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# SCANNED NOV

Form 990-PF

# Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2016 or tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 A Employer identification number Name of foundation 83-0236856 STACY MARIE TRUE MEMORIAL TRUST Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 2360 (307) 237-9301 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 82602-2360 CASPER, WY Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 466, 482. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 500 N/A 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 7,944. 7,944. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 10,763 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 38,492. 10,763 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) STATEMENT 11 Other income 508. 8∞ 19,715 18,71/5% 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc OGDEN 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest STMT 3 216. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 494. 494. 23 Other expenses STMT 4 0. 24 Total operating and administrative 710. 494 expenses. Add lines 13 through 23 0. 53,500 53,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 54,210 494 53,500. Add lines 24 and 25 27 Subtract line 26 from line 12: -34,4958 Excess of revenue over expenses and disbursements 18,221. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

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STACY MARIE TRUE MEMORIAL TRUST

_ <b>}</b>	(a) List and desc	ribe the kind(s) of property sold (e. arehouse; or common stock, 200 st	g., real estate,		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
12	FEDERATED MOT	LARGE CAP VALUE	INSTL	#22		01/14/15	06/27/17
_	OAKMARK SELECT			··		01/14/15	06/27/17
	OAKMARK SELECT					12/17/15	06/27/17
	CAPITAL GAINS						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (lo: (e) plus (f) minu	
_a				11,87			125.
b				15,00			2,291.
_(				85	4.		<u>75.</u>
0	<u>8,272.</u>						8,272.
_6							
_	Complete only for assets showing	ng gain in column (h) and owned by				Gains (Col. (h) ga (k), but not less th	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		Losses (from col	. (h))
_ a	<u> </u>						125.
_t	)						2,291.
_(	}						75.
d	<u> </u>					<u>-</u>	8,272.
_6	·						
2	Capital gain net income or (net ca	apital loss) $\begin{cases} If gain, also entions \\ If (loss), enter - \end{cases}$	er in Part I, line 0- in Part I, line	7 7	} 2		10,763.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	and (6):				
-	If gain, also enter in Part I, line 8,		(-)-		<i>]</i>		
	If (loss), enter -0- in Part I, line 8			_	<i>J</i> 3	N/	A
L	Part V   Qualification U	Inder Section 4940(e) fo	r Reduced	Tax on Net	Investment Inc	ome	
lf :	section 4940(d)(2) applies, leave t	e foundations subject to the section his part blank. tion 4942 tax on the distributable a			·		Yes X No
		lify under section 4940(e). Do not o					
1		each column for each year; see the	instructions be	fore making any er	ntries.	<del></del>	
_	(a) Base period years Calendar year (or tax year beginni			Net value of nor	(c) ncharitable-use assets	(col. (b) (	(d) ribution ratio divided by col. (c))
_	2015		13,500.		463,423		.029131
_	2014		22,000.		477,198		.046102
_	2013		22,000.		457,270		.048112
_	2012		21,820.		415,393		.052529
_	2011		18,000.		391,204	<u> </u>	.046012
2	Total of line 1, column (d)					2	.221886
3	Average distribution ratio for the	5-year base period - divide the tota	l on line 2 by 5,	or by the number	of years		-
	the foundation has been in existe	nce if less than 5 years				3	.044377
4	Enter the net value of noncharital	ple-use assets for 2016 from Part X	(, line 5			4	485,243.
5	Multiply line 4 by line 3					5	21,534.
6	Enter 1% of net investment incor	ne (1% of Part I, line 27b)				6	182.
7	Add lines 5 and 6					7	21,716.
8	Enter qualifying distributions from	ก Part XII, line 4				8	53,500.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, lin	ne 1b, and comp	olete that part using	g a 1% tax rate.		

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Part V					e), or 4	948	- see	instru	ıctio	ns)
1a Exem	npt operating foundations described in section 4940(d)(2), check here 🕨 🔙 and e	nter "N	/A" on line	1.	)		1			
	of ruling or determination letter: (attach copy of letter if ned						1			
<b>b</b> Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here 🌗	► LX	and enter	1%	<b>)</b>	1_	Ļ		<u>1</u>	<u>82.</u>
	rt I, line 27b						ļ			
	her domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			col. (b).	J					
	inder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers e	nter <b>-</b> 0-)			2	<del> </del>			<u>0.</u>
	ines 1 and 2					3_	<del> </del>		1	82.
	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others e	enter -0-)			4_	<u> </u>			0.
	pased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					_ 5	<del> </del>		1	82.
	rts/Payments:	1.	1		000					
	estimated tax payments and 2015 overpayment credited to 2016	6a	+	-	288.		ļ			
	npt foreign organizations - tax withheld at source	6b								
	paid with application for extension of time to file (Form 8868)	6c	<del></del>				ļ			
	up withholding erroneously withheld	6d	<u>.                                    </u>			_	}		_	
	credits and payments. Add lines 6a through 6d					7_	<del> </del>		2	88.
	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached			_	8				
	due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9	├		<del></del>	~
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	c		10	<del> </del>		<u> </u>	06.
	the amount of line 10 to be: Credited to 2017 estimated tax   II-A Statements Regarding Activities		4	6 . Refu	ided 🚩	11	L			<u>60.</u>
		olotion :						т—	Voc	No
	ig the tax year, did the foundation attempt to influence any national, state, or local legi-	Siation	or did it pa	licipate of	mervene	III		1-	163	
, .	political campaign?	/		na fau tha	d a 6	٠,0		1a		X
	spend more than \$100 during the year (either directly or indirectly) for political purpo	•				•	_	<u>1b</u>		<u> </u>
	e answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	ana co	pies of an	y matena	s publisr	iea or				1
	be foundation file Form 1100 POL for this year?									x
	he foundation file <b>Form 1120-POL</b> for this year? · the amount (if any) of tax on political expenditures (section 4955) imposed during th	o voar						_1c		
	On the foundation. $\blacktriangleright$ \$ O . (2) On foundation manager				0.					ĺ
	the reimbursement (if any) paid by the foundation during the year for political expend			on founds						
	agers. > \$	iilui 6 la	ıx iiiiboscu	on lourida	uon					
	the foundation engaged in any activities that have not previously been reported to the l	IRS2						2		x
	es, " attach a detailed description of the activities.							-		
	the foundation made any changes, not previously reported to the IRS, in its governing	ınstrun	nent, article	s of incorr	oration c	nr				}
	vs, or other similar instruments? If "Yes," attach a conformed copy of the change				oration, c			3		x
	the foundation have unrelated business gross income of \$1,000 or more during the year							4a		X
	s," has it filed a tax return on Form 990-T for this year?					N	[/A	4b		
	there a liquidation, termination, dissolution, or substantial contraction during the year	?					•	5		X
	es," attach the statement required by General Instruction T									
6 Are t	he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	either:								
● By	language in the governing instrument, or									
● By	state legislation that effectively amends the governing instrument so that no mandato	ry direc	tions that	conflict wit	n the state	law				1
rema	in in the governing instrument?							6	X	
7 Did t	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," $co$	mplete	Part II, c	ol (c), and	l Part XV	,		7	X	
8a Ente	the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨	<b></b>							
W.	<u> </u>							1		
<b>b</b> If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the $ heta$	Attorne	y General (	or designa	e)					1
	ch state as required by General Instruction G? If "No," attach explanation							8b	X	<u> </u>
	e foundation claiming status as a private operating foundation within the meaning of s				5) for cale	ndar		}		
	2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	-						9		X
10 Did 2	invipersons become substantial contributors during the tax year? if "yes" attach a sched	lula lietia	a their name	and address	cac			10		X

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		τ	Yes	No
	At any time about the foundation, directly or indirectly, own a controlled entity within the meaning of		res	NO
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
19	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<del>  ''-</del>		
14	If "Yes," attach statement (see instructions)	12		X
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A		43_1	
14		237	-93	01
•	Located at ► 455 N. POPLAR, CASPER, WY ZIP+4 ►82			<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>•</b>	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art 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
1a	During the year did the foundation (either directly or indirectly):	ĺ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	İ		
	a disqualified person?		ı	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		[	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?		}	
	(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.)			
b	o 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 2016?	1c		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	}		
	before 2016? Yes X No			
	If "Yes," list the years	} .	1	
t	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	ŀ		
	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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ——————————————————————————————————			
32	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ĺ	
	during the year?			
ŧ	If "Yes," did it have excess business holdings in 2016 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 2016.) N/A	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2016?	4b	)	X

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				$\top$
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Y6	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			1 1
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations	1	{ }
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A _ !	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check t	nere			[ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y6	s X No	1 1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870				}
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b. If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	<b>/</b>	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(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	TRUSTEE			
P.O. BOX 2360				
CASPER, WY 82602	0.00	0.	0.	0.
MELANIE A. TRUE	TRUSTEE			
P.O. BOX 2360				
CASPER, WY 82602	0.00	0.	0.	0.
	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
<u> </u>				
			_	<del>-</del>
			-	_ <del>_</del>
	<u> </u>			
	1			
	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000				0

Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta number of organizations and other beneficiaries served, conferences convened, research papers pi	atistical information such as the produced, etc.	Expenses
N/A		
		-
l		
		-
Doubly Die		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
N/A	on mos rande.	7 tinount
		]
		1
All other program-related investments. See instructions.		
		1
		1
		1

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Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	<u>470,602</u> .
b	Average of monthly cash balances	16	22,030.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	492,632.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	492,632.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,389.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	485,243.
6_	Minimum investment return Enter 5% of line 5	6	24,262.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	24,262.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	182.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,080.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,080.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	24,080.
	art XII Qualifying Distributions (see instructions)		
	ait XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	53,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	53,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	182.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,318.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

STACY MARIE TRUE MEMORIAL TRUST

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI,				
line 7				24,080.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			21,737.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2016:		-		
<b>a</b> From 2011				
<b>b</b> From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 53,500 •				
a Applied to 2015, but not more than line 2a			21,737.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				24,080.
e Remaining amount distributed out of corpus	7,683.	<del></del>		
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,683.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			,	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.	<del>-</del>	-	
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017	7 602		İ	
Subtract lines 7 and 8 from line 6a	7,683.	<del></del>	<del></del>	
10 Analysis of line 9:				
a Excess from 2012	Į			
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 7,683.			<u> </u>	

	ARIE TRUE M				236856 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	<u>N/A</u>	·
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶└▃	==	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0045	Prior 3 years		<u> </u>
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed				_	<del> </del>
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly			<u> </u>		
for active conduct of exempt activities.		4			
Subtract line 2d from line 2c 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				·	
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(j)(3)(B)(iii)					
(3) Largest amount of support from		1			+
an exempt organization					
(4) Gross investment income		l	<u> </u>	<u> </u>	<u></u> _
Part XV Supplementary Info			, if the foundation	on had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
Information Regarding Foundation     List any managers of the foundation whyear (but only if they have contributed in SEE STATEMENT 8	o have contributed more		ntributions received by t	the foundation before the cl	ose of any tax
b List any managers of the foundation who other entity) of which the foundation has			n (or an equally large po	rtion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut			•	s not accept unsolicited rec	wests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions	, complete items 2a, b, c, ar	
a The name, address, and telephone num	iber or e-mail address of	the person to whom app	olications should be add	Iressed:	
SEE STATEMENT 9					
<b>b</b> The form in which applications should	be submitted and informa	ition and materials they	should include:		
c Any submission deadlines:					
	<del></del>			<del></del>	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable field	s, kinds of institutions,	or other factors:	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager status of Name and address (home or business) recipient or substantial contributor a Paid during the year WYOMING MEDICAL CENTER FOUNDATION PUBLIC TEMPORARY HOUSING FOR 1223 E. 2ND ST PATIENT IN TREATMENT CASPER WY 82601 7,500. THE RONALD MCDONALD HOUSE PUBLIC TEMPORARY HOUSING FOR 1800 E. 16TH ST PATIENT IN TREATMENT DENVER CO 80205 1,000. UNIVERSITY OF COLORADO FOUNDATION, PUBLIC CHILDREN HEALTH CARE & TNC RESEARCH 4200 E. 8TH AVE DENVER CO 80203 2,000. CHILDREN'S HOSPITAL COLORADO PUBLIC CHILDREN HEALTH CARE & FOUNDATION RESEARCH 1129 E. 17TH AVE DENVER, CO 80045 3,000. WYOMING MEDICAL CENTER FOUNDATION PUBLIC CAPITAL CAMPAIGN 1223 E. 2ND ST CONTRIBUTION - FOR THE CASPER, WY 82601 CONSTRUCTION OF THE NEW MASTERSON PLACE HOUSING FACILITY FOR 40 000. Total **▶** 3a 53 500. b Approved for future payment NONE Total

623611 11-23-16

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
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nter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
	(a) Business code	<b>(b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		COGO			
å					- <del></del>	
b						
c			-			
d			<b></b>		<del>-</del>	
e			<b>-</b>			
g Fees and contracts from government agencies	<u> </u>					
Membership dues and assessments	<u> </u>					
3 Interest on savings and temporary cash			<u> </u>			
investments			Ì			
Dividends and interest from securities			14	7,944.		
5 Net rental income or (loss) from real estate:				7,544.		
a Debt-financed property			† — —			
b Not debt-financed property			<del>                                     </del>			
6 Net rental income or (loss) from personal			<del>                                     </del>			
property		]	]			
7 Other investment income			<del> </del>			
8 Gain or (loss) from sales of assets other			<del>                                     </del>	<del></del>		
than inventory			18	10,763.		
9 Net income or (loss) from special events			<u> </u>			
10 Gross profit or (loss) from sales of inventory						
1 Other revenue:		<del></del>				
a EXCISE TAX REFUND					500.	
DOTHER INTEREST INCOME -						
c DEPT. OF THE TREASURY						
d IRS			14	8.		
e						
2 Subtotal. Add columns (b), (d), and (e)		0.		18,715.	500.	
3 Total. Add line 12, columns (b), (d), and (e)				13		
See worksheet in line 13 instructions to verify calculations.)				<del></del>	<del></del>	
Part XVI-B Relationship of Activities to	o the Acc	omplishment of E	cemp	t Purposes		
Line No. Explain below how each activity for which incom			contri	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than						
11A OVERPAYMENT OF FEDERAL	EXCISE	TAX REFUNDE	<u>ED</u>			
	<del> </del>					
				<del></del>		
			<del></del>			
				<del></del>		
	·			<del></del>		
				<del></del>		

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 15(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr )? Sign Here TRUSTEE Yes No Signature of officer or trustee Title Print/Type preparer's name Preparer's signature Date Check [ ] If self-employed Paid **Preparer** Firm's name ► SELF-PREPARED Firm's EIN **Use Only** 

Phone no.

Firm's address

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES	STATEMENT	1
SOURCE	GROSS AMOUNT			(A) REVENUE PER BOOKS		T- ADJUS	TED
MIDHILL HNB-TRUST DEPT. MIDHILL HNB-TRUST	17,548.	8,27	2.	9,276	9,27	6.	
DEPT AMORTIZATION	-1,332.		0.	-1,332	-1,33	2.	
TO PART I, LINE 4	16,216.	8,27	2.	7,944	7,94	4.	
FORM 990-PF		OTHER I	NCO	ME		STATEMENT	. 2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME		
OTHER INTEREST INCOME THE TREASURY IRS EXCISE TAX REFUND	ME - DEPT.	OF		8. 500.	8		
TOTAL TO FORM 990-PI	F, PART I,	LINE 11 =		508.	8	•	
FORM 990-PF		KAT	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOM		ABLE
EXCISE TAXES		216.		0.			0.
TO FORM 990-PF, PG	L, LN 18	216.		0.			0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	4
DESCRIPTION	(A) (B) EXPENSES NET INVES PER BOOKS MENT INCO					
TRUST DEPARTMENT FEES	494.	<u> </u>	494.			0.
TO FORM 990-PF, PG 1, LN 23	494.		494.			0.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	5
DESCRIPTION	U.S GOV'		воо	K VALUE	FAIR MARKE	т
US TREASURY NOTE .875% 10/15/ US TREASURY NOTE 1.375% 05/31 FEDERATED GOV'T INCOME TRUST	L/20 X			29,996. 24,322.	29,8 24,8	
#36 FEDERAL NATIONAL MORTGAGE ASSOCIATION 0% 10/9/19	x			62,505. 23,488.	59,8 23,9	
US TREASURY STRIP 05/15/19	x			24,396.	24,3	
TOTAL U.S. GOVERNMENT OBLIGAT	rions			164,707.	162,9	27.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS		· · · · · · · · · · · · · · · · · · ·		
TOTAL TO FORM 990-PF, PART II	I, LINE 10A			164,707.	162,9	27.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			воо	K VALUE	FAIR MARKE	т
FEDERATED MDT LARGE CAP VALUEDODGE & COX INTERNATIONAL STO		#22		22,724. 6,084.	23,3	
HARBOR INTERNATIONAL FUND #03 SEI S&P 500 INDEX #179				16,832. 34,452.	18,3 57,7	
HARBOR CAPITAL APPRECIATION I	FUND #12			15,758.	31,1	81.
DODGE & COX STOCK FUND #145	ADMIDAT #FOF	۵		35,590.	52,50 25,30	
VANGUARD MID CAP INDEX FUND A FIDELITY LOW PRICED STOCK FUN OAKMARK SELECT FUND #808		9		20,498. 31,937. 0.	25,3 47,7	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			183,875.	264,3	59.
						_==

FORM 990-PF CORPORATE BONDS		STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
PIMCO TOTAL RETURN INSTL #35	39,662.	36,7	41.
TOTAL TO FORM 990-PF, PART II, LINE 10C	39,662.	36,7	41.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGE	rs	STATEMENT	8

NAME OF MANAGER

DAVID L. TRUE MELANIE A. TRUE

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAVID L. TRUE P.O. BOX 2360 CASPER, WY 82602

TELEPHONE NUMBER

(307) 237-9301

## FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NONE

## RESTRICTIONS AND LIMITATIONS ON AWARDS

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.