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

Containing the Public Inspection

Open to Public Inspection

| . — | | | irs.gov/Form990PF for inst | | | | Open to Public Inspection |
|---------------------------------------|----------------|--|------------------------------------|----------------|-----------------|---|--|
| | | ndar year 2017 or tax year beginning JUL | 1, 2017 | , and e | nding | JUN 30, 201 | |
| Na | ime o | f T oundation | | | | A Employer identification | on number |
| | א וווי | CY MARIE TRUE MEMORIAL | mp II Cm | | | 83-023685 | c |
| _ | | and street (or P O box number if mail is not delivered to street | | | Room/suite | B Telephone number | |
| | | . BOX 2360 | , | | | - · · · · · - · · · · · · · · · · · · · | -9301 |
| | | own, state or province, country, and ZIP or foreign p | instal code | | | C If exemption application is | |
| | | PER, WY 82602-2360 | | | | The exemption application is | perioring, cricox rioro |
| | | call that apply: Initial return | Initial return of a fo | ormer public o | harity | D 1. Foreign organization | ns, check here |
| | | Final return | Amended return | | | | |
| | | Address change | Name change | | | 2. Foreign organizations mechack here and attach of | computation |
| H_ | _ | type of organization: X Section 501(c)(3) ex | | | p4 | E If private foundation st | atus was terminated |
| | | | Other taxable private founda | ation | 09 | under section 507(b)(| 1)(A), check here |
| | | arket value of all assets at end of year J Accounti | - | Accr | ual | F If the foundation is in a | |
| | | Part II, col. (c), line 16) | ther (specify) | • \ | | under section 507(b)(| 1)(B), check here |
| | <u>> \$</u> | 489,448. (Part I, colun | | | | | (4) |
| (P | art 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)) | (a) Revenue and expenses per books | | vestment ome | (c) Adjusted net | (d) Disbursements for charitable purposes |
| ` — | 1 | Contributions, gifts, grants, etc., received | 500. | | | N/A | (cash basis only) |
| | 2 | Check X If the foundation is not required to attach Sch B | 300. | | | M/A | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | 8,713. | | 8,713. | 1 | STATEMENT 1 |
| · | 5a | Gross rents | • | | | | |
| 9 | b | Net rental income or (loss) | | | | | |
| ಜ್ಮ | 6a | Net gain or (loss) from sale of assets not on line 10 | 15,429. | | | | |
| | b | Gross sales price for all assets on line 8a 23,442. | | | | | |
| 3 2 7 2018 Bevenue | 7 | Capital gain net income (from Part IV, line 2) | | 1 | 5,429. | | |
| 8 | 8 | Net short-term capital gain | | | | | |
| u_ | | Income modifications Gross sales less returns | | | | | |
| Ω | 10a | | | | | + | + |
| 7 | 1 | Gross profit or (loss) | | | | | + , |
| Z | 11 | Other income | 60. | | 0. | <u> </u> | STATEMENT 2 |
| SCANNED | 12 | Total Add lines 1 through 11 | 24,702. | 2 | 4,142. | <u> </u> | <u> </u> |
| Ø | 13 | | 0. | | 0. | | 0. |
| | 14 | Compensation of different macroms trustees, etc. Other emphoyee salaries and trages | | | · | | |
| | 15 | Perse plans, employee benefits | | | | | |
| Sec | 16a | Legardes NUV 2 0 2018 Q | | | | | |
| Dec | b | Account ing fees | | - · · · | | | |
| ŭ | C | Other profession DEN, UT | | | | | |
| ţ | 17 | Interest | 120 | | | | |
| stra | 18 | Taxes STMT 3 | 138. | | 0. | | 0. |
| ij | 19 | Depreciation and depletion Occupancy | | | | | - |
| Ag | 21 | Travel, conferences, and meetings | | | _ | | + |
| þ | 22 | Printing and publications | | | | - | |
| Operating and Administrative Expenses | 23 | Other expenses STMT 4 | 489. | | 489. | | 0. |
| atin | 24 | Total operating and administrative | | | | | |
| Der | | expenses. Add lines 13 through 23 | 627. | | 489. | | 0. |
| 0 | 25 | Contributions, gifts, grants paid | 13,500. | | | | 13,500. |
| | 26 | Total expenses and disbursements | | | | | |
| | _ | Add lines 24 and 25 | 14,127. | | 489. | | 13,500. |
| | 27 | Subtract line 26 from line 12 | | | | | |
| | 1 | Excess of revenue over expenses and disbursements | 10,575. | | 2 (52 | | |
| | 1 | Net investment income (if negative, enter -0-) | | 2 | 3,653. | N/A | - |
| | | DRIVETOR DOLLDRAMO (if possible only A.) | 1 | | | , N/A | 1 |

STACY MARIE TRUE MEMORIAL TRUST

83-0236856

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If gain, also enter in Part I, line 7 15,429.

2

2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8

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 1912 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

Enter the appropriate amount in each column for each year; see the instructions before making any entries.

Yes X No

N/A

| | | (col. (b) divided by col. (c)) |
|---------|-------------------------------|--|
| 53,318. | 485,243. | .109879 |
| 13,500. | 463,423. | .029131 |
| 22,000. | 477,198. | .046102 |
| 22,000. | 457,270. | .048112 |
| 21,820. | 415,393. | .052529 |
| | 13,500. 22,000. 22,000. | 13,500. 463,423. 22,000. 477,198. 22,000. 457,270. |

2 Total of line 1, column (d)

Average distribution ratio for the 5 year base period divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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.

| 2 | .285753 |
|---|---------|
| | |
| 3 | .057151 |

484,330.

| 5 | 27,680. |
|---|---------|
| 6 | 237. |

27,917. 7

8 13,500.

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| n 990-PF (2017) STACY MARIE TRUE MEMORIAL TR art VI Excise Tax Based on Investment Income (Section 4 | | 83-023 | | | Page 4 |
|---|---|-------------|------------------|-------|-------------|
| | | <u> </u> | <i>-</i> 1113010 | CLIOI | 13/ |
| Exempt operating foundations described in section 4940(d)(2), check here | | | | | 1 |
| Date of ruling or determination letter: (attach copy of letter if | | | - | | 73. |
| Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | 1-1- | | 4 | <u>/3.</u> |
| of Part I, line 27b | 40, 40, 41, 40, 41, | | | | |
| All other domestic foundations enter 2% of line 27b. Exampt foreign organizations, ente | | - | - | - | |
| Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only | y; others, enter -0-) | 2 | | | <u>0.</u> |
| Add lines 1 and 2 | | 3 | | 4 | <u>73.</u> |
| Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on | y; others, enter -0-) | 4 | | | <u>0.</u> |
| Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 4 | <u>73.</u> |
| Credits/Payments: | | | | | |
| 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 18 | | | | |
| Exempt foreign organizations - tax withheld at source | | 0. | | | |
| Tax paid with application for extension of time to file (Form 8868) | | 0. | | | |
| Backup withholding erroneously withheld | 6d | 0. | | | • |
| Total credits and payments Add lines 6a through 6d | | 7 | | 1 | 84. |
| Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is | attached | 8 | | | 0. |
| Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | ▶ 9 | | 2 | 89. |
| Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpai | d | 10 | | | |
| Enter the amount of line 10 to be: Credited to 2018 estimated tax | Refunded | ▶ 11 | | | |
| rt VII-A Statements Regarding Activities | | | | | |
| During the tax year, did the foundation attempt to influence any national, state, or local l | egislation or did it participate or inter | vene in | | Yes | No |
| any political campaign? | | | 1a | | X |
| Did it spend more than \$100 during the year (either directly or indirectly) for political pu | rooses? See the instructions for the | definition | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop | | | - 12 | | |
| distributed by the foundation in connection with the activities. | as of any materials published of | | | | |
| Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| • | the veer | | 10 | | |
| Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | | 0. | | | |
| (1) On the foundation. \$ 0. (2) On foundation mana | | <u> </u> | | | |
| Enter the reimbursement (if any) paid by the foundation during the year for political exp | anditure tax imposed on foundation | | ľ | | |
| managers. ► \$ | 1200 | | | | |
| Has the foundation engaged in any activities that have not previously been reported to t | ie IRS? | | 2 | - | <u>X</u> |
| If "Yes," attach a detailed description of the activities. | | | | | |
| Has the foundation made any changes, not previously reported to the IRS, in its govern | ng instrument, articles of incorporati | on, or | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | <u>X</u> |
| Did the foundation have unrelated business gross income of \$1,000 or more during the | year? | | 4a | | X |
| If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | |
| Was there a liquidation, termination, dissolution, or substantial contraction during the y | ear? | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | | | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied | ed either: | | | | |
| By language in the governing instrument, or | | | | | |
| By state legislation that effectively amends the governing instrument so that no mand | atory directions that conflict with the | state law | | | |
| remain in the governing instrument? | • | | 6 | Х | |
| Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c | omplete Part II. col. (c), and Part XV | | 7 | Х | |
| | , | | | | |
| Enter the states to which the foundation reports or with which it is registered. See instru | ictions - | | | | |
| WY | | | - | | |
| If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to ti | ne Attorney General (or decignate) | | - | | |
| · · · · · · · · · · · · · · · · · · · | ie Allomey deneral (or designate) | | O.L | v | |
| of each state as required by General Instruction G? If "No," attach explanation | Manakan 4040/3/03 4040/3/53 fo | onlands- | 8b | X | |
| Is the foundation claiming status as a private operating foundation within the meaning of | | calendar | | | 17 |
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," | complete Part XIV | | 9 | | _X_ |
| Did any persons become substantial contributors during the tax year? if "Yes," attach a so | | | 10 | | 37 |

| | The VIEW Contention of the Con | 1 | V 1 | |
|----|--|---------------|------------|-----------|
| | | <u> </u> | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | v |
| 12 | section 512(b)(13)? If "Yes," attach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 11 | | <u>X</u> |
| 12 | 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 | | | |
| 14 | | 237 | -93 | 01 |
| | Located at ▶455 N. POPLAR, CASPER, WY ZIP+4 ▶82 | | - | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | /A | |
| 16 | At any time during calendar year 2017, 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 | | <u>X</u> |
| | 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 | 1 | <u> </u> | <u> </u> |
| | 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): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | (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? 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)? | | | |
| | (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 | 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 N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, chock 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 2017? | 1c | | <u> X</u> |
| 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2017? | | | |
| | If "Yes," list the years > | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed incomo? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| _ | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| за | | | | |
| L | • • | | | |
| 0 | If "Yes," did it have excess business holdings in 2017 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 longor 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 2017.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | x |
| | 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 2017? | 4b | | X |
| | | m 99 0 |)-PF | |

NONE

devoted to position

allowances

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

| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
|--|---------------------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | T | |
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | \dashv | |
| Fotal number of others receiving over \$50,000 for professional services | | > (|
| Part IX-A Summary of Direct Charitable Activities | | _ |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statisf | tical information such as the | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers prod | duced, etc. | Cxhelizez |
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| 3 | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| Don't IV P. C | | |
| 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 | mics raid z. | 7 dilochi |
| M/A | - | |
| | | |
| | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | 0. |

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83-0236856 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 489,155. a Average monthly fair market value of securities 1a 2,551. Average of monthly cash balances 1b c Fair market value of all other assets 10 491,706. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 484,330. 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return Enter 5% of line 5 6 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.) 24,217. Minimum investment return from Part X, line 6 473. 2a Tax on investment income for 2017 from Part VI, line 5 b Income tax for 2017. (This does not include the tax from Part VI.) 2b 473. c Add lines 2a and 2b 2c 23.744. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 23,744. 5 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 6 23. 744. 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 13,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a **b** Program-related investments - total from Part IX-B 0. 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3Ь 13,500 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 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 13.500. Adjusted qualifying distributions Subtract line 5 from line 4 6

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

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4940(e) reduction of tax in those years.

83-0236856

Part XIII Undistributed Income (see instructions)

| • | | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---|---------------|----------------------------|-------------|---------------------|
| 1 Distributable line 7 | amount for 2017 from Part XI, | | , | | 23,744. |
| | come, if any, as of the end of 2017 | | | | |
| a Enter amount | · '' | | | o .i | |
| b Total for prior | · · · · · · · · · · · · · · · · · · · | | 0. | | |
| 2 Excess distrib | utions carryover, if any, to 2017: | | | | <u> </u> |
| a From 2012 | | | | | |
| b From 2013 | | | | | |
| c From 2014 | | | | | |
| d From 2015 | | | | | J |
| | 7,683. | | | | |
| e From 2016 | | 7 602 | | | |
| f Total of lines | · - | 7,683. | | | |
| | tributions for 2017 from | | | | |
| Part XII, line | | | | 0 | |
| | 16, but not more than line 2a | | | 0. | |
| | distributed income of prior | | | | |
| | n required - see instructions) | - | 0. | | |
| | stributions out of corpus | | | | |
| • | ired - see instructions) | 0. | | | |
| d Applied to 20 | 17 distributable amount | | | | 13,500. |
| e Remaining an | nount distributed out of corpus | 0. | | | |
| 5 Excess distribut (If an amount ap must be shown | ions carryover applied to 2017 pears in column (d), the same amount in column (a)) | 7,683. | | | 7,683. |
| 6 Enter the net indicated bel | total of each column as ow: | | | | |
| a Corpus Add Im | es 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' u | ndistributed income. Subtract | | | | |
| line 4b from l | ne 2b | | 0. | | |
| undistributed deficiency has | ount of prior years' income for which a notice of s been issued, or on which 042(a) tax has been previously | | 0. | | |
| d Subtract line | Sc from line 6b. Taxable | | | | |
| amount - see | instructions | | 0. | | |
| e Undistributed | income for 2016. Subtract line | | | | |
| 4a from line 2 | a. Taxable amount - see instr. | | | 0. | |
| f Undistributed | income for 2017. Subtract | | , | | |
| lines 4d and 5 | from line 1. This amount must | | | | |
| be distributed | ın 2018 | | | | 2,561. |
| 7 Amounts trea | ted as distributions out of | | | | |
| corpus to sat | sfy requirements imposed by | | | | • |
| section 170(b |)(1)(F) or 4942(g)(3) (Election | | | | |
| may be requi | ed - see instructions) | 0. | | | |
| 8 Excess distrib | utions carryover from 2012 | | | | |
| not applied or | n line 5 or line 7 | 0. | | | |
| 9 Excess distri | outions carryover to 2018. | | | | |
| Subtract lines | 7 and 8 from line 6a | 0. | | | |
| O Analysis of lin | e 9: | , | | | |
| a Excess from 2 | 2013 | | | | |
| b Excess from 2 | 2014 | | | | |
| c Excess from 2 | 2015 | | | | |
| d Excess from 2 | 2016 | | | | |
| e Excess from 2 | 2017 | | | | |

| | ARIE TRUE M | | | 83-02 | 36856 Page 10 |
|--|-----------------------------|--|--|---------------------------------------|--------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part V | II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2017, enter the date of | the ruling | ▶ ∟ | | / |
| b Check box to indicate whether the found | dation is a private operati | ng foundation described | ın section | 4942(j)(3) or49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| 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 | | | | 1 | |
| 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 | | | | | <u> </u> |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | | | | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| 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) | | ļ | <u>-</u> | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | (. | | | | |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or mo | ore in assets |
| at any time during t | the year-see inst | ructions.) | | | |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a Lict any managers of the foundation wh | | | itributions received by the | foundation before the clos | ce of any tax |
| year (but only if they have contributed r | nore than \$5,000). (See s | section 507(d)(2).) | | | |
| SEE STATEMENT 8 | | | | | <u></u> |
| b List any managers of the foundation wh | io own 10% or more of th | ne stock of a corporation | (or an equally large porti | on of the ownership of a pa | artnership or |
| other entity) of which the foundation ha | s a 10% or greater intere | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion. Grant. Gift. Loan | . Scholarship, etc., P | Programs: | · - | |
| | | · · · · · · · · · · · · · · · · · · · | - | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | <u></u> | | | | |
| 2 The hame, addition, and tolopholio hull | 23. 5. 52 400,000 01 1 | percent to milem appr | | ==== | |
| SEE STATEMENT 9 | | | | | |
| b The form in which applications should I | ne submitted and informs | ition and materials they | should include: | | |
| a the form in winon applications should t | 20 Submitted and IIIIOHIII | mon und materials tilby : | andala molado. | | |
| c Any submission deadlines: | | | | · · · · · · · · · · · · · · · · · · · | |
| \$ 1.41y Submission deadines. | | | | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields | s, kinds of institutions, or | other factors: | |
| | | | | | |

Form 990-PF (2017) STACY MARIE TRUE MEMORIAL TRUST

Part XV | Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Y | | i ayıncık | - | |
|--|--|---|----------------------------------|--------|
| 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 |
| a Paid during the year . | or sussidified software. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| CHILDREN'S HOSPITAL COLORADO | | PUBLIC CHARITY | TO EDUCATE AND ENGAGE | |
| FOUNDATION | | TODDIC CHARLETT | WITH THE COMMUNITY ON | |
| | | | THE HOSPITAL'S BEHALF, | |
| 13123 EAST 16TH STREET | | | TO FUNDRAISE FOR THE | |
| AURORA, CO 80045 | | | HOSPITAL AND TO | 3,000 |
| | | | | |
| THE RONALD MCDONALD HOUSE | | PUBLIC CHARITY | TO PROVIDE | |
| 1300 EAST 21ST AVENUE | | | COMFORTABLE, LOW-COST | |
| DENVER, CO 80205 | | | HOUSING TO OUT-OF-TOWN | |
| | | | FAMILIES NEEDING TO BE | |
| | | | NEAR THEIR | 1,000 |
| UNIVERSITY OF COLORADO FOUNDATION, | | PUBLIC CHARITY | TO RECEIVE, MANAGE AND | |
| INC | | | PRUDENTLY INVEST | |
| 1800 GRANT STREET | | | PRIVATE SUPPORT FOR | |
| | | | | |
| DENVER, CO 80203 | | | THE BENEFIT OF THE | 2 000 |
| | | | UNIVERSITY OF COLORADO | 2,000 |
| WYOMING MEDICAL CENTER FOUNDATION | | PUBLIC CHARITY | TO ENHANCE EXCELLENCE | |
| 1233 EAST 2ND STREET | | | IN HEALTHCARE DELIVERY | |
| CASPER, WY 82601 | | | AT WYOMING MEDICAL | |
| CASPER, WI 02001 | | | CENTER BY SECURING | |
| | | | PRIVATE PHILANTHROPIC | 7,500 |
| | | | | |
| Total | | | ▶ 3a | 13,500 |
| b Approved for future payment | | | | |
| NONE | | | | |
| Nonz | | | | |
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Analysis of Income-Producing Activities Part XVI-A

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | ded by section 512, 513, or 514 | (e) |
|--|---------------------------|------------------|--|---------------------------------|-----------------------------------|
| Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| · | Code | | 1000 | | |
| a b | | | | | |
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| e | | | ├── | | |
| | | | ├ | | |
| g Fees and contracts from government agencies | - | - | ļ - | | |
| 2 Membership dues and assessments | | | - | | |
| 3 Interest on savings and temporary cash | | | | 1 | |
| investments | | | - | 0.740 | |
| 4 Dividends and interest from securities | | | 14 | 8,713. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | ļ | | |
| b Not debt-financed property | | | ļ | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | ļ . | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 15,429. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a EXCISE TAX REFUND | | | <u> </u> | | 60. |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 0. | | 24,142. | 60. |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | ······ · | 24,202. |
| See worksheet in line 13 instructions to verify calculations.) | | | | _ | |
| Part XVI-B Relationship of Activities to | the Acer | malichment of Ex | , | t Dumacaa | |
| • | | | | | |
| Explain below how each activity for which income the foundation's exempt purposes (other than be | | | contrib | outed importantly to the accom | plishment of |
| 11A OVERPAYMENT OF FEDERAL | | | חי | | |
| TIA OVERTAINENT OF TEMPERAL | DACION | TAM REFUNDE | <u> </u> | ***** | |
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| | | | | | ORIAL TRUST | | | 0236856 | | ge 13 |
|------------|-----------------------|---|---------------------------------------|-------------------|--------------------------------|--------------------|--------------------------------|---|----------------------|--------------|
| Par | t XVI | | | sfers to a | and Transactions a | nd Relation | ships With Non | charitable | • | |
| 1 [| and the | . Exempt Organ organization directly or indi | | of the follower | no with any other organization | n described in s | ection 501/c) | | Yes | No |
| | | han section 501(c)(3) organ | | | | | sction so i(c) | | | |
| • | | rs from the reporting found | • | • | • , | | | | | |
| | 1) Cas | · - | | | 5 | | | 1a(1) | | X |
| | • | ner assets | | | | | | 1a(2) | | X |
| | - | ansactions: | | | | | | | | |
| (| 1) Sai | les of assets to a noncharita | ble exempt organiza | tion | | | | 1b(1) | I | Х |
| (| 2) Pui | rchases of assets from a no | ncharitable exempt of | organization | | | | 1b(2) | | X |
| | | ntal of facilities, equipment, | | | | | | 1b(3) | | X |
| (| 4) Rei | imbursement arrangements | | | | | | 1b(4) | | X |
| (| 5) Loa | ans or Ioan guarantees | | | | | | 1b(5) | | X |
| (| 6) Per | rformance of services or me | embership or fundrai | ısıng solicitatio | ons | | | 1b(6) | | X |
| c S | Sharing | of facilities, equipment, ma | uling lists, other asse | ets, or paid em | ployees | | | 1c | | X |
| d I | f the ar | nswer to any of the above is | "Yes," complete the | following sche | edule. Column (b) should al | ways show the fa | ir market value of the g | oods, other ass | sets, | |
| | | ices given by the reporting for | | | | ie in any transact | ion or sharing arrangei | ment, show in | | |
| | | (d) the value of the goods, | · · · · · · · · · · · · · · · · · · · | | | · | . . | | | |
| (a) Lin | on e | (b) Amount involved | (c) Name o | | e exempt organization | (d) Descrip | tion of transfers, transaction | ns, and sharing ar | rangeme | nts |
| | | | | N/A | | . | | · | | |
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| ı | n sectio | oundation directly or indirect on 501(c) (other than section complete the following sch | in 501(c)(3)) or in se | | or more tax-exempt organi | zations described | J | Yes | X |] No |
| | | (a) Name of org | | | (b) Type of organization | | (c) Description of re | lationship | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
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| | -, | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Sig Her | n ^{and} e | der penalties of perjury, I declare delete, it is true, correct, and cor | mplete Declaration of pr | | | | arer has any knowledge | May the IRS return with the shown below Yes | e prepar ? See in | er |
| | | Print/Type preparer's na | | Preparer's s | | Date | Check If | PTIN | | |
| Paid | d | | | | • | | self- employed | | | |

Form **990-PF** (2017)

Fırm's EIN ▶

Phone no.

Preparer Use Only

Firm's name

Firm's address 🕨

| FORM 990-PF | DIVIDENDS | AND INTER | EST | FROM SECU | RITIES S | TATEMENT | 1 |
|--|-----------------|------------------------------|--|-----------------------------|-----------------------------------|-------------------------------|----|
| SOURCE | GROSS AMOUNT | GAINS REVE | | (A) REVENUE PER BOOKS | | | |
| MIDHILL HNB-TRUST DEPT. MIDHILL HNB-TRUST DEPT | 22,623. | 12,44 | 2. | 10,181 | . 10,181. | | |
| AMORTIZATION | -1,468. | | 0. | -1,468 | -1,468. | | |
| TO PART I, LINE 4 | 21,155. | 12,44 | 2. ==================================== | 8,713 | 8,713. | | |
| FORM 990-PF | | OTHER I | NCOM | Œ | S | TATEMENT | 2 |
| DESCRIPTION . | | (A) REVENUE PER BOOKS | | ENUE 1 | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| EXCISE TAX REFUND | | | | 60. | 0. | | |
| TOTAL TO FORM 990-PF, | PART I, | LINE 11 | | 60. | 0. | | |
| FORM 990-PF | | TAX | ES | | S | TATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- IT INCOME | (C) ADJUSTED NET INCOME | | |
| EXCISE TAXES | | 138. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, | LN 18 | 138. | | 0. | - | | 0. |

| FORM 990-PF | OTHER EXPENSES | | | | STATEMENT | |
|---|---|-----------------------------|--------------|---|---|---------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| TRUST DEPARTMENT FEES | 489. | | 489. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 489. | 489 | | | 0. | |
| FORM 990-PF U.S. AND S | STATE/CITY G | OVERNMENT | OBLI | GATIONS | STATEMENT | 5 |
| DESCRIPTION | U.S GOV' | _ | вос | OK VALUE | FAIR MARKE VALUE | 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. | 29,9 24,4 | |
| #36 | | | | 58,494. | 54,6 | 54. |
| FEDERAL NATIONAL MORTGAGE X ASSOCIATION 0% 10/9/19 | | | 23,989. 24,2 | | | |
| US TREASURY STRIP 05/15/19 | x | | | 24,696. | 24,5 | 12. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | | 161,497. | 157,733. | |
| TOTAL STATE AND MUNICIPAL GOV | ERNMENT OBL | IGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II | , LINE 10A | | | 161,497. | 157,7 | 33. |
| FORM 990-PF | CORPORAT | E STOCK | <u> </u> | | STATEMENT | 6 |
| DESCRIPTION | | | вос | OK VALUE | FAIR MARKE VALUE | T |
| DODGE & COX INTERNATIONAL STO HARBOR INTERNATIONAL FUND #01 SEI S&P 500 INDEX CL F HARBOR CAPITAL APPRECIATION F DODGE & COX STOCK FUND #145 FEDERATED MDT LARGE CAP VAL I VANGUARD MID CAP INDEX FUND A FIDELITY LOW PRICED STOCK FUN | 11 FUND #12 IS #426 ADMIRAL #585 | 9 | | 6,252. 17,976. 34,767. 19,526. 39,304. 25,166. 20,896. 35,064. | 8,2 19,1 62,9 40,2 58,7 25,7 28,3 50,9 | 25. 65. 90. 23. 79. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | | | | 198,951. | 294,4 | 96. |

| FORM 990-PF | CORPORATE BONDS | | STATEMENT | 7 |
|---|---|------------|-------------|-----|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET | r |
| PIMCO TOTAL RETURN INSTL #35 | | 40,302. | 36,69 | 95. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | | 40,302. | 36,695. | |
| | ART XV - LINE 1A F 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

9

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.