## **Return of Private Foundation**

OMB No 1545-0052

2017

Department of the Treasury

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

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

| For calendar year 2017 or tax year beginning                               | , and ending  |
|--|---|
| Name of foundation   | A Employer identification number  |
| LIVINGSTON COMMUNITY TRUST, INC  |   |
|  | Room/suite 36-4098542   |
| PO BOX 1223  | B Telephone number (see instructions)   |
| City or town, state or province country, and ZIP or foreign postal code    | <del></del>   |
|  | 7 1222 406 222 0412   |
|  | 7-1223 406-222-0412   |
| Foreign country name Foreign province/state/county Foreign                 | n postal code C If exemption application is pending, check here                         |
| G Check all that apply Initial return Initial return of a former pub       | plic charity D 1 Foreign organizations, check here                                      |
| Final return Amended return  | Silo ditanty  |
|  | 2 Foreign organizations meeting the 85% test,   |
| ☐ Address change ☐ Name change   | check here and attach computation   |
| H Check type of organization X Section 501(c)(3) exempt private foundation | n E If private foundation status was terminated under section 507(b)(1)(A) check here   |
| Section 4947(a)(1) nonexempt charitable trust  Other taxable private fou   | section 507(b)(1)(A) check here   |
| I Fair market value of all assets at J Accounting method X Cash            |   |
| end of year (from Part II. col. (c).                                       | F If the foundation is in a 60-month termination under section 507(b)(1)(R), check here |
| and of year from Farch, cor tor.   | T (moet section 50710) First Check need   |
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| Part II   | Balance Sheets Attached schedules and amounts in the description column | Beginning of year |                | 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   | 223               | 600            | <del></del>           |
| 2   | Savings and temporary cash investments                                  | 898,125           |                |                       |
| 3   | Accounts receivable   | SEE SEE SEE       |                |                       |
|   | Less allowance for doubtful accounts                                    |                   |                |                       |
| 4   | Pledges receivable  | <b>建设的设施的</b> 主   | PART PRESERVE  | 2200                  |
|   | Less allowance for doubtful accounts                                    |                   |                |                       |
| 5   | Grants receivable   |                   |                |                       |
| 6   | Receivables due from officers, directors, trustees, and other           |                   |                |                       |
|   | disqualified persons (attach schedule) (see instructions)               |                   |                |                       |
| 7   | Other notes and loans receivable (attach schedule)                      |                   | "是代表的          | <b>运动器神经验</b>         |
|   | Less allowance for doubtful accounts                                    |                   |                |                       |
| <u> </u>  | Inventories for sale or use   |                   |                |                       |
| 8<br>8<br>9<br>10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Prepaid expenses and deferred charges                                   |                   |                |                       |
| t   10a   | Investments—U.S. and state government obligations (attach schedule)     |                   |                |                       |
| t   | Investments—corporate stock (attach schedule)                           |                   |                |                       |
| (   | Investments—corporate bonds (attach schedule)                           |                   |                | L                     |
| 11  | Investments—land, buildings, and equipment basis                        |                   |                | THE RESERVE           |
|   | Less accumulated depreciation (attach schedule)                         |                   |                |                       |
| 12  | Investments—mortgage loans  |                   |                |                       |
| 13  | Investments—other (attach schedule)                                     |                   |                |                       |
| 14  | Land, buildings, and equipment basis                                    | <b>经基础工工程的</b>    |                | THE REAL PROPERTY.    |
|   | 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 I)                                  | 898,348           | 895,214        | 895,214               |
| 17  | Accounts payable and accrued expenses                                   |                   |                |                       |
| 18  | Grants payable  |                   |                |                       |
| _و_ا لِا  | Tjetettet-remen re  |                   |                | 1077年20年8月期1月         |

| a) List and describe the<br>2-story brick ware | e kind(s) of property sold (for example, real chouse or common stock, 200 shs MLC Co | estate<br>) | (b) How acquired P—Purchase D—Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
|--|--|-------------|--|--------------------------------------|----------------------------------|
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| (e) Gross sales price                          | (f) Depreciation allowed (or allowable)  |             | r other basis<br>ense of sale          |                                      | or (loss)<br>) minus (g))        |
| <u> </u>                                       |  |             |  |                                      |                                  |
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| Complete only for assets                       | showing gain in column (h) and own   | T -         |  | (I) Gains (Col                       | (h) gain minus                   |
| (i) F M V as of 12/31/69                       | (j) Adjusted basis   | (k) Exces   | ss of col (i)                          |                                      | less than -0-) or om col (h))    |
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|   | Form 9   | 90-PF (2017) LIVINGSTON COMMUNITY TRUST, INC   | 36-4098542 Page <b>4</b> |
|---|----------|--|--------------------------|
|   | Part     |  | e instructions)          |
|   | 1a       | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1   |                          |
|   | b        | Date of ruling or determination letter (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check | <b>1</b> 52              |
|   | -        | here ▶ ☐ and enter 1% of Part Line 27b   |                          |
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| Form 990-F    | PF (2017) 'LIVINGSTON COMMUNITY TRUST, INC   | 36-4098542   | Page <b>5</b> |
|---------------|--|--------------|---------------|
| Part V        |  | ·            |               |
|               | t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   | 100          | Yes No        |
|               | ne meaning of section 512(b)(13)? If "Yes," attach schedule See instructions   | 11           | X             |
|               | and the foundation make a distribution to a donor advised fund over which the foundation or a disqualified   |              |               |
|               | erson had advisory privileges? If "Yes," attach statement See instructions   | 12           | X             |
|               | the foundation comply with the public inspection requirements for its annual returns and exemption application?                                    | 13           | X             |
| 14 T          | Vebsite address       ▶ www.livingstoncommunitytrust.org         he books are in care of       ▶ BLAKELY & WALTER, P.C.       Telephone no       ▶ | 406 222-2462 |               |
| 1 <b></b> 11  | ocated at ► 228 SOUTH MAIN STREET LIVINGSTON MT ZIP+4 ►  | 59047        |               |
| <b>15</b> S   | ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here   |              | ▶ □           |
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|  |    | WILD Ctotemente Departing Activities for Milish Form 4720 May Be Deputing (continued)  |
|--|----|--|
|  |    | VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)  |
|  | 5a | During the year, did the foundation pay or incur any amount to  (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes X No  |
|  |    | (2) Influence the outcome of any specific public election (see section 4955), or to carry on,  |
|  |    | directly or indirectly, any voter registration drive?  |
|  |    | (3) Provide a grant to an individual for travel, study, or other similar purposes?   |
|  |    | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No   |
|  |    | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes X No  |
|  | b  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions    5b   N/A |
|  |    | Organizations relying on a current notice regarding disaster assistance, check here  |
|  | С  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes No   |
|  | 6a | If "Yes," attach the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums   |
| -  |    | The trie foundation, during the year, receive any funds, directly of indirectly, to pay premiums   |
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LIVINGSTON COMMUNITY TRUST, INC.

December 31, 2017

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<br>Livingston, Mt 59047        | President | -0-          |
| John Bailey    | P O. Box 1019<br>Livingston, Mt 59047        | Vice Pres | -0-          |
| Robert Jovick  | P O. Box 1245<br>Livingston, Mt 59047        | Secretary | -0-          |
| Beverly Harris | P.O. Box 461<br>Livingston, Mt 59047         | Treasurer | -0-          |
| Tom Davis      | 308 South 6th Street<br>Livingston, Mt 59047 |           | -0-          |
|                |  |           |              |



| Part   | 0-PF (2017) · LIVINGSTON COMMUNITY TRUST, INC  | 36-409854  | 2 Page   |
|--------|--|--|----------|
|        |  | gn foundatioi  |          |
|        | see instructions )   |  | ·        |
| 1      | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,                    |  |          |
|        | purposes   |  |          |
| а      | Average monthly fair market value of securities  | 1a   | 894,32   |
|        | Average of monthly cash balances   | 1b   |          |
|        | Fair market value of all other assets (see instructions)   | 1c   |          |
|        | Total (add lines 1a, b, and c)   | 1d   | 894,32   |
|        | Reduction claimed for blockage or other factors reported on lines 1a and   |  | <u> </u> |
| ·      | 1c (attach detailed explanation)   |  |          |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2  |          |
| 3      | Subtract line 2 from line 1d   | 3  | 894,32   |
| 4      | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see                             | •  | 0,54,02  |
| -      |  |  | 13,41    |
|        | Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5  | 880,90   |
|        |  | 6  |          |
| 6      | Minimum investment return. Enter 5% of line 5  |  | 44,04    |
| Part ) |  | ons  |          |
|        | and certain foreign organizations, check here   and do not complete this part )                                      | T  |          |
| 1      | Minimum investment return from Part X, line 6  | 1 8834   | 44,04    |
|        | Tax on investment income for 2017 from Part VI, line 5   | 2  |          |
|        | Income tax for 2017 (This does not include the tax from Part VI)   |  |          |
| С      | Add lines 2a and 2b  | 2c   |          |
| 3      | Distributable amount before adjustments Subtract line 2c from line 1   | 3  | 43,99    |
| 4      | Recoveries of amounts treated as qualifying distributions  | 4  |          |
| 5      | Add lines 3 and 4  | 5  | 43,99    |
| 6      | Deduction from distributable amount (see instructions)   | 6  |          |
| 7      | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,                           |  |          |
|        | line 1   | 7  | 43,99    |
| Part   | XII Qualifying Distributions (see instructions)  |  |          |
| rait.  | Are Aramania pianipanona (ace manachona)   |  |          |
| 1      | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                            | 热度   |          |
| а      | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26  | 1a   | 5,74     |
| b      | Program-related investments—total from Part IX-B   | 1b   |          |
| 2      | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                     | 1 1  |          |
|        | purposes   | 2  |          |
| 3      | Amounts set aside for specific charitable projects that satisfy the  | The state of the s |          |
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LIVINGSTON COMMUNITY TRUST, INC.

December 31, 2017

SSN:

36-4098542

FORM 990-PF

PART X

LINE 1a: AVERAGE MONTHLY FMV OF SECURITIES

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LINE 1b: AVERAGE OF MONTHLY CASH BALANCES

894,324

LINE 1c: FMV OF OTHER ASSETS

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LINE 1d: TOTALS

894.324

|               | CASH    | CD'S      | OTHER | T-NOTES |
|---------------|---------|-----------|-------|---------|
| Ion 17        | 10 651  | 075.051   | 0     | 0       |
| Jan-17        | 18,651  | 875,051   | 0     | 0       |
| Feb-17        | 19,132  | 875,051   | 0     | 0       |
| Mar-17        | 18,523  | 875,051   | 0     | 0       |
| Apr-17        | 18,626  | 875,051   | 0     | 0       |
| May-17        | 18,519  | 875,051   | 0     | 0       |
| Jun-17        | 94,056  | 800,051   | 0     | 0       |
| Jul-17        | 94,069  | 800,051   | 0     | 0       |
| Aug-17        | 94,617  | 800,051   | 0     | 0       |
| Sep-17        | 94,634  | 800,051   | 0     | 0       |
| Oct-17        | 95,131  | 800,051   | 0     | 0       |
| Nov-17        | 95,160  | 800,051   | 0     | 0       |
| Dec-17        | 95,163  | 800,051   | 0     | 0       |
| TOTALS        | 756,280 | 9,975,612 | 0     | 0       |
| DIVIDED BY 12 | 63,023  | 831,301   | 0     | 0       |

| Part XIII    | Undistribute | d Incomo | /coo inctructi | anc' |
|--------------|--------------|----------|----------------|------|
| IT GILL A ID | Unuistribute | u mcome  | isee msuucu    | JUS  |

1 Distributable amount for 2017 from Part XI,

Undistributed income, if any, as of the end of 2017

|   | <u> </u> |                     |      |        |
|---|----------|---------------------|------|--------|
|   | (a)      | (b)                 | (c)  | (d)    |
| i | Corpus   | Years prior to 2016 | 2016 | 2017   |
|   | 治療機能の過酷的 | Harran              |      | 43,993 |
|   |          | <b>海底东沟</b> 群型      |      |        |

| Part II                   | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed |   |                      |  |  |
|---------------------------|---|---|----------------------|--|--|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                           |   | \$  |                      |  |  |

| Form 9 | 90-PF (2017) LIVINGSTON COMMU  | INITY TRUST, INC                            |   |                       |                 | 36-40985     | 542     | Page <b>10</b> |
|--------|--|---|---|-----------------------|-----------------|--------------|---------|----------------|
| Part   | XIV Private Operating Foundat  | ions (see instruc                           | tions and Part V                            | (II-A, question 9)    |                 | N            | /A      |                |
| 1a     | If the foundation has received a ruling of   |   |   | te operating          |                 |              |         |                |
|        | foundation, and the ruling is effective fo   |   | -   | ▶ [                   |                 | 7            |         | <u> </u>       |
| b      | Check box to indicate whether the foundation   |   | ng foundation descr                         |                       |                 | 4942(j)(3) c | )r      | 4942(J)(5)     |
| 2a     | Enter the lesser of the adjusted net income from Part I or the minimum   | Tax year                                    |   | Prior 3 years         |                 |              | (e)     | Total          |
|        | investment return from Part X for  | (a) 2017                                    | <b>(b)</b> 2016                             | (c) 2015              | (d) 2           | 014          |         |                |
|        | each year listed   | <del> </del>                                |   |                       | <del>,/</del> - |              |         | 0              |
| þ      | 85% of line 2a   |   |   |                       |                 |              |         | 0              |
| С      | Qualifying distributions from Part XII, line 4 for each year listed  |   |   |                       |                 |              |         | 0              |
| d      | Amounts included in line 2c not used directly for active conduct of exempt activities  |   |   |                       |                 |              |         | 0              |
| e      | Qualifying distributions made directly   |   |   |                       |                 |              |         |                |
|        | for active conduct of exempt activities<br>Subtract line 2d from line 2c   |   |   |                       |                 |              |         | 0              |
| 3      | Complete 3a, b, or c for the alternative test relied upon  |   |   |                       |                 |              |         |                |
| a      | "Assets" alternative test—enter  |   |   |                       |                 |              |         |                |
|        | (1) Value of all assets  | <u> </u>                                    |   |                       |                 |              |         | 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   |   |   |                       |                 |              |         | 0              |
| С      | "Support" alternative test—enter  (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)  (2) Support from general public |   |   |                       |                 |              |         | 0              |
|        | and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)   |   |   |                       |                 |              |         | 0              |
|        | (3) Largest amount of support from   | l   |   |                       |                 |              |         |                |
|        | an exempt organization   |   |   |                       |                 |              |         | 0              |
| Dort   | (4) Gross investment/income  XV Supplementary Information  | n (Complete this                            | no-t only if the                            | s foundation ha       | 4 CE 000        |              | in 00   | 0 0 0 0 0      |
| Part   |  | •   |   | e loundation had      | u \$5,000       | or more      | ın as:  | seis ai        |
|        | any time during the year—<br>Information Regarding Foundation M  |   | <u></u>                                     | <del></del>           |                 |              |         |                |
| 1<br>a | List any managers of the foundation wh   | •   | more than 2% of t                           | he total contribution | ns receive      | d by the foi | indatic | nn             |
| a      | before the close of any tax year (but only   |   |   |                       |                 |              | madic   | 211            |
| NONE   | • • • •  | , ,   |   | . , (- = = ====       | - (-)           | . , ,        |         |                |
| b      | List any managers of the foundation wh   | o own 10% or more                           | of the stock of a                           | corporation (or an e  | equally lar     | ge portion o | of the  | <del></del>    |
| _      | ownership of a partnership or other enti   |   |   |                       |                 | 50 portion ( |         |                |
| NON    | · · · · · · · · · · · · · · · · · · ·  |   |   |                       |                 |              |         |                |
| 2      | Information Regarding Contribution, Check here ▶ ☐ If the foundation on unsolicited requests for funds If the fou conditions, complete items 2a, b, c, and   | nly makes contributi<br>ndation makes gifts | ons to preselected<br>, grants, etc , to in | l charitable organiza |                 |              | accept  |                |
|        | Y CVF (PROPERTY)   |   |   |                       |                 |              |         |                |
|        |  | _   |   |                       |                 |              |         |                |
|        |  |   |   |                       |                 |              |         |                |
|        |  |   |   |                       |                 |              |         |                |
|        |  |   |   | b                     |                 |              |         | -2-2           |

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year Field House Livingston Youth Soccor 5,000 None In Livingston, MT 59047 Livingston Center for Culture & Art None Bathroom and Utility Sink 742 Livingston, MT 59047 Total 3a 5,742 Approved for future payment Livingston Braves Baseball 855 None Bleacher rails Livingston, MT 59047 Yellowstone Boys & Girls Ranch 10,000 None Roof and Siding YBGR Building Livingston, MT 59047 Total 10,855

| Рa   | Analysis of Income-Pr  | oducing Act                           | uvities                          |                     |                       |                      |  |
|------|--|---------------------------------------|----------------------------------|---------------------|-----------------------|----------------------|--|
| Ente | er gross amounts unless otherwise indica                         | ted                                   | Unrelated by                     | isiness income      | Excluded by sect      | ion 512, 513, or 514 | (2)  |
|      |  |                                       | (a)<br>Business code             | (b)<br>Amount       | (c)<br>Exclusion code | (d)<br>Amount        | (e) Related or exempt function income (See instructions) |
| 1    | Program service revenue  |                                       |                                  |                     |                       |                      |  |
|      | a  |                                       |                                  |                     |                       |                      |  |
|      | b  |                                       |                                  |                     |                       |                      |  |
|      | c  |                                       | <u> </u>                         |                     |                       |                      |  |
|      | d  |                                       |                                  |                     | ļ · <del>-</del>      |                      |  |
|      | e  |                                       |                                  |                     |                       |                      |  |
|      | f  |                                       |                                  |                     |                       |                      |  |
|      | g Fees and contracts from government a                           | gencies                               |                                  |                     |                       |                      |  |
| 2    | Membership dues and assessments                                  |                                       |                                  |                     |                       |                      |  |
| 3    | Interest on savings and temporary cash inv                       | estments                              |                                  |                     |                       |                      | 6,257  |
| 4    | Dividends and interest from securities                           | · ·                                   |                                  |                     |                       |                      |  |
| 5    | Net rental income or (loss) from real es                         | tate                                  | 學歌語知及                            | <b>西州南部</b>         |                       | <b>数据图案</b>          |  |
|      | a Debt-financed property   |                                       |                                  |                     |                       |                      |  |
|      | b Not debt-financed property                                     |                                       |                                  |                     |                       |                      |  |
| 6    | Net rental income or (loss) from person                          | al property [                         |                                  |                     |                       |                      |  |
| 7    | Other investment income  |                                       |                                  |                     |                       |                      |  |
| 8    | Gain or (loss) from sales of assets other that                   | an inventory                          |                                  |                     |                       |                      | _  |
| 9    | Net income or (loss) from special event                          | s                                     |                                  |                     |                       |                      |  |
| 10   | Gross profit or (loss) from sales of inver                       |                                       |                                  |                     |                       |                      |  |
| 11   | Other revenue a  |                                       |                                  |                     |                       |                      |  |
|      | b  |                                       |                                  |                     |                       |                      |  |
|      | с  |                                       |                                  |                     |                       |                      |  |
|      | d  |                                       |                                  |                     |                       |                      |  |
|      | e  |                                       |                                  |                     |                       |                      |  |
| 12   | Subtotal Add columns (b), (d), and (e)                           |                                       | AND THE                          | 0                   | <b>建岩水果</b>           | 0                    | 6,257  |
|      | Total. Add line 12, columns (b), (d), and                        |                                       | - C. Just and A. J. De Market of | <u> </u>            | 7 2 2 2 2             | 13                   | 6,257  |
|      | e worksheet in line 13 instructions to verif                     |                                       | )                                |                     |                       |                      | -,,-   |
|      | rt XVI-B Relationship of Activit                                 |                                       |                                  | ent of Exempt       | Purposes              |                      |  |
| Lin  | Explain below how each activity accomplishment of the foundation | or which income                       | e is reported in c               | olumn (e) of Part > | (VI-A contributed     | importantly to the   | ons )  |
|      | 3 INVESTMENT INCOME  |                                       |                                  |                     | <u> </u>              |                      |  |
|      |  |                                       |                                  |                     |                       |                      |  |
|      |  |                                       |                                  |                     |                       |                      |  |
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|      |  |                                       |                                  |                     |                       |                      |  |

### Form 990-PF (2017) LIVINGSTON CO

| Part XVII | Information Regarding       | Transfers to ar | d Transactions an | d Relationships | With Noncharitable |
|-----------|-----------------------------|-----------------|-------------------|-----------------|--------------------|
|           | <b>Exempt Organizations</b> |                 |                   |                 |                    |

- Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a Transfers from the reporting foundation to a noncharitable exempt organization of
  - (1) Cash
  - (2) Other assets
- **b** Other transactions
  - (1) Sales of assets to a noncharitable exempt organization
  - (2) Purchases of assets from a noncharitable exempt organization
  - (3) Rental of facilities, equipment, or other assets
  - (4) Reimbursement arrangements
  - (5) Loans or loan guarantees
  - (6) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

| 7 | "7845" r 1     |            |             |
|---|----------------|------------|-------------|
| 1 | 2              | Yes        | No          |
|   | 3.60           | 100        | -           |
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|   | 54.2           |            | 344         |
| 1 | 4-14           | Market 182 | 24342 J. C. |
| ı | 1a(1)          |            | X           |
|   | 1a(2)          |            | Χ           |
|   | 型語             | Table 1    |             |
| į | 1b(1)          |            | Х           |
|   | 1b(2)          |            | Х           |
|   | 1b(3)          |            | Х           |
|   | 1b(4)          |            | Х           |
|   | 1b(5)          |            | Х           |
|   | 1b(6)          |            | X           |
|   | 10             |            | X           |

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF

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

OMB No 1545-0047

2017

Employer identification number

36-4098542 LIVINGSTON COMMUNITY TRUST, INC Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| Name of organization            | Employer identification number |
|---------------------------------|--------------------------------|
| LIVINGSTON COMMUNITY TRUST, INC | 36-4098542                     |
|                                 |                                |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4         | (c) Total contributions    | (d) Type of contribution  |
|------------|---|----------------------------|---|
|            | Foreign State or Province Foreign Country |                            | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4         | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            | Foreign State or Province Foreign Country | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b) Name, address, and ZIP + 4            | (c) Total contributions    | (d)<br>Type of contribution   |
|            | Foreign State or Province Foreign Country |                            | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4         | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            | Foreign State or Province Foreign Country |                            | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4         | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            | Foreign State or Province Foreign Country |                            | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4         | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            | Foreign State or Province Foreign Country |                            | Person Payroll Noncash (Complete Part II for noncash contributions) |

|      | Name of organization LIVINGSTON COMMUNITY TRUST, INC | Employer identification number 36-4098542 |
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Schedule B (Form 990 990-EZ or 990-PF) (2017) Page 4 Name of organization Employer identification number LIVINGSTON COMMUNITY TRUST, INC 36-4098542 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.

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

|                        | 250          | 250            | C             | 0                 |
|------------------------|--------------|----------------|---------------|-------------------|
|                        |              |                |               | Disbursements     |
|                        | Revenue and  |                |               | for Charitable    |
|                        | Expenses per | Net Investment | Adjusted Net  | Purposes          |
| Description            | Books        | Income_        | <u>Income</u> | (Cash Basis Only) |
| 1 BLAKELY & WALTER, PC | 250          | 250            |               | 0                 |

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

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

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

|   |   | 36           | 36             | 0          | 0              |
|---|---|--------------|----------------|------------|----------------|
|   |   | Revenue      |                |            | Disbursements  |
| } |   | and Expenses | Net Investment | Adjusted   | for Charitable |
|   | Description                             | per Books    | Income         | Net Income | Purposes       |
| 1 | Real estate tax not included in line 20 | 0            |                |            |                |
| 2 | Tax on investment income                | 0            |                |            |                |
| 3 | Income tax                              | 36           | 36             |            |                |

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

|   |                        | 366         | 366            | <u>C</u>     | 0              |
|---|------------------------|-------------|----------------|--------------|----------------|
|   |                        | Revenue and |                |              | Disbursements  |
|   |                        | Expenses    | Net Investment | Adjusted Net | for Charitable |
|   | Description            | per Books   | Income         | Income       | Purposes       |
| 1 | SECRETARY OF STATE FEE | 20          | 20             |              | <del></del>    |
| 2 | POST OFFICE RENT       | 112         | 112            |              |                |
| 3 | INTERNET SITE          | 127         | 127            |              |                |
| 4 | Office Supply          | 107         | 107            |              |                |

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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  |
| US TREASURY NOTE 8DB3 |             |             |             |             | And the second section of the second sections and the second sections and the second section sections and the second sections and the second sections and the second sections are second sections and the second sections are second sections as the second section section section sections are second sections as the second section |             |

# LIVINGSTON COMMUNITY TRUST INC

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

| OHECTIVATE         OREACTIVATION         OREACTIVATION         ONE STATE AND TO BOX 128 PROFESSION         OREACTIVATES         The STATE AND TO BOX 128 PROFESSION         OREACTIVATES         <   | _ |          |              |                 |             |   |   |                          |                      |                                       |       |             |
|---|---|----------|--------------|-----------------|-------------|---|---|--------------------------|----------------------|---------------------------------------|-------|-------------|
| Name  | 0 |          | Account      |                 |             |   | 1 | 1                        | ;<br>;<br>;          | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | 1     | r           |
| Name         Orbet Y.T.         Street         Org. Street         Org. Street         Org. Street         App. S   |   |          | Benefits     |                 |             | 1 |   |                          | : 1                  | •<br>1<br>1<br>1<br>1<br>1            | 1     |             |
| Name         OTEM YRIGHTON         State         ODBY 1282         LONGSTON         MT         SEAT         Fouggloutly         THE         RAY           JOHNBILLIAN         FREE FIRST         LONGSTON         MT         SEAT         FOURTHEEST         MT         SEAT         FOURTHEEST         MT         SEAT         MT         SEAT <th>0</th> <td></td> <td>Ompensation</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>. 0</td> <td></td>  | 0 |          | Ompensation  | 0               | 0           |   | 0                                       | 0                        |                      |                                       | . 0   |             |
| Nhme Interess         Check Y. Teams         Sheet         Oby         Same Accounty         Froggicuity           JOHNBLILMIN         PO EXY 283         LNINGSTON         NIT         550 Th         Froegrounty           JOHNBLEY         PO EXY 283         LNINGSTON         NIT         550 Th         Froegrounty           ROBRI JOHGH         PO EXY 286         LNINGSTON         NIT         550 Th         Froegrounty           ROBER JOHGH STREET         LNINGSTON         NIT         550 Th         Froegrounty           RAFGERARIT         CORONETRAND         LNINGSTON         NIT         550 Th           MOGELARION         NIT         550 Th         NIT         550 Th  |   | AgHs     | Per Week     | 200             | 200         | 200                                     | 200                                     | 200                      | . 8                  | 200                                   | 200   | 28          |
| AFTER INTEREST         STREET         OD         STREET         OD         STREET         STREET<   |   |          | Title        | H <del>ES</del> | \$          | )<br>)<br>}                             | TIREAS                                  | OE                       | ar                   | Z.D                                   | OR    | NO.         |
| CDESCHORM   CDESCHORM   CDL   CDL |   |          | FoegnCourtry |                 |             |   |   |                          |                      |                                       |       |             |
| COREX.X°         Sheet         City         State           JOHNBLILMAN         PO BOX 1283         LIMINGSTON         MT           JOHNBALLEY         PO BOX 1283         LIMINGSTON         MT           RCHET JOACK         PO BOX 1245         LIMINGSTON         MT           TOMIDANS         233 SQJIHHSTHETT         LIMINGSTON         MT           MARKIESA         1705 VEST PRPKST         LIMINGSTON         MT           MOMEBLARBAN         914 EAST CALLENTERSTREET         LIMINGSTON         MT           QUINTTINBEY         414 EAST CALLENTERSTREET         LIMINGSTON         MT  |   |          | - 1          | 38047           | 28047       | 59047                                   | 58047                                   | 28047                    | 58047                | 58047                                 | 28047 | 38047       |
| DATE         Sheet         Oby           JOHNSLLIMAN         PO BOX 1288         LMNGSTON           JOHNBALLEY         PO BOX 1288         LMNGSTON           JOHNBALLEY         PO BOX 1246         LMNGSTON           ROHAT LOAGY         PO BOX 1246         LMNGSTON           TOMIONAS         PO BOX 1246         LMNGSTON           TOMIONAS         288 SOJIHGTH STREET         LMNGSTON           MARKIESA         1766 WEST PARKST         LMNGSTON           MARKIESA         1766 WEST PARKST         LMNGSTON           QUINTTINBLEY         444 BAST CALLENDERSTREET         LMNGSTON   |   |          | Safe         |                 |             | 1                                       |   |                          |                      |                                       |       |             |
| Check'X'   Filseress   Street   |   |          | ŧ            | LMNGSTON        | IMMOSTON    | LMNGSTON                                | IMNOSION                                | LMNGSTON                 | UMNOSION             | IMMOSTON                              |       |             |
| Name JOHNBALLEY JOHNBALLEY ROBAT JOA/OK  ROBAT JOA/OK  ROBAT JOA/OK  AMESBANETT  MARKEBA  ACOGEBLAGMAN  ACOGEBLAGMAN  |   |          | Sheet        | PO BOX 1283     | PO BCX 1019 | PO B <b>CX</b> 1245                     |   | <b>2883ЛІН6ІІНSІR</b> ЕТ | <b>638 СОМЕТВ</b> АЮ |                                       |       |             |
| CO-NBALLA<br>MARKITESA<br>MORE BLAK   |   | Oreck'X' | #Business    |                 |             |   |   |                          |                      |                                       |       | -           |
| 7 6 6 7 8   |   |          | Name         |                 |             |   |   |                          |                      |                                       |       | QUNITINGLEY |
|   |   |          |              |                 | 8           | ო                                       | 4                                       | 9                        | 9                    | 7                                     | 8     |             |