fers from the reporting	foundation to	a noncharitable e	exemipt organiza	ation of	-				İ
	(1) Ca	· · · · · · · · · · · · · · · · · · ·			,				1a(1)		>
	(2) 01	ther assets							1a(2)		Х
b	Other	transactions									
		ales of assets to a non-							1b(1)		X
		urchases of assets fror			nization .		•		1b(2)		Χ
		ental of facilities, equip		er assets			•	i	1b(3)		入
		eimbursement arrange			•				1b(4)		_X
		oans or loan guarantee		. 6.1					1b(5)		_X_
_		erformance of services							1b(6)		<u>_X</u> _
		ng of facilities, equipme	_						1c		<u>X</u> _
a	value (answer to any of the ab of the goods, other ass in any transaction or sh	sets, or servic	es given by the re	porting foundat	ion If t	he foundation re	ceived less than	fair m	arket	Ł
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exemp	t organization	(d) De	scription of transfers,	transactions, and sha	aring arra	angeme	ents
		0									
		0				_					
		0					- · · · · · - · - · - · · - · · · · · ·				
		0									
		0	 						- -		
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		0									
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		Ö									
		o									
		0								_	
		0								-	
		0									
	describ	foundation directly or in bed in section 501(c) of s," complete the following (a) Name of organization	of the Code (o	ther than section !	ed to, one or mo 501(c)(3)) or in a of organization	re tax- section	527?	Y		No	
		(=) (tollie of Organization)		(b) Type	o, organization		(c) Des	cription of relationship			
_				-							
-											
മ	belief	e- panalties of perjury. I declar filt is true correct, and complete or the co	re that I have examine to Declaration of	mined this return includ of preparer (other than to	ling accompanying s axpayer or fiduciary)	schedules s based	on all information of	to the best of my knowhich preparer has a	wledge ny krow	and ledge	
er	/ Śig	nature of officer or trustee			Date	e	Titl	e			
Sign Here	Paid Preparer's Use Only	Preparer s signature Firms name (or you's if	ARSVALT	ER LUS & WALTER, P.C.	Date 4/23/2010)	Check if self-employed ▶	Preparer's ide number (see 5 page 30 of the	Signatur		
	-	self-employed), address,			NAT 50047				222.0	400	
		and ZIP cod	LO BOX	887, LIVINGSTO	N, IVI 1 5904/				222-2 n 990-		(909)

Livingston Community Trust

APPLICATION FOR LIVINGSTON COMMUNITY TRUST PROJECT FUNDING

Date of Application:	
Applicant:	
Address:	
Contact Person: Title	
Contact Person Phone: Applicant	Phone:
Project Name:	
Project Name:Brief Description of Applicant:	
Brief Statement of Purpose:	
	
Current Status of Project:	
	
Project Start Date: Project Completion Date:	
Source of Future Funds (to include how project will be made self-sustain	
	
How Progress Reports will be Submitted:	
	
Other Pertinent Information:	

Amount Requested from LCT	\$
Date funds are needed	
Amount of Matching Funds	\$
Other funding Sources and Amounts for this project (total received and pledged)	\$
Other Funding Sources and Amounts currently being applied for from other Sources (list sources)	s
Total Project Budget (include breakdown of project costs)	s

Return original application plus 9 copies (10 total) with supplementary information to:

LIVINGSTON COMMUNITY TRUST P.O. BOX 1223 LIVINGSTON, MONTANA 59047

Line 18 (990-PF) - Taxes

												_
718	Disbursements for Charitable Purposes		718			:	-				1	•
0												•
	Adjusted Net Income											
0	ent					1	1					!
	Net Investment Income					•						,
718	ses		718	_						. ,		
	Revenue and Expenses per Books			_			Ť		,			
		e 20								•	t	ı
	Description	Real estate tax not included in line 20	Tax on investment income							,		
			2	က	4	2	9	7	8	6	10	

ONI TRUBT YTHUMMOO NO IRMIT

Line 23 (990-PF) - Other Expenses

	359	0	0	359
	Revenue and			Disbursements
-	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 Amortization See attached statement	0	0	0	
2 Fund Raising				
3 SECRETARY OF STATE FEE	7.			4
4 POST OFFICE RENT	02			2. 7
5 INTERNET SITE	195			195
6 OFFICE SUPPLIES	62			8 6
7	1			_
8	ŧ.	1		
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10				
]	_	-		

ONLESTAL COMMINITY TRUST INC

4-100-0-7

Line 16b (990-PF) - Accounting Fees

_ 1					_	_								 ,
920	Disbursements	or charitable	Purposes	(Cash Basis Only)	200	20			1		,			
	٦	₽		ပ္				1	į		l f			
0				+				;	-	-,	 		1	-
			Adjusted Net	Income					· ·		i			ŀ
0			_	1				- 		-	-			—
			Net Investment	Income				-			1		,	
920		Revenue and	Expenses per	Books	200	50						,	•	
!									í					
			ation or	Service	C	s.		,		,				!
			Name of Organization or	Person Providing Service	BLAKELY & WALTER, P C	EK RILEY INVESTMENTS			,		,	I	'	
			_		-	2	3	4	5	9	7	æ	6	10

ONI L'SITAL ALINITAWNOO NOLSONDAL

ะ เราะสมพยาษิร์

Line 16c (990-PF) - Other Fees

!		3 250	0	0	3 250
		Revenue and			Disbursements for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
ı	Person Providing Service	Books	Income	Income	(Cash Basis Only)
	MARLEEN ANDERSON	3 250			3.250
l i					
١.					
1		1			
		1 1		1	
	,	1	1	•	•
	1		•	•	
l	1		,		

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

The Address of Manager and September 1

	<u> </u>		1 US	5	က	4	2	9	7	œ	6
		Description	US TREASURY NOTE 8DB3								
277.523	Book Value	Beg of Year	277,523								
0	Book Value										
286,564	FMV	Beg of Year	286,564								
	FMV	End of Year									
	FMV Check "X" if Federal Check "X" if State/	Ohligation	×								
	Check "X" if State/	Local Obligation									

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

1

	Check "X"					Foreign		Average
Name	if Business	Street	City	State	Zip Code	Country	Title	Hours
1 JOHN SULLIVAN		P O BOX 1283	LIVINGSTON	MT	59047		PRES	5
2 JOHN BAILY		P O BOX 1019	LIVINGSTON	M	59047		٩٧	9
3 ROBERT JOVICK		P O BOX 1245	LIVINGSTON		59047		SEC	5
BEVERLY HARRIS		P O BOX 461	LIVINGSTON		59047		TREAS	5
5 TOM DAVIS		P O BOX 638	LIVINGSTON	M	59047		DIE	5
6 LYNN FUQUA		321 SOUTH 9TH ST	LIVINGSTON		59047		DIR	2
MARK PESA		1106 WEST PARK ST	LIVINGSTON		59047		DIR	2
8 VICKIE BLAKEMAN		326 S MAIN ST	LIVINGSTON	M	59047		DIR	2
9 MARTY MALONE		414 EAST CALLENDER	LIVINGSTON		59047		DIR	2
10								

8888 ms

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

(HTA

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o	•	•
Do not complete Part II unless you have already been granted an automatic 3-month extension or		ed Form 8868
Part I Automatic 3-Month Extension of Time. Only submit original (no copies need	•	
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check the	s box and comp	le te
Part I only		▶ []
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 time to file income tax returns	04 to request an	extension of
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut	omatic extension	n of time to file one
of the returns noted below (6 months for a corporation required to file Form 990-T) However, you ca		
electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 99		
returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed an Form 8868. For more details on the electronic filing of this form, visit www.iis.gov/efile.and.click.on.e		
	Employer identif 6-0498542	ication number
Number, street, and room or suite no. If a P.O. box, see instructions	0-0430042	
due date for P O BOX 1223		
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions		
instructions LIVINGSTON	MT 59	9047-1223
Check type of return to be filed (file a separate application for each return)		_
Form 990 Form 990-T (corporation)		Form 4720
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
Form 990-EZ Form 990-T (trust other than above)		Form 6069
		Form 8870
• The books are in the care of ▶ BLAKELY & WALTER, P.C. 228 SOUTH MAIN STREET LIVING Telephone No ▶ 406-222-2462 FAX No ▶ If the organization does not have an office or place of business in the United States, check this book if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) is for the whole group, check this book is twith the names and EINs of all members the extension will cover	x	If this and attach a
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extens	ion of time	
until 8/15/2010 , to file the exempt organization return for the organization		The extension
is for the organization's return for		
► X calendar year 2009 or		
▶		
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in	accounting period
2 a lifetius analysation in far Form 200 PL 200 PE 200 T 4720 or 6060 antes the tentative tax		
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	Ja	-
payments made Include any prior year overpayment allowed as a credit	3b	\$ 122
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required		<u> </u>
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
System) See instructions	3c	\$ 0
Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453	-EO and Form 8	879-EO
for payment instructions		
For Privacy Act and Paperwork Reduction Act Notice, see Instructions	Forn	n 8868 (Rev 4-2009)