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

OMB No 1545-0052 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

			tax year beginni	ng 🤇	Jul 1 ,2014	, and ending Ju	n		
Name of			MEMORIAL T	חפווקי			A	Employer identification nun 83-0236856	nber
			er if mail is not delivered		address)	Room/suite	В	Telephone number (see instru	ictions)
		2360	, and ZIP or foreign pos	rtal code			<u> </u>	(307) 237-930	1
CASP		or province, country,	, and zir of loreign pos	stal code	WY	82602-2360	С	If exemption application is j	pending, check here. >
		that apply	Initial return		Initial return of a forme		_	1 Foreign organizations, che	ck hora
			Final return	Ī	Amended return		יין	3 3	
			Address chan		Name change			2 Foreign organizations meethere and attach computation	ting the 85% test, check
H Ch	_ ′'	oe of organization	11		(c)(3) exempt private fou			•	Ц
		, ,, ,	nonexempt chari		<del></del>	rivate foundation	E	If private foundation status under section 507(b)(1)(A),	
		value of all assets II, column (c), line 1		J Acc	counting method XC	ashAccrual	<u> </u>		Ц
<b>.</b> •		• •	,471.	(Part I,	column (d) must be on c	ash basis )	F	If the foundation is in a 60-i under section 507(b)(1)(B),	
Part		nalysis of Ro	evenue and		(a) Revenue and	(b) Net investmen	<u> </u>	(c) Adjusted net	(d) Disbursements
	E:	kpenses (The	total of amounts nd (d) may not ne	in	expenses per books	income	•	income	for charitable
	sa	rily equal the an	nounts in column	(a)					purposes (cash basis only)
	(Se	e instructions))			10.027	•			(
	1 2		its, etc, received (attach sch undn is <b>not</b> required to attac		10,937.	· ·			
	-		•						
	3	=	temporary cash investments om securities • • • • •		0.740		^		
	5 a	Gross rents		· · · · ·	8,740.	8,74	0.		
L-~',	b	Net rental income or (loss)							
, 1902 1902	6 a	Net gain or (loss) from sa	ale of assets not on line 10		34,669.				
	"	Gross sales price fo assets on line 6a .		,705:					
⊕ ¥ ™ N	7		ome (from Part IV, line :	•		34,66	9.		
ָט ט	8 9	•	algam ıs						
)) E	10 a	Gross sales less returns and	1						
	Ι.	allowances							
Creek	"	Less Cost of goods sold							
Z	I		ach schedule)						
a E	11	Other income (attac	h schedule)						
ي	12	Total Add lines 1	through 11		54,346.	43,40	9.		
7.	13	Compensation of off	ficers, directors, trustee	es, etc · ·					
	14		alaries and wages .						
	15		loyee benefits		<u> </u>				
A D			chedule)						
M		Other prof fees (att	ach sch)	2015					
O I P s	17	Interest			-				
ĒŤ	18		(see instrs) EXCISE.	TAXES.	437.				
RRAA	19	Depreciation (attach	1 						
ii	20	•							
ĜĚ	21	Travel, conferences	, and meetings						
A E N X D P	22		tions						
D P	23	Other expenses (att	TRUST DEPT	FFFC	100	A C	8.		
N S	24	Total operating and		1 E E E O	498.	45	, O .		
E S		expenses. Add line	s 13 through 23 · · ·		935.	4 9	8.		
	25		nts paid • • • • • •		22,000.				22,000.
	26	Total expenses and Add lines 24 and 25	d disbursements		22,935.	40	8.		22,000.
	27	Subtract line 26 from	n line 12.		22,333.		<u> </u>		22,000.
	a	Excess of revenue	•		21 411				
	.	and disbursements  Net investment inc	ome (if negative, enter	·	31,411.	42,91	1		
	1		ne (if negative, enter -0	•		42,91	<u></u>		

Daw		Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	year
Pan	11	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	6,970.	6,854.	6,854.
	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)			
A		Less allowance for doubtful accounts			
š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10:	a Investments – U.S and state government obligations (attach schedule)	152,104.	180,757.	180,862.
	ı	<b>b</b> Investments — corporate stock (attach schedule)	158,118.	158,155.	223,870.
		c Investments — corporate bonds (attach schedule)	65,434.	68,271.	64,885.
	11	Investments – land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13				
	14	<b>!</b>			
		Less accumulated depreciation (attach schedule)			
	15				
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	382,626.	414,037.	476,471.
Ļ	17	Accounts payable and accrued expenses			
I A	18	Grants payable			
В	19	Deferred revenue			_
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			_
Ť	21	Mortgages and other notes payable (attach schedule)			
T I E	22	Other liabilities (describe			-
S S	23				
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24			- "	
N F E U T N	25				
ם	26	Permanently restricted			
A B S A L T		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L	27	Capital stock, trust principal, or current funds	382,626.	414,037.	_
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
ŔS	30		382,626.	414,037.	
	31	Total liabilities and net assets/fund balances (see instructions)	382,626.	414,037.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	es		-
1	Tota	al net assets or fund balances at beginning of year — Part II, column ( -of-year figure reported on prior year's return)	(a), line 30 (must agree wi	th	382,626.
2		er amount from Part I, line 27a			31,411.
3	Othe	er Increases not Included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·	<del> </del>	4	414,037.
_	_			-	
6	Tota	eases not included in line 2 (itemize)	art II, column (b), line 30	6	414,037.

	osses for Tax on Investmen				
(a) List and describe 2-story brick warehouse	the kind(s) of property sold (e.g., real e, or common stock, 200 shares MLC (	Company)	How acquired Purchase Dunation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE SCHEDULE III AT	TACHED	P		various	various
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) nus (g)
a 121,705.		87,	036.		34,669.
b					· <del>-</del> -
С					
d				<u> </u>	
е					
Complete only for assets showing	ig gain in column (h) and owned by the	e foundation on 12/31/69		(I) Gains (Co	lumn (h)
(i) Faır 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	g th	ain minus column (I an -0-) <b>or</b> Losses (fr	(), but not less
a 0.	0.		0.		34,669.
b					
c					
d					
е					
2 Capital gain net income or (net o	capital loss) If gain, also each lf (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7	2		34,669.
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and	<b>—</b> '	_		31,003.
If gain, also enter in Part I, line 8 in Part I, line 8	s, column (c) (see instructions) If (loss	s), enter -0-	3		0.
Part V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Income	<u> </u>	
Was the foundation liable for the section of the section of the foundation does not qualify			od?	· · · · Tyes	X No
1 Enter the appropriate amount in	each column for each year; see the ir	structions before making any e	entries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	(colu	<b>(d)</b> Distribution umn (b) divided l	
2013	22,000.	457.	270.		0.048112
2012	21,820.		393.		0.052529
2011	18,000.		204.		0.046012
2010	21,902.		088.		0.056003
2009	19,945.		627.		0.055154
					0.257810
3 Average distribution ratio for the	5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the			0.051562
4 Enter the net value of noncharite	able-use assets for 2014 from Part X,	line 5	4		477,198
5 Multiply line 4 by line 3			5		24,605
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)		6	_	429
7 Add lines 5 and 6			7	-	25,034
8 Enter qualifying distributions from	m Part XII, line 4		8		22,000
If line 8 is equal to or greater that	an line 7, check the box in Part VI, line	1b, and complete that part usi	ing a 1% tax	rate. See the	

FOITH	990-FF (2014) STACY MARIE TRUE MEMORIAL TRUST 83-0230030		•	<del>ugo .</del>
Part	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	s)		
	Exempt operating foundations described in section 4940(d)(2), check here Land and enter 'N/A' on line 1			
	Date of ruling or determination letter. (attach copy of letter if necessary – see Instrs)		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		8	58.
	check here . The pand enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			^
_	foundations only. Others enter -0-)			0.
			8	58.
	Cubinic II (modifie) tax (defines to content to II (d)(1) it as is an a taxaste result of the content of II).			<u>0.</u> 358.
	The based of interest modified and interest modified in the interest mo			50.
	Credits/Payments: 2014 estimated tax pmts and 2013 overpayment credited to 2014			
	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d			
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			9.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		Ω	<del></del> 367.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax			<u> </u>
Pari	t VII-A Statements Regarding Activities			
			Yes	No
1 a	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?	1 a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		X_
	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			
	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \( \brace \) \( \brace \) (2) On foundation managers \( \brace \) \( \brace \) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
·	foundation managers • \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities.			
2				
3	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? If 'Yes,' attach a conformed copy of the changes	3		х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	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?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	WY - Wyoming			
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? If 'No,' attach explanation	8 b	X_	
9	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		x
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Form	1990-PF (2014) STACY MARIE TRUE MEMORIAL TRUST 83-	0236856		age 5
Par	rt VII-A Statements Regarding Activities (continued)	·- <del></del>		т
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		Х_
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .	13	Х	
14	Website address	(307) 237	<u>-930</u>	1
15	Located at \$\sum_{455} \text{ N.POPLAR}\$ CASPER WY ZIP + 4 \$\sum_{8260}\$ Section 4947(a)(1) nonexempt charatable trusts filing Form 990-PF in lieu of Form 1041 — Check here	(*  5	, •	
16	At any time during calendar year 2014, 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?		Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,' enter the name of the foreign country			
Par	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u>·</u>		
	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?	XNo	,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	XNo		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes  (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)?	XNo		
	(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.).			
		XNo		
b	o 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 instructions)?			
	Organizations relying on a current notice regarding disaster assistance check here		İ	
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 2014?	<u>1 c</u>		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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	XNo		
	If 'Yes,' list the years  20 , 20 , 20			
t	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 ts		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.			
	► 20 , 20 , 20 , 20		ľ	ļ
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No		:
t	b If 'Yes,' did it have excess business holdings in 2014 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 2014.)	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?			Х
. t	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 2014?	4b		х
BAA		Form <b>9</b> 9	0-PF (	2014)

•					
	MEMORIAT, TRUST		83-023	86856	Page 6
Part VII-B   Statements Regarding Activit		4720 May Re Reg			
5a During the year did the foundation pay or incur a		1 47 20 May De Neq	uneu (commueu)		<u> </u>
(1) Carry on propaganda, or otherwise attempt t	•	ection 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495 n drive?	5), or to carry		No	
(3) Provide a grant to an individual for travel, stu			Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).			· · · · Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or ar	rary, or nimals?	· · · · Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b	
Organizations relying on a current notice regards			▶ ∐		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib If 'Yes,' attach the statement required by Regula;	ility for the grant?		· · · · Yes	No	
• •				j	
6 a Did the foundation, during the year, receive any on a personal benefit contract?				1 1	
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870.	ns, directly or indirectly, o	n a personal benefit con	tract?	6b	X
7 a At any time during the tax year, was the foundati	on a party to a prohibited	I tax shelter transaction?	· · · · · Yes X	No	
b If 'Yes,' did the foundation receive any proceeds	or have any net income a	attributable to the transac	ction?	7b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	Employees	,
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see insti	ructions).		
(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 other allo	account, wances
DAVID L. TRUE			Compensation		
PO BOX 2360	TRUSTEE				
CASPER WY 82602	0.00	0.	0.		0.
MELANIE A. TRUE					
PO BOX 2360	TRUSTEE				
CASPER WY 82602	0.00	0.	0.		0.
2 Compensation of five highest-paid employee	les (other than those inc	luded on line 1 – see ir	nstructions). If none, er	ter '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 other allo	account, wances
NONE					
					<del></del>
		-			
Total number of other employees paid over \$50,000.					None
BAA	TEEA0306 06/	/17/14		Form 990-1	PF (2014)

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 F	ive highest-paid independent contractors for professional services (see Instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
110111		
Total r	number of others receiving over \$50,000 for professional services	None
Part	IX-A Summary of Direct Charitable Activities	
List the forganization	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of strong and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
-		
-		
2 -		
-		
-		
3 _		
-		
4 .		
_		
Part	IX-B Summary of Program-Related Investments (see instructions)	
Descr	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
•		
-		
2 -		
<b>-</b>		
A #		
	ner program-related investments. See instructions	
3		
Total.	Add lines 1 through 3	
BAA		Form 990-PF (2014)

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Par	Part X   Minimum Investment Return (All domestic foundations must complete see instructions.)	ete this part. Foreign f	foundations,
1 a	1 Fair market value of assets not used (or held for use) directly in carrying out chantable, etc, p a Average monthly fair market value of securities	ourposes1	a 464,807.
	<b>b</b> Average of monthly cash balances		b 19,658.
	c Fair market value of all other assets (see instructions)		С
	d Total (add lines 1a, b, and c)	1	d 484,465.
€	e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2			
3	3 Subtract line 2 from line 1d	3	484,465.
4	4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,267.
5	5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V, line 4	477,198.
6			
Par	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) and certain foreign organizations check here ► and do not com		undations
1			23,860.
	2 a Tax on investment income for 2014 from Part VI, line 5	858.	
	b Income tax for 2014. (This does not include the tax from Part VI.)		
C	c Add lines 2a and 2b		ec 858.
3			23,002.
4	toos to the state of the state		<u>,                                      </u>
5		<u> </u>	23,002.
6			
	7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, li	ne 1	23,002.
Par	Part XII Qualifying Distributions (see instructions)		
	a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26		a 22,000.
k	b Program-related investments — total from Part IX-B	· · · · · · · · <u>1</u>	b
2	2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	purposes 2	
3	3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)		s a
t	b Cash distribution test (attach the required schedule)		b
4	4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part	rt XIII, line 4 4	22,000.
5	5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment Enter 1% of Part I, line 27b (see instructions)	income.	
6	6 Adjusted qualifying distributions. Subtract line 5 from line 4		<del></del>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	<del></del> -	<del></del>
RAA			Form 990-PF (2014)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				22 002
2 Undistributed income, if any, as of the end of 2014				23,002.
a Enter amount for 2013 only			11,352.	
<b>b</b> Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2014				
a From 2009 0 .				
<b>b</b> From 2010 0 .				
<b>c</b> From 2011 0 .				
d From 2012 0 .				
e From 2013 0 .	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 22,000.				
XII, line 4: \$ 22,000.  a Applied to 2013, but not more than line 2a			11 252	
			11,352.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
<b>d</b> Applied to 2014 distributable amount				10,648.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the				
same amount must be shown in column (a) )			ı	
6 Enter the net total of each column as				
indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
•	ļ			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				· <del>-</del> ·
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014. Subtract lines	j	]		
4d and 5 from line 1. This amount must be distributed in 2015				12,354.
7 Amounts treated as distributions out of			<del></del>	12,334.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
a Excess from 2010   0.		]		
b Excess from 2011 0.	†			
© Excess from 2012 0.	1			
d Excess from 2013 0.	1			
e Excess from 2014 0 .	1			
DAA	F	<u> </u>		Form 990 DE (2014)

Part XIV Private Operating Founda	i <b>tions</b> (see instru	uctions and Part \	/II-A, question 9	)	N/A
1 a If the foundation has received a ruling or de	termination letter tha	t it is a private operat	ing foundation, and t	the ruling	
is effective for 2014, enter the date of the ru  b Check box to indicate whether the foundation				4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 1012()(0) 0.	1 10 124/(0)
income from Part I or the minimum investment return from Part X for	(a) 2014	(ь) 2013	(c) 2012	(d) 2011	(e) Total
each year listed		1,			
<b>b</b> 85% of line 2a					
C Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) · · · · · · · ·					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	ŗ				
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	s part only if the	foundation had	d \$5,000 or more	e in
assets at any time during to 1 Information Regarding Foundation Mana		istructions.)			
Information Regarding Foundation Mana     a List any managers of the foundation who had close of any tax year (but only if they have to the control of	ive contributed more	than 2% of the total on \$5,000). (See section	contributions receive on 507(d)(2)	ed by the foundation b	pefore the
DAVID L. TRUE MELANIE A. TRUE					
<b>b</b> List any managers of the foundation who ov	vn 10% or more of th	ne stock of a corporat	on (or an equally lar	ge portion of the own	ership of
a partnership or other entity) of which the fo	oundation has a 10%	or greater interest.			
2 Information Regarding Contribution, Gra Check here  ☐ if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d.	akes contributions t	o preselected charitat	ole organizations and		
a The name, address, and telephone number	or e-mail address o	f the person to whom	applications should	be addressed.	
DAVID L. & MELANIE A. TRUI	Ξ				
P.O. BOX 2360	0066	(20	22 22 222		
b The form in which applications should be su	WY 8260		17) 237-9301 ev should include:		
IN WRITING WITH SUFFICIENT INFORMAT			•	RESTRICTIONS SET	OUT IN (d) BELOW
c Any submission deadlines: NONE					
d Any restrictions or limitations on awards, su SEE ATTACHED SCHEDULE I	ich as by geographic	cal areas, charitable fi	elds, kınds of ınstıtut	ions, or other factors	•

Form 990-PF (2014) STACY MARIE TRUE MEMORIAL TRUST

| Part XV | Supplementary Information (continued)

Recipient		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
Name and address (home or	business)	substantial contributor	recipient		<del></del>
a Paid during the year				1	
RONALD McDONALD HOUSE	1			TEMPORARY HOUSING FOR	
1800 E. 16TH ST				PATIENT IN TREATMENT	
DENVER	CO 80205	N/A	PUBLIC		2,000
WYOMING MEDICAL CENTER	R FOUNDATION			TEMPORARY HOUSING FOR	
1223 E. 2ND ST				PATIENT IN TREATMENT	
CASPER	WY 82601	N/A	PUBLIC		7,500
CHILDREN'S HOSPITAL F	COUNDATION			CHILDREN HEALTH	
1129 E. 17TH AVE				CARE & RESEARCH	
DENVER	CO 80045	N/A	PUBLIC		7,500
UNIV OF COLORADO FOUN				CHILDREN HEALTH	
4200 E. 8TH AVE				CARE & RESEARCH	
DENVER	CO 80203	N/A	PUBLIC		5,000
Total				3a	22,000
<b>b</b> Approved for future payment				[ ]	
			1		
		İ			
				1	
Total			1		<del></del>

Program service revenue    (a) Business code   (b) Exclusion   (code   er gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)	
grees and contracts from government agencies .  Membership dues and assessments .  Interest on savings and temporary cash investments .  Dividends and interest from securities .  Net rental income or (loss) from real estate.  a Debt-financed property .  b Not debt-financed property .  Other investment income .  Gain or (loss) from sales of assets other than inventory .  Net rental income or (loss) from personal property .  Other investment income .  Gross profit or (loss) from sales of inventory .  Other revenue .  a b .  Subtotal. Add columns (b), (d), and (e) .  Subtotal. Add line 12, columns (b), (d), and (e) .  Total. Add line 12, columns (b), (d), and (e) .  Subtotal securities and securities to the Accomplishment of Exempt Purposes	Program conuce revenue	Business	<b>(b)</b> Amount	sion	(d) Amount	Related or exempt function income (See instructions.)
b c c c c c c c c c c c c c c c c c c c	· ·			Code		
grees and contracts from government agencies  Membership dues and assessments  Interest on savings and temporary cash investments  Dividends and interest from securities  Net rental income or (loss) from real estate.  a Debt-financed property  b Not debt-financed property  Cigain or (loss) from sales of assets other than inventory  Net rental income or (loss) from sales of sests other than inventory  Ret not come or (loss) from sales of inventory  Other revenue  Gross profit or (loss) from sales of inventory  Other revenue  b Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 13 instructions to verify calculations.)  Trix XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes						
g Fees and contracts from government agencies	<u> </u>					
g Fees and contracts from government agencies	d					
Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate. a Debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue  a b c c c c c c c c c c c c c c c c c c	e					
Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate. a Debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue  a b c c c c c c c c c c c c c c c c c c	f			1	<u> </u>	
Interest on savings and temporary cash investments				<del>  </del>		
Dividends and interest from securities				1 1		<del></del>
Net rental income or (loss) from real estate.  a Debt-financed property				1 1 1	0.740	
a Debt-financed property				14	8,740.	
b Not debt-financed property		-		+		
Net rental income or (loss) from personal property						
Other investment income	·	<del></del>				
Gain or (loss) from sales of assets other than inventory		<del></del>		<del> </del>	-	<del></del>
Net income or (loss) from special events				18	34.669.	-
Gross profit or (loss) from sales of inventory Other revenue  a b c c c c c c c c c c c c c c c c c c	•			1	31,005.	
Other revenue  a b c d e Subtotal. Add columns (b), (d), and (e)						
b c d e Subtotal. Add columns (b), (d), and (e)				1		
C d e Subtotal. Add columns (b), (d), and (e)	a			1		
Subtotal. Add columns (b), (d), and (e)	b					
Subtotal. Add columns (b), (d), and (e)	C					
Subtotal. Add columns (b), (d), and (e)		"				
e worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  The No.   Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the	d					
e worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  The No.   Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the						
net XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  ne No.   Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the					43,409.	**
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation	s.)				43,40
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  Tt XVI-B Relationship of Activities to the page No. Explain below how each activity for which income.	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  IT XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	he

Form 990-PF (2014)

	Exempt Organiz	alions								
desci	he organization directly or ribed in section 501(c) of ng to political organization	the Code (other	age in any of the for than section 501	ollowing with any (c)(3) organizati	other org	anization section 527,			Yes	No
a Trans	sfers from the reporting fo	oundation to a i	noncharitable exer	npt organization	of:					
(1)	Cash							1 a (1)		Х
	Other assets							1 a (2)		X
	r transactions									
	Sales of assets to a nonch	naritable exemi	nt organization					1 b (1)		х
` '	Purchases of assets from		•					1 b (2)		X
								1 b (2)		X
	Rental of facilities, equipm									
	Reimbursement arrangem							1 b (4)		X
	oans or loan guarantees							1 b (5)		_X_
	Performance of services of	· ·	_					1 b (6)		X
c Shar	ing of facilities, equipmen	t, mailing lists,	other assets, or pa	aid employees.				1 c		X
the a	e answer to any of the abo goods, other assets, or se gransaction or sharing arra	rvices aiven by	the reporting foun	idation. If the for	ındation re	ceived less that	n faır market value ı	alue of n		
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	pt organization	( <b>d</b> ) D	escription of trans	fers, transactions, and s	haring arran	gement	S
								-		
	_									
							<del></del>			
						_				
	_						•			
	-						-			
							<u></u>			
			<del></del>				<u>.</u>			
	<u>.</u>									
					}					
		[								
	***									
	<del></del>									
desc	e foundation directly or incribed in section 501(c) of es,' complete the following	the Code (other	d with, or related to er than section 501	o, one or more t 1(c)(3)) or in sec	ax-exempt tion 527?	organizations		. Yes	x	No
	(a) Name of organization	n	(b) Type	of organization		(c	Description of relat	ionship		
Un	der penalties of perjury, I declare	that I have examine	d this return, including a	ccompanying schedu	les and staten	nents, and to the be	st of my knowledge and be	lief, it is true,		
	rrect, and complete Declaration o	f preparer (other tha	an taxpayer) is based on	all information of whi	ch preparer ha	as any knowledge				
Sign	(7)	10						May the I this return	n with the	е
Here //	Just 1	Silan		111615	TF	RUSTEE		preparer (see instr	shown b uctions):	elow ?
	Signature of officer or trustee			Date	Title	1			Yes	No
	Print/Type preparer's nam	е	Preparer's sig	gnature		Date	Check If	PTIN		
Paid		_	_		_		self-employed			
	Firm's name	Seli	-Prei	oarec	}		Firm's EIN ►			
Prepare	• • —	<del>~~~</del>	<u> </u>	<u> </u>	~					
Use Onl	y Films address - —						Dhana an			
							Phone no			
BAA								Form 99	0-PF (	2014)

### Schedule B

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

**Schedule of Contributors** 

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer Identification number

Name of the organization		Employer Identification number				
STACY MARIE TRUE MEMORIAL TRU	ST	83-0236856				
Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	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	Solicity   Solicity	foundation				
Check if your organization is covered by the Gene	ral Rule or a Special Rule					
Note. Only a section 501(c)(7), (8), or (10) organia	zation can check boxes for both the General Rule and a Special	Rule. See instructions.				
General Rule  [X] 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 under sections 509(a)(1) and 170(b)(1)(A)(vi).	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1. Complete Parts I and II.	, 16a, or 16b, and that				
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, chantable, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$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 its Form 990-PF, Part I, line 2, 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, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)	Page	1	of	1	of Part 1
Name of organization	Employer	Identifi	cation nu	mber	
STACY MARIE TRUE MEMORIAL TRUST	83-02	3685	56		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRUE FOUNDATION  P.O. BOX 2360  CASPER WY 82602	\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-  \$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Stacy Marie True Memorial Trust Supporting Schedule and Statement To Accompany 2014 Form 990-PF #83-0236856

## Part I: ANALYSIS OF REVENUE AND EXPENSES

Line 1 Contributions

DAVID L. TRUE 11/05/2014 437.00 SHANE D. TRUE 12/29/2014 500.00 TRUE FOUNDATION 02/23/2015 10,000.00

\$10,937.00

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.

## SCHEDULE II

# Stacy Marie True Memorial Trust Supporting Schedule and Statement To Accompany 2014 Form 990-PF #83-0236856

Part II, Line 2	COST	<u>FMV</u>
CASH EQUIVALENTS	0.050.70	C 050 70
US Treasury Obligations Prin Cash #59	6,853.76	6,853.76
Total Cash Equivalents	6,853.76	6,853.76
Part II, Line 10a		
US GOVERNMENT OBLIGATIONS		
U S Treasury Note 1 375%	24,322.25	24,703.25
U S Treasury STRIP 5/15/19	23,716.78	23,688.50
Federal Farm Credit Bank .73%	20,000.00	19,980.60
Federated Income Trust Fund #36	59,917.86	58,070 88
Federated MDT Stock Trust Fund #19	30,180.59	31,585.83
Federal National Mortgage Association 0% 10/9/19	22,620.02	22,833.25
Total US and State Gov't Obligations	180,757.50	180,862.31
Total Go and Gtate Gov t Gonganone		
Part II, Line 10b CORPORATE STOCK		
Dodge & Cox Stock Fund #145	29,705.52	42,998 42
Harbor Capital Appreciation Fund #12	12,470.76	26,293.56
SEI S&P Index #179	31,106.97	47,363.54
Artisan Mid Cap Value Inv #1464	20,347.62	23,689.77
Fidelity Low Priced Stock Fund #316	28,038.08	42,720.10
Dodge & Cox International Stock #1048	5,682.67	7,752.02
Harbor International Fund #011	15,803.46	17,572.47
Oakmark Select Fund #808	15,000 00	15,479.67
Total Corporate Stock	158,155.08	223,869.55
Part II, Line 10c CORPORTATE BONDS		
Pimco Low Duration Instl FD #36	31,815.41	30,409 22
Pimco Total Return Instl #35	36,455 68	34,475 74
Total Corporate Bonds	68,271.09	64,884.96
GRAND TOTAL	414,037.43	476,470.58

Stacy Marie True Memorial Trust Supporting Schedule and Statement To Accompany 2014 Form 990-PF #83-0236856

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

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Net Capital Gains and Losses	(Part IV, Lii	ne 2)		121,705.34	87,036.12	34,669.22
SEI S&P 500 Index #179	Р	VARIOUS	12/11/14	3,737 17		3,737.17
Pimco Total Return Instl #35	Р	VARIOUS	12/11/14	263.91		263.91
Harbor Capital Appreciation Fund #12	Р	VARIOUS	12/19/14	1,463.19		1,463.19
Fidelity Low Priced Stock Fund #316	Р	VARIOUS	12/15/14	279.62		279.62
Fidelity Low Priced Stock Fund #316	Р	VARIOUS	9/9/14	1,555.91		1,555.91
Dodge & Cox Stock Fund #145	Р	VARIOUS	3/30/15	320.58		320.58
Dodge & Cox Stock Fund #145	Р	VARIOUS	12/23/14	590.78		590.78
Davis New York Venture Class A #425	Р	VARIOUS	12/15/14	5,006 83		5,006.83
Davis New York Venture Class A #425	Р	VARIOUS	7/3/14	4,011.22		4,011.22
Artisan Mid Cap Value Inv #1464	P	VARIOUS	11/20/14	2,044.70		2,044.70
Long Term Capital Gains Dividends						
US Treasury Note 2.375% 10/31/2014	Р	VARIOUS	10/31/14	25,000 00	24,910 16	89 84
Federated Govt Income TR Instl #36	Р	VARIOUS	1/14/15	25,000.00	24,881.84	118.16
Davis New York Venture Class A #425	Р	VARIOUS	1/14/15	52,431.43	37,244.12	15,187.31
Long Term Gains and Losses						
(a) Description:	<u>Acquired</u>	<u>Acquired</u>	Sold	<u>Price</u>	<u>Basis</u>	or (Loss)
	(b) How	(c) Date	(d) Date	(e) Sales	(g) Cost	(h) Gaın
Line 1a.						