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#### Form **990-PF**

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning

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

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

, 2009, and ending

Jul 1

Jun 30

2010

OMB No 1545-0052

2009

Initial return Initial Return of a former public charity G Check all that apply: Final return Amended return Address change Name change Employer identification number Name of foundation Use the IRS label. 83-0236856 STACY MARIE TRUE MEMORIAL TRUST Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) print (307) 237-9301 P.O. BOX 2360 or type. See Specific City or town Instructions. ZIP code C If exemption application is pending, check here CASPER WY 82602-2360 1 Foreign organizations, check here . . . Check type of organization: X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation . . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated J Accounting method: |X | Cash Fair market value of all assets at end of year under section 507(b)(1)(A), check here . . . (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here ... 353,066. Part I Analysis of Revenue and (c) Adjusted net (b) Net investment (d) Disbursements (a) Revenue and Expenses (The total of amounts in for charitable expenses per books income income columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions).) 12,602. Contributions, gifts, grants, etc, received (att sch) Ck ► I if the foundn is not req to att Sch B Interest on savings and temporary cash investments ...... 6,078. 6,078 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) -139.6a Net gain/(loss) from sale of assets not on line 10 REVENUE b Gross sales price for all assets on line 6a 50,500. 0. Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less: Cost of c Gross profit/(loss) (att sch) . . . . . . . . 11 Other income (attach schedule) Total. Add lines 1 through 11 18,541. 6,078 13 Compensation of officers, directors, trustees, etc
14 Other employees salaries and wages 2010
15 Pension plans, employee benefits Ö Ś 16 a Legal fees (attach-schedule) ADM-N-STRAT-VE b Accounting fees (attachsch) DEN. UT c Other prof fees (attach sch) . SCANNED NOU I 6 201 17 Interest 102. 18 Taxes (attach schedule)(see instr.) EXCISE TAXES 19 Depreciation (attach sch) and depletion . . 20 Travel, conferences, and meetings ... EXPENSES 22 Printing and publications . 23 Other expenses (attach schedule) 557 557 TRUST FEES 24 Total operating and administrative expenses. Add lines 13 through 23 659 557 20,000. 20,000. 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 20,659 557 20,000.

-2,118.

13

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Subtract line 26 from line 12: a Excess of revenue over expenses

**b** Net investment income (if negative, enter -0-) **C** Adjusted net income (if negative, enter -0-)

and disbursements ...

5,521

Decreases not included in line 2 (itemize) ... ..

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .......

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362,231.

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Ran		osses for Tax on investmen		71.			<del></del>
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)  (b) How acq P - Purch D - Donat				ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	FEDERAL HOME LOAN M	TG 1.75%		P		08/11/09	03/02/10
b	FEDERAL HOME LOAN B	ANK 1.75%		P		07/21/09	02/10/10
	EATON VANCE LARGE C			 P		09/18/07	06/25/10
_	CAPITAL GAIN DIVIDE			 P		Various	Various
e	<del></del>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basing plus expense of sale			(h) Gain or (e) plus (f) m	(loss) inus (g)
а	25,000.	· ·	25	,000.			0.
b		· ·		,000.			0.
				711.			-211.
d				0.			72.
e							
		ng gain in column (h) and owned by	the foundation on 12/31/69			(I) Cours (Colu	(h)
	(i) Fair Market Value	(i) Adjusted basis	(k) Excess of column	$\overline{\omega}$	Ç	(i) Gains (Coli ain minus column (l	r), but not less
	as of 12/31/69	as of 12/31/69	over column (j), if an	ý	th.	an -0-) or Losses (fr	om column (h))
a							0.
b			···				0.
С							-21 <u>1.</u>
d	0.	0.	<u> </u>	0.			72.
е							
2	Capital gain net income or (net	capital loss). — If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7		2		-139.
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	and (6):				
	D I I 0	8, column (c) (see the instructions).	If (loss), enter -0-		3		
		Section 4940(e) for Reduce	d Tax on Net Investme	nt Inco	me		
		foundations subject to the section 4					<del></del>
(1 01 0	phonai use by domestic private	Touridations subject to the section +	540(d) tax on not invocation.				
If sec	tion 4940(d)(2) applies, leave th	is part blank.					
141 1	the formulation habit for the good	4040 to the distributeble and		- ariad?		∏Yes	X No
		on 4942 tax on the distributable am		perioa		res	NO
	·	fy under section 4940(e). Do not cor	<del></del>			<del></del>	
_1_		each column for each year; see the		any entrie	s.	(-1)	
	(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assi	ets	(col	<b>(d)</b> Distributior umn (b) divided	
	2008	16,898.	• 332	,949.	•		0.050753
	2007	19,756.		,266.			0.049982
	2006	19,769.		,812.			0.049694
	2005	16,000.		938.			0.045206
	2004	16,000.		,732.		·	0.046820
	2004	10,000.	341	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.010020
2	Total of line 1, column (d)				2		0.242455
		e 5-year base period – divide the tot					
3	number of years the foundation	has been in existence if less than 5	years		3		0.048491
4	Enter the net value of noncharit	able-use assets for 2009 from Part 2	K, line 5		4		361,627.
5	Multiply line 4 by line 3				5		17,536.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		55.
		•					
7	Add lines 5 and 6		••				17,591.
		m Part XII, line 4			8		20,000.
	If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI,	line 1b, and complete that pa	art using a	1%	tax rate See the	<del>)</del>

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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WY - Wyoming

	·				
Forr	n 990-PF (2009) STACY MARIE TRUE MEMORIAL TRUST	83-023685	6	Р	age :
<u>Par</u>	Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption ap	plication?	13	X	
	Website address			<u> </u>	- <b>-</b> -
14	The books are in care of P DAVID L. & MELANIE A. TRUE : Telephone r	io. ► <u>(307)</u>	237	- <u>93</u> 0	1
	Located at • 455 N. POPLAR CASPER WY - ZIP + 4 •	<u>82601</u>			<del></del> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		• •	. ►	$\sqcup$
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			
Rai	Statements Regarding Activities for Which Form 4720 May Be Required		اعتضم		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 :	a During the year did the foundation (either directly or indirectly):	, ,			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No .			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	J., 53.,		ŀ	
	disqualified person?	Yes X No		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
		Yes X No.			
	b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)	?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here	. ▶□			=
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
;	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20				
١	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer 'No' and attach statement — see the instructions)	2) 2) to	2b		Х
	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	• •	نت		
	► 20, 20, 20				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
1	b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)		3 b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		x

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4b

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Part VII-B   Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incur	•		<b>—</b> . <b>—</b>	,
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))? .	. Yes X	] No -
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section 4 tion drive?	4955); or to carry	Yes 🗓	] No
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?		] No .
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	anization described ctions)	Yes X	] No .
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children of	literary, or ranimals?	Yes X	No.
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did any of t	-			
described in Regulations section 53.4945 or in (see instructions)?	a current notice regardi	ng disaster assistance		5b
Organizations relying on a current notice regar	ding disaster assistance	e check here		]
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	ibility for the grant? .		. Yes	] No
If 'Yes,' attach the statement required by Regu				
6a Did the foundation, during the year, receive an on a personal benefit contract?				] No
<b>b</b> Did the foundation, during the year, pay premit	ums, directly or indirectly	y, on a personal benefit	contract?	. 6b X
If 'Yes' to 6b, file Form 8870.	ation a norty to a grapib	stad tay aboltor transact	ion? . Yes X	No
<ul><li>7a At any time during the tax year, was the found.</li><li>b If yes, did the foundation receive any proceeds</li></ul>				7b
Part VIII   Information About Officers, D	irectors. Trustees.	Foundation Manag	ers, Highly Paid	
and Contractors				
1 List all officers, directors, trustees, foundation				<u> </u>
	(b) Title and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit	(e) Expense account, other allowances
(a) Name and address	devoted to position	(ii not paid, onto: o )	plans and deferred	
DAVID I MDITE .			compensation	<del> </del>
DAVID L. TRUE	TRUSTEE			
CASPER WY 82602	0.00	0.	0	. 0.
MELANIE A. TRUE	0.00			
BOX 2360,	TRUSTEE			
CASPER WY 82602	0.00	0.	0	. 0.
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1— see ins	tructions). If none, en	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			Compensation	
<del></del>				
0				
0				
0				
0				
Total number of other employees paid over \$50,000	<u> </u>	I		None
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83-0236856

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STACY MARIE TRUE MEMORIAL TRUST

Par	Information About Officers, Directors, Trustees, Foundation About Officers, Directors, Trustees, Trustee	undation Managers, Highly Paid E	imployees,
3	Five highest-paid independent contractors for professional services — (see nter 'NONE.	ee instructions). If none,	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOI			
Tota	number of others receiving over \$50,000 for professional services		NoneNone
	Summary of Direct Charitable Activities		
List th	e foundation's four largest direct charitable activities during the tax year. Include relevant statis zations and other beneficiaries served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses
1			
2			
3			
4			
Par	Summary of Program-Related Investments (see inst	ructions)	
Des	ribe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2.	Amount
1			
2			

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Total. Add lines 1 through 3

All other program-related investments See instructions.

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Pai	<b><u>t X.</u> Minimum Investment Return</b> (All domestic foundations must complete this part. For see instructions.)	reign f	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
·	Average monthly fair market value of securities .	1 a	367,134.
ı	Average of monthly cash balances	1 b	
(	Fair market value of all other assets (see instructions)	1 c	
(	I Total (add lines 1a, b, and c)	1 d	367,134.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	367,134.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	5,5 <u>07</u> .
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	361,627.
6	Minimum investment return. Enter 5% of line 5	6	18,081.
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this pa		undations
1	Minimum investment return from Part X, line 6	1	18,081.
	a Tax on investment income for 2009 from Part VI, line 5 2a 55.		
	Income tax for 2009. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	55.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,026.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	18,026.
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	18,026.
Pai	t XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:  Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	20,000.
ŀ	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	
ŧ	Cash distribution test (attach the required schedule)	3 b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	55.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,945.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	er the fou	ndation

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				18,026.
2 Undistributed income, if any, as of the end of 2009:				25,025
a Enter amount for 2008 only			15,547.	•
<b>b</b> Total for prior years: 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004 0.				
<b>b</b> From 2005 . 0 .				
<b>c</b> From 2006 0 .			•	
d From 2007 0 .	:			
<b>e</b> From 2008 0 .				}
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part	<u>" ""</u>			
XII, line 4· ► \$ 20,000.				
a Applied to 2008, but not more than line 2a		[	15,547.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				j
(Election required – see instructions)	0.			
d Applied to 2009 distributable amount				4,453.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.			
(If an amount appears in column (d), the same amount must be shown in column (a).)		Į		
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:		i		
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section		_		
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from			2	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines				
4d and 5 from line 1. This amount must be				10 570
distributed in 2010				13,573.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)		-		
(see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
• • •	<del></del>			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005 0.				
<b>b</b> Excess from 2006 . 0.				
c Excess from 2007 . 0.				
<b>d</b> Excess from 2008 0 .				
e Excess from 2009 . 0 .				

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Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount		
or business)	substantial contributor	- Corpierit	<u> </u>			
E ·			TEMPORARY HOUSING FOR			
		PUBLIC	1	2,000.		
WY 82601 FOUNDATION	N/A	PUBLIC	PATIENT IN TREATMENT CHILDREN HEALTH	5,500.		
CO 80045 NDATION	N/A	PUBLIC	CARE & RESEARCH CHILDREN HEALTH	7,500.		
CO 80203	N/A	PUBLIC	CARE & RESEARCH	5,000.		
	·			20,000.		
nt				20,000.		
	CO 80205 R FOUNDATION WY 82601 FOUNDATION CO 80045 NDATION CO 80203	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  E .  CO 80205 N/A R FOUNDATION  WY 82601 N/A FOUNDATION  CO 80045 N/A NDATION  CO 80203 N/A	If recipient is an individual show any relationship to any foundation manager or substantial contributor.  E  CO 80205 N/A PUBLIC  R FOUNDATION  WY 82601 N/A PUBLIC  FOUNDATION  CO 80045 N/A PUBLIC  NOATION  CO 80203 N/A PUBLIC  PUBLIC  PUBLIC	If requent is an individual, show any relationship to any foundation manager substantial contribution  E. CO 80205 N/A PUBLIC PATIENT IN TREATMENT TEMPORARY HOUSING FOR PUBLIC CO 80201 N/A PUBLIC CO 80045 N/A PUBLIC CARE & RESEARCH CHILDREN HEALTH  CO 80203 N/A PUBLIC CARE & RESEARCH CHILDREN HEALTH  CO 80203 N/A PUBLIC CARE & RESEARCH  CO 80203 N/A PUBLIC CARE & RESEARCH  CO 80203 N/A PUBLIC CARE & RESEARCH  CHILDREN HEALTH  CO 80203 N/A PUBLIC CARE & RESEARCH  CHILDREN HEALTH  CHILDREN HEALT		

#### Part XVI-A Analysis of Income-Producing Activities

Enter gros	s amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	
_	ram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
•	ram service revenue.			Code		(See the matructions)
		<del> </del>		<del>                                     </del>	<del>-</del>	<del></del>
<b>d</b>						
f						
g Fees	and contracts from government agencies					
2 Mem	bership dues and assessments					
3 Interes	st on savings and temporary cash investments					
4 Divid	lends and interest from securities			14	6,078.	·
5 Net r	ental income or (loss) from real estate.					- <del></del> -
a Debt	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ntal income or (loss) from personal property .					
7 Othe	r investment income					
8 Gain o	or (loss) from sales of assets other than inventory .			18	-139.	•
9 Net i	ncome or (loss) from special events					
10 Gros	s profit or (loss) from sales of inventory					
11 Othe	r revenue:					
a						
b_						
c						
e						
e	otal. Add columns (b), (d), and (e) .				5,939.	
e 12 Subt						5,939
e	otal. Add columns (b), (d), and (e) .	Iculations )				
e	otal. Add columns (b), (d), and (e) .  I. Add line 12, columns (b), (d), and (e) .  sheet in the instructions for line 13 to verify cal			<del> </del>	. 13	
e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
e	otal. Add columns (b), (d), and (e) .  I. Add line 12, columns (b), (d), and (e) .  sheet in the instructions for line 13 to verify cal	Accomplis	hment of Exem	pt Purpose	13	5,939
e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
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e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
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e	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal  Relationship of Activities to the	Accomplis	hment of Exem	pt Purpose	13	5,939
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83-0236856 STACY MARIE TRUE MEMORIAL TRUST Page 13 Form 990-PF (2009) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (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: Х 1a(1) Х 1 a (2) (2) Other assets **b** Other transactions Х (1) Sales of assets to a noncharitable exempt organization. 1b(1) Х 1 b (2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1 b (3) X 1 b (4) Х (4) Reimbursement arrangements 1 b (5) Х (5) Loans or loan guarantees 1 b (6) Х (6) Performance of services or membership or fundraising solicitations ...... Х 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. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (a) Line no. **b** If 'Yes.' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

11/15/10 TRUSTEE Title Signature of officer or trustee Date Date Preparer's Identifying number (See Signature in the instrs) Check if Preparer's Paid signature employed **>** Preparer's Use Firm's name (or yours if self-employed), address, and ZIP code EIN Self-Prepared Only Phone no

BAA

Form 990-PF (2009)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Name of the organization		Employer Identification number
STACY MARIE TRUE MEMON	RIAL TRUST	83-0236856
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organizated 4947(a)(1) nonexempt charitable trust not 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation - 4947(a)(1) nonexempt charitable trust true 501(c)(3) taxable private foundation	reated as a private foundation
Check if your organization is covere <b>Note:</b> Only a section 501(c)(7), (8),	nd by the <b>General Rule</b> or a <b>Special Rule</b> . or (10) organization can check boxes for both the Genera	al Rule and a Special Rule See instructions.
General Rule —  X For an organization filing Form 9 contributor. (Complete Parts I am.	990, 990-EZ, or 990-PF that received, during the year, \$5, nd II.)	,000 or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and re	ation filing Form 990 or 990-EZ, that met the 33-1/3% sup eceived from any one contributor, during the year, a contr III, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I ar	ribution of the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (aggregate contributions of more prevention of cruelty to children	(10) organization filing Form 990 or 990-EZ, that received than \$1,000 for use exclusively for religious, charitable, s or animals. Complete Parts I, II, and III	from any one contributor, during the year, scientific, literary, or educational purposes, or the
contributions for use exclusively this box is checked, enter here to purpose. Do not complete any o	(10) organization filing Form 990 or 990-EZ, that received for religious, charitable, etc, purposes, but these contributhe total contributions that were received during the year for the parts unless the <b>General Rule</b> applies to this organizations of \$5,000 or more during the year.	utions did not aggregate to more than \$1,000. If for an exclusively religious, charitable, etc.
		and the School is B. (Form 000, 000 E7, or
990-PF) but it <b>must</b> answer 'No' on	covered by the General Rule and/or the Special Rules do Part IV, line 2 of their Form 990, or check the box on line eet the filing requirements of Schedule B (Form 990, 990-	H of its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwo for Form 990, 990EZ, or 990-PF.	ork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Pag	e 1	of 1	of Part
Name of organization	E	mployer ident	ification number	
STACY MARIE TRUE MEMORIAL TRUST	8	3-0236	856	

Part (	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TRUE FOUNDATION P.O. BOX 2360 CASPER WY 82602	\$10,000:	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		  \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		  \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		  \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

#### Stacy Marie True Memorial Trust Supporting Schedule and Statement To Accompany Form 990-PF #83-0236856

#### SCHEDULE I

#### Part II, Line 13

	<u>COST</u>	<u>FMV</u>
Artısan Mid cap Value Investor #1464	14,554	11,948
Calamos Growth Class 1	15,148	13,519 •
Davis New York Venture Fund #425	19,928	29,197
Dodge & Cox International Stock #1048	5,069	4,550 <i>-</i>
Dodge & Cox Stock Fund #145	26,394	18,959 -
Eaton vance Large Cap Value	14,824	10,031.
Federal Home Loan Bank 2.5%	50,000	50,094 ·
Federal Home Loan Bank 4.5%	19,586	21,675 <i>•</i>
Federated GNMA Trust Fund #16	26,847	27,378 ·
Federated Income Trust Fund #36	27,568	28,808 ·
Fidelity Low Priced Stock Fund #316	19,807	19,330 •
Harbor Capital Appreciation Fund #12	10,213	11,005 -
Harbor International Fund #011	14,291	11,020-
Pimco Total Return Instl #35	25,476	26,266 ⋅
Royce Value Fund	² 24,112	21,671 <sup>,</sup>
SEI S&P 500 Index #179	23,159	21,477 ·
US Treasury Note 2.375%	24,910	25,793 ·
US Treasury Obligations Principal Cash #59	345	345
	362,231	353,066

#### Stacy Marie True Memorial Trust Supporting Schedule and Statement To Accompany Form 990-PF #83-0236856

#### SCHEDULE II

#### Part IV: Capital Gains and Losses for Tax on Investment Income

Line 1a.						
(a) Description:	(b) How <u>Acquired</u>	(c) Date <u>Acquired</u>	(d) Date <u>Sold</u>	(e) Sales <u>Price</u>	(g) Cost <u>Basis</u>	(h) Gain <u>or (Loss)</u>
Short Term Gains and Losses:						
Fed Home Loan Mtg 1.75%	P	08/11/2009	03/02/2010	25,000.00	25,000.00	0.00
Fed Farm Credit Bank 1.75%	P	07/21/009	02/10/2010	25,000.00	25,000.00	0.00
	•		<u> </u>	50,000.00	50,000.00	0.00
Long Term Gains and Losses: Eaton Vance Large Cap Value	Р	09/18/2007	06/25/2010	500.00 500.00	710.91 710.91	-210.91 -210.91
Long Term Capital Gains Dividends Fidelity Low Priced Stock Pimco Total Return Instl	P P				-	49.30 22.39 71.69
				50,500.00		-139 22 -
Net Capital Gains and Losses			(Part IV, Line	2)	_	-139.22

### Supporting Schedule and Statement Stacy Marie True Memorial Trust To Accompany Form 990-PF #83-0236856

## SCHEDULE III

# Part I: ANALYSIS OF REVENUE AND EXPENSES

	102.00	2,000.00	<b>200.00</b>	10,000.00
	11/15/2009	09/25/2009	12/31/2009	02/25/2010
Line 1 Contributions	DAVID L. TRUE	DIEMER D. 'KIP' TRUE, Jr.	SHANE D. TRUE	TRUE FOUNDATION

\$12,602.00

Part XV:

Supplemental Information

Line 2 (d): Restrictions

children in particular; and to contribute to tax-exempt organizations which provide temporary from their home. All such support contributions shall be made in honor of Stacy Marie True Trustees deem appropriate exclusively for the purpose of supporting scientific research support and/or housing to the parents and families of children receiving treatment away Internal Revenue Code is consistent with the continuing tax-exempt status of the Trust. The purpose of the Trust is to utilize income and such portions of the principal as the and medical treatment of childhood diseases and other physical disorders afflicting and shall be solely to entities which are tax-exempt and whose status under the