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## Form 990-PF

#### Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service For calendar year 2013 or tax year beginning , and ending A Employer Identification number Name of foundation LIVINGSTON COMMUNITY TRUST, INC. Number and street (or PO, box number if mail is not delivered to street address) Room/suite 36-4098542 P.O. BOX 1223 B Telephone number (see instructions) City or town ZIP code State LIVINGSTON 59047-1223 MT 406-222-0412 Foreign country name Foreign postal code Foreign province/state/county C If exemption application is pending, check here Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation . . . . Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here ... Fair market value of all assets at J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ► \$ 932,223 (Part I, column (d) must be on cash basis.) Part I - Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily . expenses per income purposes income books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 10,000 2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 5,953 5,953 Dividends and interest from securities . . . . . . Gross rents . . . . . . . . . . . . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . . . 9 Income modifications . . . . . . 10a Gross sales less returns and allowances Less: Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . . . . . . . . 12 Total. Add lines 1 through 11 . . 15.953 5,953 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages V. -. ] 15 Pension plans, employee benefits Legal fees (attach schedule)

Accounting fees (attach schedule)

Other professional fees (attach schedule) 16a 500 500 3,000 3,000 17 Taxes (attach schedule OGT 18 161 161 19 Depreciation (attach schedule) and depletion 20 Occupancy . . . . . . . . . . 21 Travel, conferences, and meetings 22 Printing and publications . . . . 23 Other expenses (attach schedule) . 209 209 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . . . . 3,870 3,870 25 Contributions, gifts, grants paid . . . . . . 12,948 26 Total expenses and disbursements. Add lines 24 and 25 16.818 3,870 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements . -865 **Net investment income** (if negative, enter -0-) . . . 2.083 Adjusted net income (If negative, enter -0-)

Da	art II	Attached schedules and amounts in the description column should be for and of year amounts only (See instructions)		End o	of year	
		Should be for end-or-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	400	400	400	
	2	Savings and temporary cash investments	932,688	931,823	931,823	
i	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable	1.1	n en en en en en en		
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other	1			
		disqualified persons (attach schedule) (see instructions)				
1	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts				
ध	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis			<del></del>	
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe )				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	933,088	932,223	932,223	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ë.	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ab	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here				
alances	ì	and complete lines 24 through 26 and lines 30 and 31.				
ŭ	24	Unrestricted	i			
	25	Temporarily restricted			•	
	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31.	ļ .		e e e e e e e e e e e e e e e e e e e	
ō	27	Capital stock, trust principal, or current funds	945,025	945,025		
şş	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
55	29	Retained earnings, accumulated income, endowment, or other funds	-11,937	-12,802	. <del> </del>	
4	30	Total net assets or fund balances (see instructions)	933,088	932,223		
ē	31	Total liabilities and net assets/fund balances (see				
_	]	instructions)	933,088	932,223		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
		net assets or fund balances at beginning of year—Part II, column (a)	, line 30 (must agree w	uth		
		of-year figure reported on prior year's return)	•		933,088	
2		amount from Part I, line 27a		2	-865	
3		s in any ages wat materials at the O (themsima)		3		
4		ines 1, 2, and 3	·	4	932,223	
5		eases not included in line 2 (Itemize)	· •	5	002,220	
		net assets or fund balances at end of year (line 4 minus line 5)—Pan	t II, column (b), line 30		932,223	

Part	(a) List and describe t	Id Losses for Tax on Investment the kind(s) of property sold (e.g., real estate ouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr )
1a						<u> </u>
b				<del> </del>		
c				1		
d						
е						
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		other basis nse of sale		nn or (loss) (f) minus (g)
a						· · · · · · · · · · · · · · · · · · ·
<u> </u>						
<u>c</u>		ļ				
d						
<u>e</u>		<u> </u>				
	Complete only for assets s	howing gain in column (h) and owned	l by the foundation	on 12/31/69		ol (h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) or from col (h))
<u>a</u>						
b		<u> </u>				<del></del>
C			 		<del> </del>	<del></del>
d			<u> </u>	<del></del>	<del></del>	
<u> </u>		<u> </u>	<u> </u>		<del></del>	<del></del>
2	Capital gain net income of	rinercanitalinssi 3	also enter in Par ), enter -0- in Par	<b>&gt;</b> 1	2	0
3	· -	n or (loss) as defined in sections 1			j	
	•	l, line 8, column (c) (see instruction	ns)  If (loss), ente	er -0- in }	}	
		<u>,</u>		<u> </u>	3	0
Part	V Qualification Uni	<u>der Section 4940(e) for Redu</u>	uced Tax on N	<u>et investment in</u>	come	
Was t	tion 4940(d)(2) applies, leav the foundation liable for the s," the foundation does not	section 4942 tax on the distributa qualify under section 4940(e). Do	ble amount of an not complete this	y year in the base p s part.	eriod?	☐ Yes 🔀 No
1	Enter the appropriate amo	ount in each column for each year,	see the instructi	ions before making	any entnes	
Cal	(a) Base period years endar year (or tax year beginning In	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use asse		(d) stribution ratio divided by col (c))
	2012		3,426	928,0		0.046790
	2011	20	6,282	953,5	39	0.027563
	2010	49	9,356	993,3	66	0.049686
	2009	10	6,087	998,4	32	0 016112
	2008		5,352	970,7	18	0 005513
2					. 2	0 145664
3		for the 5-year base period—divide dation has been in existence if les			3	0.029133
4	Enter the net value of non	charitable-use assets for 2013 fro	m Part X, line 5		4	917,958
5	Multiply line 4 by line 3 .				5	26,743
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	21
7	Add lines 5 and 6				7	26,764
8	Enter qualifying distributio	ons from Part XII, line 4 hter than line 7, check the box in P	art VI line 1h en	od complete that re-	8	12,948
	Part VI instructions.	no. shan iino 1, bhook the box iii F	arc vi, illio IV, all	ы сотрыва тасраг	cusing a 176 (a)	ridite See (ile

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(	<del>D), 494</del> 0	(e), or 4946—sec	e insi	truction	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter: (attach copy of letter if nec		er "N/A" on line 1. -see instructions)	}	i.				
b	Domestic foundations that meet the section 4940(e) requirements in Part	V, check	<b>(</b>	}	1			42	
	here ▶ ☐ and enter 1% of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organ Part I, line 12, col. (b).	ızations	enter 4% of	J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	s only. O	thers enter -0-) .		2			0	<u>L_</u>
3 .	Add lines 1 and 2				3			42	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	-			4				<u> </u>
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or le	ess, ent	er-0	•	5			42	<u>.</u>
6	Credits/Payments:	la E	ايم						
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	94						
b,	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868) .	6c 6d							
d 7	Backup withholding erroneously withheld				7			94	
	Enter any penalty for underpayment of estimated tax. Check here			•	8			_34	<del></del>
8 ´ 9 `	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount own				9	-		0	.2
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the an				10	<del></del>		52	
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶	52	Refunded	•	11			0	
Part \	/II-A Statements Regarding Activities								,
1a	During the tax year, did the foundation attempt to influence any national, s	tate, or	local legislation o	r did ı	t			Yes	No
	participate or intervene in any political campaign?						1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for Instructions for the definition)?					.	1b		,
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ.								
	published or distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?					. [	1c	47	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) im	posed o	luring the year.						
	(1) On the foundation. > \$ (2) On foundation ma	nagers.	<b>▶</b> \$			8			
e	Enter the reimbursement (if any) paid by the foundation during the year for	r politica	al expenditure tax	impo	sed	1			
_	on foundation managers. > \$					1			
2	Has the foundation engaged in any activities that have not previously beer If "Yes," attach a detailed description of the activities.	n reporte	ed to the IRS? .	•			2_		X
3	Has the foundation made any changes, not previously reported to the IRS,	_	-	-					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a		• •	ange	es	ŀ	3		·×
48	Did the foundation have unrelated business gross income of \$1,000 or mo		g the year?	• •	• •	·	4a	AVA	X
b E	If "Yes," has it filed a tax return on Form 990-T for this year?			•	•	·	-	N/A	
3	If "Yes," attach the statement required by General Instruction T.	uuiiiig i	uie year ?	•	•	. 4	5_		
6	Are the requirements of section 508(e) (relating to sections 4941 through	4945) sa	atisfied either						
•	By language in the governing instrument, or	10 10, 00	inches outlor.						
	By state legislation that effectively amends the governing instrument so it.	that no i	mandatory direction	ons th	nat	ı			
	conflict with the state law remain in the governing instrument?		=			. [	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete P	art II, col. (c), and Pa	rt XV		. [	7	X	
8a	Enter the states to which the foundation reports or with which it is registered	ed (see .	instructions)	<b>&gt;</b>			-		
	MT								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	n 990-F	PF to the Attorney	Gene	eral				
	(or designate) of each state as required by General Instruction G? If "No,"		· ·				8b	]	
9	Is the foundation claiming status as a private operating foundation within the		•	٠,٠	•				
	or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013	(see ins	structions for Part	XIV):	? If	}	1		
4.5	"Yes," complete Part XIV					. L	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Y			tıng tı	heir			)	
	names and addresses	<u>· · ·</u>	<u> </u>	<u>· · · </u>	<u> </u>		10		X

_Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	Ĺ
	Website address ▶ www.livingstoncommunitytrust.org			
14	The books are in care of ► BLAKELY & WALTER, P.C. Telephone no. ► 406-222	-2462		
	Located at ► 228 SOUTH MAIN STREET LIVINGSTON MT ZIP+4 ► 59047	<b>-</b> -		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		1	▶ [
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country >	<u> </u>		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	125		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	:		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	l P		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	! .		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	÷		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	}		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	:		
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	7.		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	. :		
	were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?	;		
	If "Yes," list the years 20 12 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	Did the foundation held man then a 20% direct or indirect interact in any hydrogen automics	!		
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
<b>L</b>	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
b	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 if the			
	foundation had excess business holdings in 2013.)	25	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	IVA	X
ъ Та	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	+d		^
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X

Part	VIES Statements Regarding Activities	for W	<u>hi</u> ch Form <sup>,</sup>	47 <u>20</u> r	May Be Re	equire	<b>d</b> (contin	ued)		
5a	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to in			section	4945(θ))?		☐ Yes	⊠ No		
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive	•	see section 4		•	•	☐ Yes	⊠ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					Yes	⊠ No			
	(4) Provide a grant to an organization other than a section 509(a)(1), (2), or (3), or section 4940(d)	charita	ble, etc , orga	nizatio			☐ Yes	⊠ No		
	(5) Provide for any purpose other than religious, che purposes, or for the prevention of cruelty to child				or education		☐ Yes	⊠ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the ti	ransac	tions fail to qu	alify ur	nder the exc	eptions	describe	d ın		
	Regulations section 53.4945 or in a current notice in	regardi	ng disaster as	ssistano	ce (see insti	ructions	;)?		5b	N/A
С	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for	oundati	on claim exer	nption t			·	► □ No		
	If "Yes," attach the statement required by Regulatio	ns sec	tion 53.4945-	5(d)						1
6a	Did the foundation, during the year, receive any fun on a personal benefit contract?					ns	☐ Yes	⊠ No		
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870.	directl	y or indirectly,	on a p	ersonal ber	efit cor	tract?		6b	X
7a b	At any time during the tax year, was the foundation a partif "Yes," did the foundation receive any proceeds or					o trans	Yes			NA
	VIII Information About Officers, Director									
	and Contractors	,,				,			٠,٥,٥,٥	,,,
1	List all officers, directors, trustees, foundation n	nanag	ers and their	compe	ensation (s	ee inst	ructions).			
	(a) Name and address	(b) Titl	e, and average irs per week ted to position	(c) Co (if	mpensation not paid, nter -0-)	(d) empl	Contributions byee benefit ferred compe	s to plans		nse account, llowances
See A	ttached Statement		.00		0					
			.00		o					
			.00		o					
<b></b>			00		0					
2	Compensation of five highest-paid employees (c "NONE."	other t	han those in	cluded	on line 1—	see ins	structions	). If no	ne, ente	r
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contribution employee plans and compens	benefit leferred		se account, llowances
NONE						-				
									- <del></del>	
								i	<del></del>	
							<del></del>		<del>                                     </del>	
Total	number of other employees paid over \$50,000	<u> </u>	L	<del></del> -	<u></u>			<b></b>	<u> </u>	

All other program-related investments See instructions.

Total. Add lines 1 through 3

Form 990-PF (2013)

0

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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1 purposes: 1a 1b 931,937 1c 1d 931,937 Reduction claimed for blockage or other factors reported on lines 1a and 2 Acquisition indebtedness applicable to line 1 assets . . . . 2 3 931,937 3 Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see 13.979 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 917,958 Minimum investment return. Enter 5% of line 5 . . . . . 6 45,898 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here 

| | and do not complete this part | 45.898 2a Income tax for 2013. (This does not include the tax from Part VI.) . . . . . . | 2b 2c G 42 3 Distributable amount before adjustments. Subtract line 2c from line 1 . . . 3 4 4 5 5 45,856 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 45,856 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . . . . . 1a 12,948 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3 Amounts set aside for specific charitable projects that satisfy the: За Cash distribution test (attach the required schedule) . . . . . . **3b** Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 12,948 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 instructions) 5 6 6 12,948 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

2 Undistributed income, if any, as of the end of 2013:	
line 7	
2 Undistributed income, if any, as of the end of 2013: Enter amount for 2012 only Total for prior years: 20 09 , 20 10 , 20 11 Excess distributions carryover, if any, to 2013: From 2008 958 From 2009 958 From 2010 2 2 From 2011 960 From 2011 960 Qualifying distributions for 2013 from Part XII, line 4: \$ 12,948 Applied to 2012, but not more than line 2a Applied to undistributed income of prior years (Election required—see instructions) Treated as distributions out of corpus (Election required—see instructions) Remaining amount distributed out of corpus . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) Emter the not total of each column as imdicated below:	856
Enter amount for 2012 only	
Total for prior years: 20 09 , 20 10 , 20 11 19,270  Excess distributions carryover, if any, to 2013:  From 2008 958  From 2009 958  From 2010 2  From 2011 960  Qualifying distributions for 2013 from Part XII, line 4: \$ \$ 12,948  Applied to 2012, but not more than line 2a 12,948  Applied to undistributed income of prior years (Election required—see instructions) 15  Treated as distributions out of corpus (Election required—see instructions) 15  Excess distributions carryover applied to 2013 (If an amount must be shown in column (d), the same amount must be shown in column (a).)  Emter the most total of each column as Incoleased below:	
Excess distributions carryover, if any, to 2013:  From 2008 958  From 2009 958  From 2010 2  From 2011 960  Qualifying distributions for 2013 from Part XII, line 4: \$ \$ 12,948  Applied to 2012, but not more than line 2a 12,948  Applied to undistributed income of prior years (Election required—see instructions) 17 rested as distributions out of corpus (Election required—see instructions) 18 excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as inclinated below:	
a From 2008 958 b From 2009 2010 2 d From 2011 960 From 2012 960  4 Qualifying distributions for 2013 from Part XII, line 4: ▷ \$ 12,948 a Applied to 2012, but not more than line 2a 12,948 b Applied to undistributed income of prior years (Election required—see instructions) 17 reated as distributions out of corpus (Election required—see instructions) 18 Applied to 2013 distributed amount 19 Applied to 2013 distributed out of corpus 19 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as inclicated below:	
© From 2010	
© From 2010	
From 2012	
From 2012	
Qualifying distributions for 2013 from Part XII, line 4: ▷ \$ 12,948  □ Applied to 2012, but not more than line 2a	
Qualifying distributions for 2013 from Part XII, line 4: ▷ \$ 12,948  □ Applied to 2012, but not more than line 2a	
Iline 4: D \$ 12,948  Applied to 2012, but not more than line 2a 12,948  Applied to undistributed income of prior years (Election required—see instructions)  Treated as distributions out of corpus (Election required—see instructions)  Applied to 2013 distributable amount  Remaining amount distributed out of corpus  Excess distributions carryover applied to 2013  (If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as indicated below:	
Applied to undistributed income of prior years   (Election required—see instructions)	
Applied to undistributed income of prior years   (Election required—see instructions)	
(Election required—see instructions)  Treated as distributions out of corpus (Election required—see instructions)  Applied to 2013 distributable amount  Remaining amount distributed out of corpus  Excess distributions carryover applied to 2013. (If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as Indicated below:	
required—see instructions)	
required—see instructions)	
d Applied to 2013 distributable amount	
© Remaining amount distributed out of corpus	
Sexcess distributions carryover applied to 2013. (If an amount appears in column (d), the same amount must be shown in column (a).)  Semicor the net total of each column as Indicated below:	
(If an amount appears in column (d), the same amount must be shown in column (a).)  © Enter the net total of each column as indicated below:	960
amount must be shown in column (a).)  6 Enter the net total of each column as indicated below:	
indicated below:	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	
Derior years' undistributed income. Subtract	
line 4b from line 2b	
© Enter the amount of prior years' undistributed	
income for which a notice of deficiency has	
been issued, or on which the section 4942(a)	
ਵਿਸ਼ has been previously assessed	
d Subtract line 6c from line 6b. Taxable	
amount—see instructions	
Undistributed income for 2012. Subtract line	
4a from line 2a. Taxable amount—see	
instructions	
Undistributed income for 2013. Subtract lines	
4d and 5 from line 1. This amount must be	
distributed in 2014	896
7 Amounts treated as distributions out of corpus	
to satisfy requirements imposed by section	
170(b)(1)(F) or 4942(g)(3) (see instructions)	
8 Excess distributions carryover from 2008 not	
applied on line 5 or line 7 (see instructions) .	
9 Excess distributions carryover to 2014.	
Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9:	
a Excess from 2009	
b Excess from 2010	
c Excess from 2011	
d Excess from 2012	
© Excess from 2013	

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

SEE ATTACHED

NONE

c Any submission deadlines:

PARK COUNTY AND LIVINGSTON, MONTANA

\_\_\_\_\_

Form 990-PF (2013)

3 Grants and Contributions Paid During	the Year or Approve	ed for Fut	ure Payment	
Recipient	If reapient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
a Paid during the year The Shane Center East Lewis	None		Video Equipment	10,000
Livingston, MT 59047 Shift Empowerment Program	None		Entity Transformation	94
in Livingston, MT 59047 Tri-County Network	None		Electronics Update	2,00
in Livingston, MT 59047			·	
Total		<u> </u>	<b>▶</b> 3a	12,94
<b>b</b> Approved for future payment Livingston Rotary P.O. Box 66	None		Water Spray Park	5,000
Livingston, MT 59047 The Livingston Food Pantry in	None		Food System	5,000
Livingston, MT 59047				
		l	<u> </u>	<u></u>

Pai	rt XVI	-A Analysis of Income-Producing Ac	ctivities				
Ente	er gross	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(2)
_	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Progr	ram service revenue:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	a					<del></del>	· · · · · · · · · · · · · · · · · · ·
	ь _					··	ļ
	c				<del> </del>	-	
	d			<del></del>			
	e						
	f _						
	_	ees and contracts from government agencies		<del>.</del>			
2		bership dues and assessments	<del></del>	·	ļ		<u>5,953</u>
3		st on savings and temporary cash investments .					
4		ends and interest from securities	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECURITO TOTAL	 
5		ental income or (loss) from real estate:	. ,	the state of the			a selection of the sele
		Debt-financed property		<u> </u>	<del> </del>		
_		lot debt-financed property			<del></del>		
6		ental income or (loss) from personal property	<del> </del>	•			
7		r investment income			<del> </del>	<del></del>	
8		or (loss) from sales of assets other than inventory		<del></del>	<del> </del>	<del></del>	
9		ncome or (loss) from special events	-				
10		s profit or (loss) from sales of inventory			<u> </u>	<del></del>	
11	_	r revenue: a		<del> </del>	-		
	р —	<del> </del>	<del> </del>				
	<u>ہ</u> –						
	u				<del> </del>		
12	Subto	otal. Add columns (b), (d), and (e)			STORY COL	0	5,953
					<del></del>		5,953 5,953
		l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations				13	5,953
	rt XVI			ant of Evomp	t Burnosos		
	e No.	1 1 2 11					<del></del>
	▼	Explain below how each activity for which incon accomplishment of the foundation's exempt pur	poses (other than	by providing fund	XVI-A contributed is for such purpos	importantly to the es). (See instruction	ons.)
	3	INVESTMENT INCOME	<del></del>		<del> </del>		
				<del></del>		<del>-                                    </del>	
					<del></del>	<del></del> -	
			<del> </del>	<del></del>			
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				<del></del>		<del></del>	
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-					· · · · · · · · · · · · · · · · · · ·		

_			rganizations								
1				ngage in any of the following						Yes	No
	in se	ction 501(c) of t	the Code (other than s	ection 501(c)(3) organizations	s) or in section	on 527, relati	ng to politi	cal			
	orga	nizations?						Š			
а	Tran	sfers from the re	eporting foundation to a	a noncharitable exempt organ	ization of:						
									(1)	1	X
	(2) C	Other assets .						18	(2)		X
b	Othe	er transactions:						<b>18</b>			
	(1) S	Sales of assets t	to a nonchantable exer	npt organization					(1)		X
	(2) F	Purchases of as	sets from a noncharita	ble exempt organization				<u>11</u>	(2)		X
	(3) F	Rental of facilitie	s, equipment, or other	assets				. 11	(3)		X
	(4) F	Reimbursement	arrangements			. <b></b>		11	(4)		X
									(5)		X
	(6) F	Performance of a	services or membershi	p or fundraising solicitations				11	(6)		X
C				s, other assets, or paid emplo					lc		X
d				nplete the following schedule. C							
	value	of the goods, ot	her assets, or services g	iven by the reporting foundation	i. If the found	ation received	less than f	air market			
	value			nt, show in column (d) the value	<del></del>						
(a) Line	no.	(b) Amount involved	d (c) Name of nonc	haritable exempt organization	(d) Descri	ption of transfers	s, transactions	s, and shaπng	arrang	ement	<u>s</u>
				<del></del>	<u> </u>						
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				<del></del>				·			
	<del></del>				1	<del></del>		<del></del>			
2a				nted with, or related to, one or ther than section 501(c)(3)) or				. П у	es [	7 No	_
				iner than section 50 (c)(5)) or	III Section 5	21:		· 🗀 🗥	73 L		,
<u> </u>	11 Y		ne following schedule.	(b) Tree of organization	<del>"-</del>			of mistoneti			
		(a) Name of org	janizauon	(b) Type of organization			c) Description	of relationshi	р		
			<u> </u>	<del> </del>	<del></del>		·				-
					<del></del>	<del></del>					
					<del></del>						
	Unde	er penalties of periury.	declare that I have examined this m	I sturn, including accompanying schedules and	statements, and to	the best of my know	dedge and belie	f, it is true.			
Sigr	l .		<i>.</i> .	yer) is based on all information of which prepare		•		May the IRS dis	nero- A	10 pak.	
		( /. !	<i>-</i>	3 155/7/14 1	Des	~		with the prepan			
Here		nature of officer or	rustee	Date Title.	1 70			(see instruction	s)? 🔀	Yes	No
		Print Type prepar		Preparer's signature		Date		D PTI	V		
Paid		James Walter		James Walter		5/7/2014	Check	$\sqcup$ "	1254	600	
Prep	агег		BLAKELY & WALTE					nployed \ <i>P0</i> 81-05222		033	
Use	Only	Firm's name		NGSTON, MT 59047-0887			irm's EIN <u></u> Phone no	406-222-			
		I min a audiess	· · · · · · · · · · · · · · · · · · ·	11331 OIV, III 1 00071 0001			ייטוום ווט	700-664°	4. TUZ		

December 31, 2013

SSN:

36-4098542

FORM 990-PF PART VIII

# LIST OF ALL OFFICERS, DIRECTOR AND TRUSTEES

NAME	ADDRESS	TITLE	COMPENSATION
John Sullivan	P.O. Box 1283 Livingston, Mt 59047	President	-0-
John Bailey	P.O. Box 1019 Livingston, Mt 59047	Vice Pres	-0-
Robert Jovick	P.O. Box 1245 Livingston, Mt 59047	Secretary	-0-
Beverly Harris	P.O. Box 461 Livingston, Mt 59047	Treasurer	-0-
Tom Davis	P.O. Box 638 Livingston, Mt 59047		-0-
Steve Caldwell	823 West Lewis Street Livingston, Mt 59047		-0-
Marty Malone	414 East Callender Livingston, Mt 59047		-0-
Vickie Blakeman	326 South Main Street Livingston, Mt 59047		-0-
Mark Pesa	1106 West Park Street Livingston, Mt 59047		-0-

December 31, 2013

SSN:

36-4098542

FORM 990-PF

PART X

LINE 1a: AVERAGE MONTHLY FMV OF SECURITIES

LINE 1b: AVERAGE OF MONTHLY CASH BALANCES 931,937 LINE 1c: FMV OF OTHER ASSETS

931,937 LINE 1d: TOTALS

	CASH	CD'S	OTHER	T-NOTES
Jan-13	108,374	825,000	0	0
Feb-13	108,383	825,000	0	0
Mar-13	108,889	825,000	0	0
Apr-13	99,268	825,000	0	0
May-13	99,894	825,000	0	0
Jun-13	109,497	825,000	0	0
Jul-13	109,615	825,000	0	0
Aug-13	108,958	825,000	0	0
Sep-13	109,103	825,000	0	0
Oct-13	107,100	825,000	0	0
Nov-13	106,945	825,000	0	0
Dec-13	107,223	825,000	0	0
TOTALS	1,283,246	9,900,000	0	0
DIVIDED BY 12	106,937	825,000	0	0

# Form **4720**

Department of the Treasury Internal Revenue Service

### Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967) Information about Form 4720 and its separate instructions is at www.irs.gov/form4720.

OMB No 1545-0052

2013

ror cal	For calendar year 2013 or other tax year beginning		013, and ending	, 20			
Name o	f organization or entity			Employer identification number			
LIVIN	GSTON COMMUNITY TRUST, INC.			36-4098542			
	; street, and room or suite no. (or P.O. box if ma	ail is not delivered to street address)		Check box for type of annual return			
P.O. B	OX 1223			Form 990 Form 990-EZ			
	own, state or province, country, and ZIP or fore	ign postal code		X Form 990-PF			
LIVING	GSTON, MT 59047-1223			Form 5227			
				Yes No			
Α	Is the organization a foreign private	foundation within the meaning of	f section 4948(b)?				
В	Has corrective action been taken on	any taxable event that resulted	in Chapter 42 taxes being repo	rted on this			
	form? (Enter "N/A" if not applicable)			<u></u>			
	If "Yes," attach a detailed description						
	market value of any property recover	ered as a result of the correction	<b>▶</b> \$	If "No," (i.e., any			
	uncorrected acts or transactions), at						
Part		ections 170(f)(10), 664(c)(2) i9, 4965(a)(1), and 4966(a)(1		4943(a), 4944(a)(1),			
1	Tax on undistributed income—Sche	dule B, line 4		1			
2	Tax on excess business holdings—			2			
3	Tax on investments that jeopardize			3			
4	Tax on taxable expenditures—Sche			4			
5	Tax on political expenditures—Sche			5			
6	Tax on excess lobbying expenditure			6			
7	Tax on disqualifying lobbying expen			7			
8	Tax on premiums paid on personal l			8			
9	Tax on being a party to prohibited ta			9			
10	Tax on taxable distributions—Sched			10			
11	Tax on a charitable remainder trust's	11					
12	Tax on failure to meet the requireme	12					
13	Total (add lines 1-12)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	13 0			
Part	Total (add lines 1–12) II-A Taxes on Managers, Se	If-Dealers, Disqualified Pe	rsons, Donors, Donor Adv	isors, and Related Persons			
	(Sections 4912(b), 4941(	(a), 4944(a)(2), 4945(a)(2), 4	955(a)(2), 4958(a), 4965(a)	(2), 4966(a)(2), and 4967(a))			
	(a) Name and address of person subject to	tax. City or town, state or province, co	untry, ZIP or foreign postal code	(b) Taxpayer identification number			
a							
b							
С							
	(c) Tax on self-dealing—Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize chantable purpose—Schedule D, Part II, coi (d)	(e) Tax on taxable expenditures— Schedule E, Part II, col. (d)	(f) Tax on political expenditures— Schedule F, Part II, col (d)			
a							
<b>b</b>							
<u>c</u>							
Total	0	0		0 0			
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col. (d), and Part III, col. (d)	(I) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d)	(j) Tax on taxable distributions— Schedule K, Part II, col (d)			
a							
b							
<b>c</b>							
Total	0			0 0			
	(k) Tax on prohibited benefits—Sch L, Part II, col (d), and Part III, col (d)			(i) Total—Add cols (c) through (k)			
a				0			
b				0			
c	<del> </del>	the second of the second of	Salar Sa	0			
Total	0			0			

om 4720 (	(2013)	LIVINGSTON COMM	<u>IUNITY TRUS</u>	T, INC.	36-40985	42	Page Page	<u>, Z</u>
Part II-B		axes (See Tax Pay						
					self-dealers, disqualified			
					rm. If all sign, enter the	ł	}	
	al amount from Part II-A					L	1	
	tal tax. Add Part I, line						2	0
3 Tot	tal payments including a	amount paid with Fori	m 8868 (see ii	nstruction	ns)	L	3	
4 Tax	x due. If line 2 is larger	than line 3, enter am	ount owed (se	e instruc	tions)	. ▶ _	4	0
5 <u>Ov</u>	erpayment. If line 2 is	smaller than line 3, ei	nter the differe	nce. Thi	s is your refund	. ▶	5	0
		SCHEDULE A-I	nitial Taxes	on Self	-Dealing (Section 49	41)		
Part I	Acts of Self-De	ealing and Tax Co	mputation					
(a) Act	(b) Date				c) Description of act			
number	of act							
1							·	
2								
3								<b>-</b>
4								
5	<u> </u>				<del></del>			
Part VII	ion number from Form 990-PF I-B, or Form 5227, Part VI-B, applicable to the act	; (e) Amount invo	lved in act	(f) /	nitial tax on self-dealing (10% of col. (e))		Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of col (e))	
	applicable to the act		<del></del>		0			_
				<b>-</b>	0			0
		<del> </del>		- <b></b>				
				{ <b>-</b>		· · · · · · · · · · · · · · · · · · ·		0.
				- <b></b>	ام			<u>.o</u>
Port II	Summon, of T	ay Liability of Sal	f Doologo or	d Pror	ntion of Payments			
Part II	Summary of the	ax Liability of Sei	I-Dealers at	lu Fiora	ILION OF PAYMENTS		(d) Self-dealer's total tax	_
	(a) Names of self-dealers	liable for tax	(b) Act no. fro Part I, col. (a		(c) Tax from Part I, col (f), or prorated amount		liability (add amounts in col. (c). (see instructions)	) —
							_	
			<u> </u>				1	
								0
							]	
			<u> </u>					0
			[				1	
								_0
							]	
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art III	Summary of T	ax Liability of Fou	undation Ma	nagers	and Proration of Pa	yment	s	
	(a) Names of foundation mana		(b) Act no. fro Part I, coi (a	m	(c) Tax from Part I, col (g), or prorated amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
						<b></b>	]	
							1	0
								_
			[				]	
			<u> </u>	1			1	0
	<del></del>		<del></del>				<u> </u>	
				1			1	
			<b> </b>				1	0
	SO	HEDULE B-Initi	al Tax on Ur	ndistrih	uted Income (Section	1 4942	)	<u> </u>
111	ndistributed income for					1 1	ή	—
	ndistributed income for i	•				2	<del>                                     </del>	
	otal undistributed income	· · · · · · · · · · · · · · · · · · ·				<del> </del>	<del> </del>	—
	nder section 4942 (add l			-		3		Λ
	ider section 4942 (add i IX—Enter 30% of line 3	•				J 4	<del> </del>	츳

Form 4720 (2013)

SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)								
Business Holdings and Computation of Tax								
If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the								
instructions for each line item before making any entries.								
Name and address of business enterprise								
Employer identification number								

Form	of enterprise (corporation, partnership, trust, joint ventu	re, so	le proprietorship, etc.) . (a) Voting stock (profits interest or beneficial interest)	. <b>(b)</b> Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1	%	%	
2	Permitted holdings in business enterprise	2	%	%	
3	Value of excess holdings in business enterprise.	3			
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4			
5	Taxable excess holdings in business enterprise—line 3 minus line 4	5_	0	0	(
6	Tax— Enter 10% of line 5	6_	0	0	
7	Total tax— Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7	0		

### SCHEDULE D-Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I	<u>Investments an</u>	d Tax Computation						
(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Inibal tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d))			
1				0	0			
2				0	O			
3				0	0			
4				О	0			
5				0	0			
Total— Colu	ımn (e). Enter here	and on Part I, line 3		0	****			
Total- Cold	Total— Column (f). Enter total (or prorated amount) here and in Part II, column (c), below							
			15					

Iotal Co	olumn (f). Enter total (or prorated amount) nere and	in Paπ II, colur	nn (c), below	<u> </u>
Part II	Summary of Tax Liability of Foundation	Managers a	nd Proration of Payments	
	(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
				<u> </u>
				0
				0

		2CHEDULE E-	<u>-initiai_iax</u>	es on Taxable	<u> Expe</u>	naitures	S (Section 4945)		
Part I	Expenditures	s and Computati	on of Tax						
(a) Item number	(b) Amount	(c) Date paid or incurred	(d)	Name and address of	recipient			n of expenditure and purposes for which made	3
1									
2			[						
3			[					***************************************	
4			[			l			
5								<del>-</del>	
(f) Questi Form 52	ion number from Form 9 227, Part VI-B, applicabl	990-PF, Part VII-B, or le to the expenditure	(g) //	nitial tax imposed on t (20% of col. (b))		,	managers	ax imposed on foundation (if applicable)—(lesser of 000 or 5% of col. (b))	
						0			0
			†			0			0
			[			o			0
						0			0
						0			0
Total— Co	olumn (g). Enter h	ere and on	ļ			t			
Part I, line	4	<u> </u>	<u></u>			0		<u></u>	
	<u> </u>	otal (or prorated amo	<u> </u>	<u> </u>					0
Part II	Summary of	Tax Liability of I	Foundation	n Managers ar	nd Pro	ration of	Payments	·	
_	(a) Names of foundati	tion managers liable for ta	×	(b) Item no. from Part I, col. (a)	(0		Part I, col (h), or d amount	(d) Manager's total tax li (add amounts in col. ( (see instructions)	lability` (c))
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		SCHEDULE F-		<u>es on Politica</u>	I Expe	nditures	(Section 4955	<u> </u>	
Part I	Expenditure	s and Computati	ion of Tax				<del> </del>	T	
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Descript	tion of political expend	fiture	organiz	al tax imposed on ation or foundation 0% of col (b))	(f) Initial tax Imposed managers (if applicable) of \$5,000 or 2½% of co	(lesser
1			<b></b>				(	<u> </u>	0
2			<u> </u>				(	<u> </u>	0
3							(	<u> </u>	0
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5	- <u></u>	<u> </u>	<u>i                                     </u>					0	0
Total— C	olumn (e). Enter h	ere and on Part I, lir	ne 5	<u> </u>				0	
			4) 6		(-) (				_
		tal (or prorated amo						<u> </u>	0
Part II	Summary of	Tax Liability of	<u>Organizati</u>	on Managers	or Fou	<u>indation</u>	Managers and	Proration of Paym	
		ganization managers or anagers liable for tax		(b) Item no from Part I, col (a)	(		Part I, col. (f), or d amount	(d) Manager's total tax li (add amounts in col (see instructions)	
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Form 4	720 (201					ITY TRUST, INC.		36-4098542		Page 5
			SCHE	DULE G-	-Tax on Exce	ess Lobbying Ex	<b>cpenditur</b>	es (Section 491	1)	
						taxable amount (fro instructions before			1	
						ible amount (from S tions before making			2	
			,		•	1 or line 2			3	0
4	Tax—E					<u> </u>			4	0
						lifying Lobbyin	g Expend	litures (Section	4912	)
Part		Expenditure	es and	i Comput	ation of Tax					
(a) Iten		b) Amount		te paid or curred	(d) Description of	lobbying expenditures		ax imposed on tion (5% of col. (b))		x imposed on organization inagers (if applicable)— (5% of col. (b))
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2								0	1	0
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<u>4</u>							. <del> </del>	0	<del> </del>	0 0
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Total-	— Colu	ımn (e). Enter	here a	nd on Part	I. line 7	<u></u> .		o		
										· · · · · · · · · · · · · · · · · · ·
Total	— Colu					d in Part II, column		<u> </u>	<u> </u>	0
Part		Summary o	f Tax	Liability of	of Organization	on Managers an	d Proration	on of Payment	<u>s</u>	
	(e	ı) Names of organi	zation ma	anagers liable	for tax	(b) Item no. from Part I, col. (a)		n Part I, col (f), or ted amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
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		SC	HEDL	JLE I—Ini	itial Taxes on	<b>Excess Benefit</b>	Transact	ions (Section 4	1958)	
Par	t J	Excess Ber	nefit T	ransactio	ns and Tax C	omputation				
Trans	a) saction mber	(b) Date of transa	action			(c) Des	cription of trans	saction		
	1									
	2 3				· · · · · · · · · · · · · · · · · · ·					
	<u>4</u> =	<del> </del>							<b></b>	
	5	<u> </u>	<u>i</u> _		1		<sub>T</sub>	(f) Tay or		ation managers
	(6	d) Amount of exces	ss benefit	•	(e) Initial	(if a)			pplicable)	ation managers ) (lesser of % of col. (d))
							0			0
							0			0
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Form 4720 (2013)

Part II				it Transactions (Section 495 and Proration of Payments	8) Continued
raitii	(a) Names of disqualified pers		(b) Trans. no from Part I, col (a)	1	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
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Part III	Summary of Tax	Liability of 501(c)(3)	, (c)(4) & (c)(	29) Organization Managers	
(a) Names	of 501(c)(3), (c)(4) & (c)(29) orga		(b) Trans no from Part I, col (a)		(d) Manager's total tax hability (add amounts in col. (c)) (see instructions)
			<b></b>		o
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			<b></b>		o
				ited Tax Shelter Transaction	
Part I	Prohibited Tax She (see instructions)	Iter Transactions (P1	「ST) and Tax	Imposed on the Tax-Exemp	ot Entity 
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of trans	acton
1					
2					
3					
4					
5					
have rea was a PT	ne tax-exempt entity know or ison to know this transaction ST when it became a party to saction? Answer Yes or No	(f) Net income attribut the PTST	able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
					0
				<u> </u>	0
					0
					0
Total— (	Column (h) Enter here ar	nd on Part I line 0			1

Part II		sed on Entity Managers (Sec	(b) Transaction (c) Tax—enter \$20,000 for each transaction listed in col (b) for each Part I, col (a)				(d) Manager's total tax liability (add amounts in col. (c))	
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			}			- <b></b>		0
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	SCHEDULE	K—Taxes on Taxable Distri				s Ma	aintaining Donor	
01	Tavable D	Advised Funds (		). Se	e the instructions.			
Part I	Taxable L	Distributions and Tax Comput (b) Name of sponsoring organization at					<del></del>	
(a) Item number		donor advised fund			(c) De	scriptio	on of distribution	
1								
2								
	<del> </del>			-				
3 								
4								
(d) Date of	distribution	(e) Amount of distribute	ition		(f) Tax imposed on organization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)	_
					0			0
					0			
<del></del> _	<del></del>			<del></del>  -	0	<u> </u>		
Total— Colu	ımn (f). Enter	here and on Part I, line 10.		. +		***		H
	ımn (g) Ente	r total (or prorated amount) here an			c), below			O
Part II	Summary	of Tax Liability of Fund Man	agers and Pi	<u>rorat</u>	ion of Payments		,	
	(a) Name of fi	und managers liable for tax	(b) Item no from Part I, col (a)	(c)	Tax from Part I, col. (g) or pror amount	ated	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
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# Form 4720 (2013) LIVINGSTON COMMUNITY TRUST, INC. 36-4098542 SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

Part I	Prohibited Benefits a	and Tax Computation	on		_
(a) Item number	(b) Date of prohibited benefit		(c) Descrip	tion of benefit	
1					_
2					_
3	<u> </u>	<del></del>		······································	_
4			· · · · · · · · · · · · · · · · · · ·		_
5					<del>-</del>
(d)	Amount of prohibited benefit		d benefit (125% of col. (d)) Instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)	_
			0		0
_			0		0
<u> </u>	····		<u> </u>		0
<del>.</del>	<del></del>		0		0
Part II	Summary of Tax Liab	pility of Donors, Do		Persons and Proration of Payments	<u>~</u>
					_
(a) Nan	nes of donors, donor advisor, or lated persons liable for tax	(b) Item no from Part I, col. (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)	
_					_
-					_
	<del></del>				<u>0</u>
•	•				
					0
					<u>0</u>
					0
Part III	Tax Liability of Fund	Managers and Pro	ration of Payments	<u> </u>	Ť
	es of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)	_
	<u> </u>				_
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					0
			}		
		<b></b>			0
			<u> </u>	Form <b>4720</b> (2013	_

#### Schedule M-Tax on Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.) Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3) Part I (d) Tax year hospital facility last conducted a (e) Tax year hospital facility last adopted an implementation strategy (a) Item (b) Name of facility (c) Description of the failure number CHNA 1 2 3 4 5 Part II **Computation of Tax** Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) . . . . . . . . . . . . . . . 2 Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12. 0

Form 4720 (2013)

orm 4720 (201	3)	LIVINGSTON COMMUNIT	Y TRUST, INC.			36	-4098542	Page 10
	kno		t I have examined this return, including a and complete Declaration of preparer (o					nas
Sign Here	•	Signature of officer or trustee			Title		Da	te
	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-d	ealer, dısquali	ified person, donor, de	onor	Da	te
	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-do	ealer, disquali	ified person, donor, do	onor	Da	te
	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-d	ealer, disquali	ified person, donor, d	onor	Da	te
	•	advisor, or related person	ty name if applicable) of manager, self-d		ified person, donor, d	onor	Da	
 Paid	Pnn	rthe IRS discuss this return with the p t/Type preparer's name nes Walter	Preparer's signature  James Walter	)	Date 5/7/2014	Check self-employed	Yes    If   PTIN   P012!	No
Prenarer	Jail	IGO VVallel	Todilies vvallei		3//2014	33# 31.1p.0ye	<u> </u>	77033

BLAKELY & WALTER, PC P.O. BOX 887, LIVINGSTON, MT 59047-0887

Firm's address 🕨

Firm's name

Preparer Use Only

Phone no 406-222-2462 Form **4720** (2013)

Firm's EIN > 81-0522237

Part I, Line 16b (990-PF) - Accounting Fees

<u> </u>		500	500	(	0 0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Chantable Purposes (Cash Basis Only)
1 BLAKE	LY & WALTER, PC.	500	500		

Part I, Line 16c (990-PF) - Other Professional Fees

	3,000	3,000		0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 MARLEEN ANDERSON	3,000	3,000		

Part I, Line 18 (990-PF) - Taxes

		161	161_	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income	161	161		
3	Income tax				

Part I, Line 23 (990-PF) - Other Expenses

		209	209		
		Revenue and			Disbursements
l .		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	SECRETARY OF STATE FEE	15	15		
2	POST OFFICE RENT	88	88		
3	INTERNET SITE	106	106		

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	Federal	0	0	0	0		•
	State/Local	0	0	0	0		
	Num. Shares/	Book Value	Book Value	FMV	FMV	State/Local	
Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year	Obligation	
1 US TREASURY NOTE 8DB3							

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		Chock Mr							Avo Hrs			Expense
	Name	if Business	Street	<del>Z</del>	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account
	JOHN SULLIVAN		PO BOX 1283	LIVINGSTON	TW	_ دی _		PRES	5.00			
	JOHN BAILY		PO BOX 1019	LIVINGSTON	Ĕ	59047		\$	5.00		·	
7												
	ROBERT JOVICK		PO BOX 1245	LIVINGSTON	T/W	59047		) 	200			
1	BEVERLY HARRIS		PO BOX 461	LIVINGSTON	IM	59047		TREAS	2.00			
	TOM DAVIS		P.O BOX 638	LIVINGSTON	TM	59047		DIE	2.00			···
				·		-						
	STEVE CALDWELL		823 WEST LEWIS ST	LIVINGSTON	MT	59047		DIR	200			
				<del></del>								
$\overline{}$	MARK PESA		1106 WEST PARK ST	LIVINGSTON	MT	59047		DIR	2:00			
	VICKIE BLAKEMAN		326 S MAIN ST	LIVINGSTON	MT	59047		DIR	200			
T	MARTY MALONE		414 EAST CALLENDER	LIVINGSTON	IMT	59047		DIR	200			



### APPLICATION FOR LIVINGSTON COMMUNITY TRUST PROJECT FUNDING

Date of Application:	
Applicant:	
Address:	
Contact Person:	Title:
Contact Person Phone:	Applicant Phone:
Project Name: Brief Description of Applicant:	
Brief Deictibron of Applicant:	
Brief Statement of Purpose:	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
Current Status of Project:	
Project Start Date: Project Source of Future Funds (to include how project w	Completion Date:
Source or Laure Laure (so merice now budger w	<u> </u>
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)	\$ _
Total Project Budget (include breakdown of project costs)	\$

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

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