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5077 990-PF

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

OMB No 1545-0052

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

|                                                                                                                                   |                                |                                                                            |                                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br><b>LIVINGSTON COMMUNITY TRUST, INC</b>                                                                      |                                |                                                                            | A Employer identification number<br><b>36-4098542</b>                                                                                  |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>P.O. BOX 1223</b>                         |                                | Room/suite                                                                 | B Telephone number (see instructions)<br><b>406-222-0412</b>                                                                           |  |
| City or town, state or province country, and ZIP or foreign postal code<br><b>LIVINGSTON MT 59047-1223</b>                        |                                | C If exemption application is pending, check here <input type="checkbox"/> |                                                                                                                                        |  |
| Foreign country name                                                                                                              | Foreign province/state/country | Foreign postal code                                                        | D 1 Foreign organizations, check here <input type="checkbox"/>                                                                         |  |
|                                                                                                                                   |                                |                                                                            | 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>                               |  |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity |                                |                                                                            | E If private foundation status was terminated under section 507(b)(1)(A) check here <input type="checkbox"/>                           |  |
| <input type="checkbox"/> Final return <input type="checkbox"/> Amended return                                                     |                                |                                                                            | F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here <input type="checkbox"/>                        |  |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change                                                      |                                |                                                                            |                                                                                                                                        |  |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <b>OK</b>            |                                |                                                                            |                                                                                                                                        |  |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |                                |                                                                            |                                                                                                                                        |  |
| I Fair market value of all assets at end of year (from Part II, col. (c))                                                         |                                |                                                                            | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) |  |

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

|                    |                                                                                                                                  | Beginning of year | End of year    |                       |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                    |                                                                                                                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>      | <b>1</b> Cash—non-interest-bearing                                                                                               | 223               | 600            | 600                   |
|                    | <b>2</b> Savings and temporary cash investments                                                                                  | 898,125           | 894,614        | 894,614               |
|                    | <b>3</b> Accounts receivable ▶                                                                                                   |                   |                |                       |
|                    | Less allowance for doubtful accounts ▶                                                                                           |                   |                |                       |
|                    | <b>4</b> Pledges receivable ▶                                                                                                    |                   |                |                       |
|                    | Less allowance for doubtful accounts ▶                                                                                           |                   |                |                       |
|                    | <b>5</b> Grants receivable                                                                                                       |                   |                |                       |
|                    | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                   |                |                       |
|                    | <b>7</b> Other notes and loans receivable (attach schedule) ▶                                                                    |                   |                |                       |
|                    | Less allowance for doubtful accounts ▶                                                                                           |                   |                |                       |
|                    | <b>8</b> Inventories for sale or use                                                                                             |                   |                |                       |
|                    | <b>9</b> Prepaid expenses and deferred charges                                                                                   |                   |                |                       |
|                    | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                    |                   |                |                       |
|                    | <b>b</b> Investments—corporate stock (attach schedule)                                                                           |                   |                |                       |
|                    | <b>c</b> Investments—corporate bonds (attach schedule)                                                                           |                   |                |                       |
|                    | <b>11</b> Investments—land, buildings, and equipment basis ▶                                                                     |                   |                |                       |
|                    | Less accumulated depreciation (attach schedule) ▶                                                                                |                   |                |                       |
|                    | <b>12</b> Investments—mortgage loans                                                                                             |                   |                |                       |
|                    | <b>13</b> Investments—other (attach schedule)                                                                                    |                   |                |                       |
|                    | <b>14</b> Land, buildings, and equipment basis ▶                                                                                 |                   |                |                       |
|                    | Less accumulated depreciation (attach schedule) ▶                                                                                |                   |                |                       |
|                    | <b>15</b> Other assets (describe ▶ )                                                                                             |                   |                |                       |
|                    | <b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)                            | 898,348           | 895,214        | 895,214               |
| <b>Liabilities</b> | <b>17</b> Accounts payable and accrued expenses                                                                                  |                   |                |                       |
|                    | <b>18</b> Grants payable                                                                                                         |                   |                |                       |
|                    | <b>19</b> Deferred revenue                                                                                                       |                   |                |                       |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| a) List and describe the kind(s) of property sold (for example, real estate<br>2-story brick warehouse or common stock, 200 shs MLC Co ) |                                            | (b) How acquired<br>P—Purchase<br>D—Donation    | (c) Date acquired<br>(mo , day, yr )                                                         | (d) Date sold<br>(mo , day, yr ) |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|
| 1a                                                                                                                                       |                                            |                                                 |                                                                                              |                                  |
| b                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| c                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| d                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| e                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| (e) Gross sales price                                                                                                                    | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                               |                                  |
| a                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| b                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| c                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| d                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| e                                                                                                                                        |                                            |                                                 |                                                                                              |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                              |                                            |                                                 | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                  |
| (i) FMV as of 12/31/69                                                                                                                   | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col (i)<br>over col (j), if any   |                                                                                              |                                  |

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

- 1a** Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_ (attach copy of letter if necessary—see instructions)
- b** Domestic foundations that meet the section 4940(e) requirements in Part V, check  
here ☐ and enter 1% of Part I, line 27b

|   |  |    |
|---|--|----|
|   |  |    |
| 1 |  | 52 |
|   |  |    |

**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
- 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
- 13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

|           | Yes | No |
|-----------|-----|----|
| <b>11</b> |     | X  |
| <b>12</b> |     | X  |
| <b>13</b> | X   |    |

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

- 15** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—check here **▶** ☐

**Part 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 ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ 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 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 ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** 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 ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance, check here ☐
- c** 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
- If "Yes," attach the statement required by Regulations section 53.4945–5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums ☐ Yes ☐ No

**5b**

N/A

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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                             |           |         |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |         |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 894,324 |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 0       |
| <b>c</b> | Fair market value of all other assets (see instructions)                                                    | <b>1c</b> |         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)                                                                       | <b>1d</b> | 894,324 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> |         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  |         |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 894,324 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)     | <b>4</b>  | 13,415  |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 880,909 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | <b>6</b>  | 44,045  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

|           |                                                                                                           |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                             | <b>1</b>  | 44,045 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5                                                    | <b>2a</b> | 52     |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI.)                                         | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b                                                                                       | <b>2c</b> | 52     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 43,993 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                                 | <b>4</b>  |        |
| <b>5</b>  | Add lines 3 and 4                                                                                         | <b>5</b>  | 43,993 |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                                    | <b>6</b>  |        |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 43,993 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                           |           |       |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                 |           |       |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26                               | <b>1a</b> | 5,742 |
| <b>b</b> | Program-related investments—total from Part IX-B                                                          | <b>1b</b> |       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | <b>2</b>  |       |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                       |           |       |

LIVINGSTON COMMUNITY TRUST, INC.

December 31, 2017  
SSN: 36-4098542

FORM 990-PF

PART X

LINE 1a: AVERAGE MONTHLY FMV OF SECURITIES 0

LINE 1b: AVERAGE OF MONTHLY CASH BALANCES 894,324

LINE 1c: FMV OF OTHER ASSETS 0

LINE 1d: TOTALS 894,324

|               | CASH    | CD'S      | OTHER | T-NOTES |
|---------------|---------|-----------|-------|---------|
| 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 Undistributed Income** (see instructions)

|                                                         | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|---------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI,<br>line 7 |               |                            |             | 43,993      |
| 2 Undistributed income, if any, as of the end of 2017   |               |                            |             |             |

**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)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                        | -----                |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling
- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)





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

- 1** 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

|              | Yes | No |
|--------------|-----|----|
| <b>1a(1)</b> |     | X  |
| <b>1a(2)</b> |     | X  |
| <b>1b(1)</b> |     | X  |
| <b>1b(2)</b> |     | X  |
| <b>1b(3)</b> |     | X  |
| <b>1b(4)</b> |     | X  |
| <b>1b(5)</b> |     | X  |
| <b>1b(6)</b> |     | X  |
| <b>1c</b>    |     | X  |

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**

LIVINGSTON COMMUNITY TRUST, INC

**Employer identification number**

36-4098542

**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).

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>LIVINGSTON COMMUNITY TRUST, INC | <b>Employer identification number</b><br>36-4098542 |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

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

Name of organization

LIVINGSTON COMMUNITY TRUST, INC

Employer identification number

36-4098542

## Name of organization

LIVINGSTON COMMUNITY TRUST, INC

## Employer identification number

36-4098542

**Part III**

**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                   | 0                   | 0                                                       |
|-------------|-----------------------|--------------------------------|-----------------------|---------------------|---------------------------------------------------------|
| Description |                       | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | BLAKELY & WALTER, P C | 250                            | 250                   |                     | 0                                                       |

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

|             |                  | 3,000                          | 3,000                 | 0                   | 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                 |                     | 0                                                       |

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

|             |                                         | 36                             | 36                    | 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 | 0                              |                       |                     |                                       |
| 2           | Tax on investment income                | 0                              |                       |                     |                                       |
| 3           | Income tax                              | 36                             | 36                    |                     |                                       |

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

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

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

|             |                       | Federal     |                       | State/Local               |                           | 0                         |                    | 0                  |                    | 0                         |  | 0 |  |
|-------------|-----------------------|-------------|-----------------------|---------------------------|---------------------------|---------------------------|--------------------|--------------------|--------------------|---------------------------|--|---|--|
|             |                       | State/Local |                       | 0                         |                           | 0                         |                    | 0                  |                    | 0                         |  | 0 |  |
| Description |                       | Num         | Shares/<br>Face Value | Book Value<br>Beg of Year | Book Value<br>End of Year | Book Value<br>End of Year | FMV<br>Beg of Year | FMV<br>End of Year | FMV<br>End of Year | State/Local<br>Obligation |  | 0 |  |
| 1           | US TREASURY NOTE 8DB3 |             |                       |                           |                           |                           |                    |                    |                    |                           |  |   |  |

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

|   | Name           | Check 'X' if Business | Street                    | City       | State | Zip Code | Foreign Country | Title | Agts Per Week | Compensation | Benefits | Expense Account |
|---|----------------|-----------------------|---------------------------|------------|-------|----------|-----------------|-------|---------------|--------------|----------|-----------------|
| 1 | JOHN SULLIVAN  |                       | PO BOX 1283               | LIVINGSTON | MT    | 59047    |                 | PRES  | 500           | 0            |          |                 |
| 2 | JOHN BAILEY    |                       | PO BOX 1019               | LIVINGSTON | MT    | 59047    |                 | VP    | 500           | 0            |          |                 |
| 3 | ROBERT JOMCK   |                       | PO BOX 1245               | LIVINGSTON | MT    | 59047    |                 | SEC   | 500           | 0            |          |                 |
| 4 | BEVERLY HARRIS |                       | PO BOX 461                | LIVINGSTON | MT    | 59047    |                 | TREAS | 500           | 0            |          |                 |
| 5 | TOM DAVIS      |                       | 308 SOUTH 16TH STREET     | LIVINGSTON | MT    | 59047    |                 | DIE   | 500           | 0            |          |                 |
| 6 | JAMES BENNETT  |                       | 608 COMET BLVD            | LIVINGSTON | MT    | 59047    |                 | DIR   | 500           | 0            |          |                 |
| 7 | MARK RESEA     |                       | 1106 WEST PARK ST         | LIVINGSTON | MT    | 59047    |                 | DIR   | 500           | 0            |          |                 |
| 8 | MOXIE BLAKEMAN |                       | 914 EAST CALLENDER STREET | LIVINGSTON | MT    | 59047    |                 | DIR   | 500           | 0            |          |                 |
| 9 | CLINT TINSLEY  |                       | 414 EAST CALLENDER        | LIVINGSTON | MT    | 59047    |                 | DIR   | 500           | 0            |          |                 |