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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation****2012**Department of the Treasury  
Internal Revenue Service

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

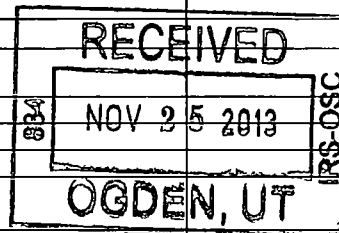
**For calendar year 2012, or tax year beginning** Jul 1 , 2012, **and ending** Jun 30 , 2013

Name of foundation <b>STACY MARIE TRUE MEMORIAL TRUST</b>		<b>A</b> Employer identification number <b>83-0236856</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 2360</b>		<b>B</b> Telephone number (see the instructions) <b>(307) 237-9301</b>
City or town <b>CASPER</b>	State ZIP code <b>WY 82602-2360</b>	<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization - <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ <b>426,868.</b>	<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc. received (att sch)	10,754.			
<b>2</b> Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
<b>3</b> Interest on savings and temporary cash investments				
<b>4</b> Dividends and interest from securities	8,859.	8,859.		
<b>5a</b> Gross rents				
<b>b</b> Net rental income or (loss)				
<b>6a</b> Net gain/(loss) from sale of assets not on line 10	9,739.	L-6a Stmt		
<b>b</b> Gross sales price for all assets on line 6a	72,005.			
<b>7</b> Capital gain net income (from Part IV, line 2)		9,739.		
<b>8</b> Net short-term capital gain				
<b>9</b> Income modifications				
<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold				
<b>c</b> Gross profit/(loss) (att sch)				
<b>11</b> Other income (attach schedule)				
<b>12 Total.</b> Add lines 1 through 11	29,352.	18,598.		
<b>13</b> Compensation of officers, directors, trustees, etc				
<b>14</b> Other employee salaries and wages				
<b>15</b> Pension plans, employee benefits				
<b>16a</b> Legal fees (attach schedule)				
<b>b</b> Accounting fees (attach sch)				
<b>c</b> Other prof fees (attach sch) L-16c Stmt	595.	595.		
<b>17</b> Interest				
<b>18</b> Taxes (attach schedule)(see instrs)	254.			
<b>19</b> Depreciation (attach sch) and depletion				
<b>20</b> Occupancy				
<b>21</b> Travel, conferences, and meetings				
<b>22</b> Printing and publications				
<b>23</b> Other expenses (attach schedule)				
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	849.	595.		
<b>25</b> Contributions, gifts, grants paid	22,000.			22,000.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	22,849.	595.		22,000.
<b>27 Subtract line 26 from line 12:</b>				
<b>a Excess of revenue over expenses and disbursements</b>	6,503.			
<b>b Net investment income</b> (if negative, enter -0-)		18,003.		
<b>c Adjusted net income</b> (if negative, enter -0-)				

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ADMINISTRATIVE AND OPERATING EXPENSES

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**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>	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments		5,201.	5,201.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		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 sch)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule) L-10a Stmt	169,419.	125,631.	123,909.
	b	Investments – corporate stock (attach schedule) L-10b Stmt	196,372.	162,800.	221,375.
	c	Investments – corporate bonds (attach schedule) L-10c Stmt		78,662.	76,383.
	<b>LIABILITIES</b>	11	Investments – land, buildings, and equipment basis		
		Less accumulated depreciation (attach schedule)			
12		Investments – mortgage loans			
13		Investments – other (attach schedule)			
14		Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
15		Other assets (describe )			
16		<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	365,791.	372,294.	426,868.
17		Accounts payable and accrued expenses			
18		Grants payable			
19	Deferred revenue				
20	Loans from officers, directors, trustees, & other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe )				
23	<b>Total liabilities</b> (add lines 17 through 22)				
<b>NET ASSETS OR FUND BALANCES</b>		<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b>			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>			
	27	Capital stock, trust principal, or current funds	365,791.	372,294.	
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions)	365,791.	372,294.	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	365,791.	372,294.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	365,791.
2	Enter amount from Part I, line 27a	2	6,503.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	372,294.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	372,294.

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

(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 acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a SEE ATTACHED SCHEDULE I		P	Various	Various
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 72,005.	0.	62,266.	9,739.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a 0.	0.	0.	9,739.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2	9,739.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8         </div>	3	0.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	18,000.	391,204.	0.046012
2010	21,902.	391,088.	0.056003
2009	19,945.	361,627.	0.055154
2008	16,898.	332,949.	0.050753
2007	19,756.	395,266.	0.049982

2 Total of line 1, column (d)	2	0.257904
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.051581
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	415,393.
5 Multiply line 4 by line 3	5	21,426.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	180.
7 Add lines 5 and 6	7	21,606.
8 Enter qualifying distributions from Part XII, line 4	8	22,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

<b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		<b>1</b>	180.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<b>2</b>	0.
<b>3</b> Add lines 1 and 2		<b>3</b>	180.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<b>4</b>	0.
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<b>5</b>	180.
<b>6</b> Credits/Payments			
<b>a</b> 2012 estimated tax pmts and 2011 overpayment credited to 2012		<b>6 a</b>	
<b>b</b> Exempt foreign organizations – tax withheld at source		<b>6 b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)		<b>6 c</b>	
<b>d</b> Backup withholding erroneously withheld		<b>6 d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d		<b>7</b>	
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		<b>8</b>	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>9</b>	180.
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<b>10</b>	0.
<b>11</b> Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>1 b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>1 c</b> Did the foundation file Form 1120-POL for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>4 b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) WY – Wyoming		
<b>8 b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	X	

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**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>DAVID L. &amp; MELANIE A. TRUE</u> Telephone no <u>(307) 237-9301</u> Located at <u>455 N. POPLAR</u> <u>CASPER</u> <u>WY</u> ZIP + 4 <u>82601</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u>				

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2012 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 2012)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2012?	4 b	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** 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 509(a)(1), (2), or (3), or section 4940(d)(2)? (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)?

5 b

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)

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

If 'Yes' to 6b, file Form 8870

X

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No

7 b

**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID L. TRUE PO BOX 2360 CASPER WY 82602	TRUSTEE 0.00	0.	0.	0.
MELANIE A. TRUE PO BOX 2360 CASPER WY 82602	TRUSTEE 0.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(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				

**Total** number of other employees paid over \$50,000

None





**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>1 a</b>	421,719.
<b>b</b> Average of monthly cash balances	<b>1 b</b>	
<b>c</b> Fair market value of all other assets (see instructions)	<b>1 c</b>	
<b>d</b> Total (add lines 1a, b, and c)	<b>1 d</b>	421,719.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1 e</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>	421,719.
<b>4</b> Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	6,326.
<b>5</b> Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	415,393.
<b>6</b> Minimum investment return. Enter 5% of line 5	<b>6</b>	20,770.

**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>	20,770.
<b>2 a</b> Tax on investment income for 2012 from Part VI, line 5	<b>2 a</b>	- 180.
<b>b</b> Income tax for 2012 (This does not include the tax from Part VI)	<b>2 b</b>	
<b>c</b> Add lines 2a and 2b	<b>2 c</b>	180.
<b>3</b> Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b>	20,590.
<b>4</b> Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b> Add lines 3 and 4	<b>5</b>	20,590.
<b>6</b> Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b> Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	<b>7</b>	20,590.

**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>1 a</b>	22,000.
<b>b</b> Program-related investments — total from Part IX-B	<b>1 b</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		
<b>a</b> Suitability test (prior IRS approval required)	<b>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule)	<b>3 b</b>	
<b>4</b> Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	22,000.
<b>5</b> 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)	<b>5</b>	180.
<b>6</b> Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b>	21,820.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7				20,590.
<b>2</b> Undistributed income, if any, as of the end of 2012				
<b>a</b> Enter amount for 2011 only			12,335.	
<b>b</b> Total for prior years 20__, 20__, 20__				
<b>3</b> Excess distributions carryover, if any, to 2012.				
<b>a</b> From 2007	0.			
<b>b</b> From 2008	0.			
<b>c</b> From 2009	0.			
<b>d</b> From 2010	0.			
<b>e</b> From 2011	0.			
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 22,000.				
<b>a</b> Applied to 2011, but not more than line 2a			12,335.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required — see instructions)				
<b>d</b> Applied to 2012 distributable amount				9,665.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> 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.		
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount — see instructions		0.		
<b>e</b> Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
<b>f</b> Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				10,925.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
<b>9</b> Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2008	0.			
<b>b</b> Excess from 2009	0.			
<b>c</b> Excess from 2010	0.			
<b>d</b> Excess from 2011	0.			
<b>e</b> Excess from 2012	0.			

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

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> 'Assets' alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

DAVID L. TRUE  
MELANIE A. TRUE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed

DAVID L. & MELANIE A. TRUE  
P.O. BOX 2360  
CASPER WY 82602 (307) 237-9301

**b** The form in which applications should be submitted and information and materials they should include

IN WRITING WITH SUFFICIENT INFORMATION INCLUDED TO SUPPORT THAT THE APPLICANT MEETS RESTRICTIONS SET OUT IN (d) BELOW

**c** Any submission deadlines

NONE

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

SEE ATTACHED SCHEDULE II

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
RONALD McDONALD HOUSE 1800 E. 16TH ST, DENVER CO 80205	N/A	PUBLIC	TEMPORARY HOUSING FOR PATIENT IN TREATMENT	2,000..
WYOMING MEDICAL CENTER FOUNDATION 1223 E. 2ND ST, CASPER WY 82601	N/A	PUBLIC	TEMPORARY HOUSING FOR PATIENT IN TREATMENT	7,500..
CHILDREN'S HOSPITAL FOUNDATION 1129 E. 17TH AVE, DENVER CO 80045	N/A	PUBLIC	CHILDREN HEALTH CARE & RESEARCH	7,500..
UNIV OF COLORADO FOUNDATION 4200 E. 8TH AVE, DENVER CO 80203	N/A	PUBLIC	CHILDREN HEALTH CARE & RESEARCH	5,000..
<b>Total</b>			<b>3 a</b>	22,000..
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3 b</b>	

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

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	8,859.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	9,739.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				18,598.	
13 Total. Add line 12, columns (b), (d), and (e)				13	18,598

(See worksheet in line 13 instructions to verify calculations )

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2012**

Name of the organization

STACY MARIE TRUE MEMORIAL TRUST

Employer identification number

83-0236856

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

STACY MARIE TRUE MEMORIAL TRUST

83-0236856

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRUE FOUNDATION PO BOX 2360 CASPER WY 82602	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



**Form 990-PF  
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2012**

Name **STACY MARIE TRUE MEMORIAL TRUST** Employer Identification Number **83-0236856**

**Asset Information:**

Description of Property.	<u>135.529 SHS ROYCE VALUE FUND SERVICE CLASS</u>
Date Acquired	<u>12/06/12</u> How Acquired <u>Purchased</u>
Date Sold	<u>02/12/13</u> Name of Buyer _____
Sales Price	<u>1,610.</u> Cost or other basis (do not reduce by depreciation) <u>1,503.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>107.</u> Accumulation Depreciation _____
Description of Property	<u>20,000 SHS FED HOME LOAN BANK 4.5%</u>
Date Acquired	<u>01/16/07</u> How Acquired <u>Purchased</u>
Date Sold	<u>11/15/12</u> Name of Buyer _____
Sales Price	<u>20,000.</u> Cost or other basis (do not reduce by depreciation) <u>19,586.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>414.</u> Accumulation Depreciation _____
Description of Property	<u>1,024.590 SHS ROYCE VALUE FUND SERVICE</u>
Date Acquired	<u>09/23/09</u> How Acquired <u>Purchased</u>
Date Sold	<u>02/12/13</u> Name of Buyer _____
Sales Price	<u>12,172.</u> Cost or other basis (do not reduce by depreciation) <u>10,000.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>2,172.</u> Accumulation Depreciation _____
Description of Property	<u>224.647 SHS ROYCE VALUE FUND SERVICE</u>
Date Acquired	<u>12/07/07</u> How Acquired <u>Purchased</u>
Date Sold	<u>02/12/13</u> Name of Buyer _____
Sales Price	<u>2,669.</u> Cost or other basis (do not reduce by depreciation) <u>2,443.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>226.</u> Accumulation Depreciation _____
Description of Property	<u>289.362 SHS ROYCE VALUE FUND SERVICE</u>
Date Acquired	<u>06/18/08</u> How Acquired <u>Purchased</u>
Date Sold	<u>02/12/13</u> Name of Buyer _____
Sales Price	<u>3,438.</u> Cost or other basis (do not reduce by depreciation) <u>3,400.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>38.</u> Accumulation Depreciation _____
Description of Property	<u>840.336 SHS ROYCE VALUE FUND SERVICE</u>
Date Acquired	<u>09/18/07</u> How Acquired <u>Purchased</u>
Date Sold	<u>02/12/13</u> Name of Buyer _____
Sales Price	<u>9,983.</u> Cost or other basis (do not reduce by depreciation) <u>10,000.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>-17.</u> Accumulation Depreciation _____
Description of Property	<u>13.835 SHS EATON VANCE LARGE CAP VALUE</u>
Date Acquired	<u>03/09/12</u> How Acquired <u>Purchased</u>
Date Sold	<u>05/17/13</u> Name of Buyer _____
Sales Price	<u>315.</u> Cost or other basis (do not reduce by depreciation) <u>266.</u>
Sales Expense	Valuation Method _____
Total Gain (Loss)	<u>49.</u> Accumulation Depreciation _____
Description of Property	<u>See Net Gain or Loss from Sale of Assets</u>
Date Acquired	How Acquired _____
Date Sold	Name of Buyer _____
Sales Price	Cost or other basis (do not reduce by depreciation) _____
Sales Expense	Valuation Method _____
Total Gain (Loss)	Accumulation Depreciation _____

Form 990-PF, Part I, Lines 6a

**Net-Gain or Loss from Sale of Assets****Asset Information:**

Description of Property	<u>44,948 SHS EATON VANCE LARGE CAP VALUE</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired	<u>12/24/07</u>	How Acquired <u>Purchased</u>
Date Sold	<u>05/17/13</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>1,023.</u>	Cost or other basis (do not reduce by depreciation) <u>779.</u>
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>244.</u>	Accumulated Depreciation
Description of Property	<u>626.165 SHS EATON VALUE LARGE CAP VALUE</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired	<u>09/18/07</u>	How Acquired <u>Purchased</u>
Date Sold	<u>05/17/13</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>14,258.</u>	Cost or other basis (do not reduce by depreciation) <u>14,289.</u>
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>-31.</u>	Accumulated Depreciation
Description of Property	<u>DAVIS NEW YORK VENTURE CLASS A #425 LTCG DIV</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired		How Acquired <u>Purchased</u>
Date Sold	<u>12/20/12</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>1,452.</u>	Cost or other basis (do not reduce by depreciation)
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>1,452.</u>	Accumulated Depreciation
Description of Property	<u>FIDELITY LOW PRICED STOCK FUND #316 LTCG DIV</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired		How Acquired <u>Purchased</u>
Date Sold	<u>09/10/12</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>1,081.</u>	Cost or other basis (do not reduce by depreciation)
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>1,081.</u>	Accumulated Depreciation
Description of Property	<u>FIDELITY LOW PRICED STOCK FUND #316 LTCG DIV</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired		How Acquired <u>Purchased</u>
Date Sold	<u>12/17/12</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>448.</u>	Cost or other basis (do not reduce by depreciation)
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>448.</u>	Accumulated Depreciation
Description of Property	<u>PIMCO TOTAL RETURN INSTL #35 LTCG DIV</u>	
Business Code	Exclusion Code <u>18</u>	
Date Acquired		How Acquired <u>Purchased</u>
Date Sold	<u>12/14/12</u>	Name of Buyer
Check Box, if Buyer is a Business <input type="checkbox"/>		
Sales Price	<u>473.</u>	Cost or other basis (do not reduce by depreciation)
Sales Expense	Valuation Method	
Total Gain (Loss)	<u>473.</u>	Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

**Net-Gain or Loss from Sale of Assets****Asset Information:**

Description of Property	<u>ROYCE VALUE FUND SERVICE CLASS</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>12/07/12</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>1,234.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>1,234.</u>	Accumulated Depreciation	
Description of Property	<u>ARTISAN MID CAP VALUE INVESTOR #1464</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>12/20/12</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>698.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>698.</u>	Accumulated Depreciation	
Description of Property	<u>CALAMOS GROWTH CLASS I</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>12/21/12</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>1,151.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>1,151.</u>	Accumulated Depreciation	

Form 990-PF, Page 1, Part I

**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIDHILL-HNB TRUST	TRUST DEPT FEE	595.	595.		
Total		<u>595.</u>	<u>595.</u>		

Form 990-PF, Page 2, Part II, Line 10a

**L-10a Stmt**

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
US TREASURY NOTE 2.375%			24,910.	25,713.
FED FARM CREDIT BANK .73%			20,000.	19,672.
FEDERATED GNMA TRUST FUND #16			29,624.	28,984.
FEDERATED INCOME TRUST FUND #36			51,097.	49,540.
Total			<u>125,631.</u>	<u>123,909.</u>

Form 990-PF, Page 2, Part II, Line 10b

**L-10b Stmt**

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
CALAMOS GROWTH CLASS I	16,936.	18,231.
DAVIS NEW YORK VENTURE CLASS A #425	22,460.	43,902.
DODGE & COX STOCK FUND #145	27,602.	32,146.
HARBOR CAPITAL APPRECIATION FUND #12	10,321.	17,508.
SEI S&P 500 INDEX #179	24,696.	35,521.
ARTISAN MID CAP VALUE INVESTOR #1464	16,957.	20,118.
FIDELITY LOW PRICED STOCK FUND #316	23,341.	32,652.
DODGE & COX INTERNATIONAL STOCK #1048	5,396.	6,221.
HARBOR INTERNATIONAL FUND #011	15,091.	15,076.
Total	<u>162,800.</u>	<u>221,375.</u>

Form 990-PF, Page 2, Part II, Line 10c

**L- 10c Stmt**

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
PIMCO LOW DURATION INSTL FD	30,185.	29,494.
PIMCO TOTAL RETURN INSTL #35	48,477.	46,889.

Form 990-PF, Page 2, Part II, Line 10c

Continued

**L- 10c Stmt**

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Total	<u>78,662.</u>	<u>76,383.</u>

**Supporting Statement of:**

Form 990-PF, p1/Line 1(a)

Description	Amount
DAVID L. & MELANIE A. TRUE	254.
SHANE D. & JOANN TRUE	500.
TRUE FOUNDATION	10,000.
Total	<u>10,754.</u>

**Supporting Statement of:**

Form 990-PF, p1/Line 18(a)-1

Description	Amount
EXCISE TAXES	254.
Total	<u>254.</u>

**Supporting Statement of:**

Form 990-PF, p2/Line 27(b)

Description	Amount
TRUST PRINCIPAL	372,294.
Total	<u>372,294.</u>

**Supporting Statement of:**

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
DIVIDEND INCOME	7,029.
INTEREST INCOME	1,044.
SHORT TERM CAPITAL GAIN DIVIDENDS	786.
Total	<u>8,859.</u>

**STACY MARIE TRUE MEMORIAL TRUST**  
**EIN 83-0236856**  
**2012 FORM 990-PF ATTACHMENT**  
**SCHEDULE I**

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

**Line 1a -**

<u>(a) Description:</u>	<u>(b) How Acquired</u>	<u>(c) Date Acquired</u>	<u>(d) Date Sold</u>	<u>(e) Sales Price</u>	<u>(g) Cost Basis</u>	<u>(h) Gain or (Loss)</u>
<u>Short Term Gains and Losses</u>						
135 5290 shs Royce Value Fund Service Class	P	12/6/2012	2/12/2013	1,610 08	1,503.01	107 07
				1,610.08	1,503 01	107 07
<u>Long Term Gains and Losses</u>						
20,000.0 shs Fed Home Loan Bank 4 5%	P	1/16/2007	11/15/2012	20,000.00	19,585.75	414.25
1,024 59 shs Royce Value Fund Service	P	9/23/2009	2/12/2013	12,172 13	10,000 00	2,172 13
224.6470 shs Royce Value Fund Service	P	12/7/2007	2/12/2013	2,668 81	2,442.53	226.28
289 3620 shs Royce Value Fund Service	P	6/18/2008	2/12/2013	3,437 62	3,400 00	37.62
840 3360 shs Royce Value Fund Service	P	9/18/2007	2/12/2013	9,983 19	10,000 00	(16 81)
13 8350 shs Eaton Vance Large Cap Value	P	3/9/2012	5/17/2013	315 02	265.92	49.10
44 9480 shs Eaton Vance Large Cap Value	P	12/24/2007	5/17/2013	1,023 47	779 48	243 99
626 1650 shs Eaton Vance Large Cap Value	P	9/18/2007	5/17/2013	14,257 78	14,289 09	(31.31)
				63,858 02	60,762.77	3,095 25
<u>Long Term Capital Gains Dividends</u>						
Artisan Mid Cap Value Investor #1464	P	Various	12/20/2012	698 45		698 45
Calamos Growth Class I	P	Various	12/21/2012	1,151 29		1,151 29
Davis New York Venture Class A #425	P	Various	12/20/2012	1,451 82		1,451 82
Fidelity Low Priced Stock Fund #316	P	Various	9/10/2012	1,080 97		1,080 97
Fidelity Low Priced Stock Fund #316	P	Various	12/17/2012	448 11		448 11
Pimco Total Return Instl #35	P	Various	12/14/2012	472 56		472 56
Royce Value Fund Service Class	P	Various	12/7/2012	1,233 72		1,233 72
				6,536 92	0 00	6,536 92
<b>Net Capital Gains and Losses</b>				<b>72,005.02</b>	<b>62,265.78</b>	<b>9,739.24</b>

**STACY MARIE TRUE MEMORIAL TRUST  
EIN 83-0236856  
2012 FORM 990-PF ATTACHMENT  
SCHEDULE II**

**Part XV:           Supplementary Information**

**Line 2 (d) : Restrictions**

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