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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization Andy Ellis Memorial Trust</td> <td>D Employer identification number 73 : 6258313</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 105 N. Main</td> <td>E Telephone number (580) 363-3684</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Blackwell, OK 74631</td> <td>F Group Exemption Number . . . ►</td> </tr> </table>	C Name of organization Andy Ellis Memorial Trust	D Employer identification number 73 : 6258313	Number and street (or P O box, if mail is not delivered to street address) Room/suite 105 N. Main	E Telephone number (580) 363-3684	City or town, state or country, and ZIP + 4 Blackwell, OK 74631	F Group Exemption Number . . . ►
C Name of organization Andy Ellis Memorial Trust	D Employer identification number 73 : 6258313						
Number and street (or P O box, if mail is not delivered to street address) Room/suite 105 N. Main	E Telephone number (580) 363-3684						
City or town, state or country, and ZIP + 4 Blackwell, OK 74631	F Group Exemption Number . . . ►						

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	2,422.12
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	(1,142.41)
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► _____)	8	1,279.71	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9		
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,000.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	268.58
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► _____)	16	
	17	Total expenses. Add lines 10 through 16. ►	17	1,268.58
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11.13
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,529.84
	20	Other changes in net assets or fund balances (attach explanation)	20	(12,627.85)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ►	21	33,901.99

Part II Balance Sheets. If Total assets on line 26, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,529.84	33,901.99
23 Land and buildings	0	0
24 Other assets (describe ► _____)	0	0
25 Total assets	46,529.84	33,901.99
26 Total liabilities (describe ► _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,529.84	33,901.99

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

SCANNED JUN 26 2010

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? Scholarship for Blackwell High Graduates

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Scholarship for outstanding student graduating from Blackwell High School.

(Grants \$ 1,000.00) If this amount includes foreign grants, check here ☐

28a	1,000.00
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29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The books are in care of ▶ James R. Rodgers Telephone no. ▶ (580) 363-3684 Located at ▶ 105 N. Main, Blackwell, Ok ZIP + 4 ▶ 74631-2226		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 ▶ <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

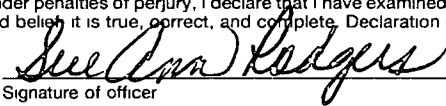
Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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 officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	5-13-10 Date	
	Sue Ann Rodgers, Trustee Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's Identifying Number (See instructions)
		Phone no. ()	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Andy Ellis Memorial Trust

Employer identification number

73

6258313

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Blackwell High School	73-0722241	A public school	<input checked="" type="checkbox"/>						
Total									

Part I

Line 20 Realized and unrealized gains and losses and income for year less amounts paid out. Unrealized loss is \$4,124.68 for year. This is shown on first page of 2008 accounting attached to return.

Part III

Scholarship recipients are chosen from graduates of Blackwell High School, who have evidenced leadership qualities, have participated in sports, and have a desire to continue the educational process. It is the goal of the Trust to encourage students to excel in these endeavors to be eligible for the scholarship and improve the overall quality of education at Blackwell High School.

**Andy Ellis Memorial Trust
2008**

Assets 12/31/08

Trust Account	56.06	
Columbia Cash Reserves	2,160.22	
100 Shares Imperial TOB Group @ 53.197	5,319.70	
200 Shares XCEL Energy Inc Com @ 18.55	3,710.00	
200 Shares Alliant Energy Corp @ 29.18	5,836.00	
Market Value of CFO Investment	16,820.01	
Includes realized & unrealized losses and income for year less amounts paid out. Unrealized loss is \$4,124.68 for year		
Total Market Value of Assets 12-31-08		\$33,901.99

Transactions in Trust Account 2008

Balance 1-1-08	56.06	
Total		\$56.06
Balance 12-31-08		\$56.06

Transactions Columbia Cash Reserves

Balance 1-1-08	443.21	
Corporate Dividends 2008	1,719.01	
Total		\$2,162.22
Paid Out: Fee to Bank of America	-2.00	
Total Paid Out		-\$2.00
Balance 12-31-08		\$2,160.22

Transactions Communities Foundation of Oklahoma 2008

Book Value Balance 1-1-08	20,307.02
Realized Income and Gain 2008	705.11
Realized Loss 2008	<u>-1,142.41</u>

Total	\$19,869.72
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Less: Paid Out 2008	
Management Fee	268.58
Trevor Valdez-Scholarship	<u>1,000.00</u>

Total Paid Out	<u>1,268.58</u>
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Book Value Balance 12-31-08	\$18,601.14
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Gains and Donations

Income, and Losses Received in 2008, All Accounts

Net Dividends	1,717.01
Com. Foundation of Oklahoma, Inc.	705.11
Com. Foundation of Oklahoma Losses	<u>-1,142.41</u>

Total	\$1,279.71
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Paid Out 2008, All Accounts

Scholarships:	
Trevor Valdez	1,000.00
Management Fee - Com. Found of OK	<u>268.58</u>

Total	<u>\$1,268.58</u>
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Net for Year - 2008	<u><u>\$11.13</u></u>
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Application of Net Decrease for 2008

Beginning of Year:

Com. Found. Of Oklahoma (Book Value)	\$20,307.02
Col. Cash Reserves	\$443.21
Trust Account	<u>\$56.06</u>

Total

\$20,806.29

End of Year:

Com. Found. Of Oklahoma (Book Value)	\$18,601.14
Col. Cash Reserves	\$2,160.22
Trust Account	<u>\$56.06</u>

Total

\$20,817.42

Difference

\$11.13

James R. Rodgers

From "Sherne Schroeder" <SSchroeder@foundationmanagementinc.com>
To <attorney@cyber-rover.com>
Sent Thursday, April 24, 2008 12:29 PM
Subject CFO Quarterly Fund Statement 3-31-2008



April 24, 2008

James R. Rodgers
 P O Box 514
 Blackwell, OK 74631

Blackwell CF/Andy Ellis Trust Scholarship Endowment Fund # 179
 Changes in Fund Balance for the Period Ended March 31, 2008

	Quarter To Date	Year To Date
Net Assets - As Of Beginning of Period	22,650 57	23,736 62
Contributions	0 00	0 00
Pledges	0 00	0 00
Program Revenues	0 00	0 00
Interest and Dividend Income	186 71	565 75
Realized Gains (Losses)	-6 43	792 37
Unrealized Gains (Losses)	-894 79	-2,243 35
Total Revenues and Support	-714 51	-885 23
Grants Voted (including amounts to be paid in future periods)	0 00	-800 00
Program Expenses	0 00	0 00
Management Fees	-55 70	-171 03
Credit Card Fees on Gifts Rec'd	0 00	0 00
Total Expenses	-55 70	-971 03
Net Assets - As Of End of Period	21,880 36	21,880 36



July 21, 2008

James R. Rodgers
P O Box 514
Blackwell, OK 74631

Blackwell CF/Andy Ellis Trust Scholarship Endowment Fund # 179
Changes in Fund Balance for the Period Ended June 30, 2008

	Quarter To Date	Year To Date
Net Assets - As Of Beginning of Period	21,880 36	23,736 62
Contributions	0 00	0 00
Pledges	0 00	0 00
Program Revenues	0 00	0 00
Interest and Dividend Income	168 20	733 95
Realized Gains (Losses)	-4 47	787 90
Unrealized Gains (Losses)	-624 93	-2,868 28
Total Revenues and Support	-461 20	-1,346 43
Grants Voted (including amounts to be paid in future periods)	0 00	-800 00
Program Expenses	0 00	0 00
Management Fees	-55 79	-226 82
Credit Card Fees on Gifts Rec'd	0 00	0 00
Total Expenses	-55 79	-1,026 82
Net Assets - As Of End of Period	21,363 37	21,363 37



October 14, 2008

Blackwell CF/Andy Ellis Trust Scholarship Endowment Fund # 179
Changes in Fund Balance for the Period Ended September 30, 2008

	Quarter To Date	Year To Date
Net Assets - As Of Beginning of Period	21,363.37	21,363.37
Contributions	0.00	0.00
Pledges	0.00	0.00
Program Revenues	0.00	0.00
Interest and Dividend Income	133.24	133.24
Realized Gains (Losses)	-949.59	-949.59
Unrealized Gains (Losses)	-623.16	-623.16
Total Revenues and Support	-1,439.51	-1,439.51
Grants Voted (including amounts to be paid in future periods)	-1,000.00	-1,000.00
Program Expenses	0.00	0.00
Management Fees	-88.50	-88.50
Credit Card Fees on Gifts Rec'd	0.00	0.00
Total Expenses	-1,088.50	-1,088.50
Net Assets - As Of End of Period	18,835.36	18,835.36

Blackwell CF/Andy Ellis Trust Scholarship Endowment Fund # 179
Changes in Fund Balance for the Period Ended December 31, 2008

	Quarter To Date	Year To Date
Net Assets - As Of Beginning of Period	18,835.36	21,363.37
Contributions	0.00	0.00
Pledges	0.00	0.00
Program Revenues	0.00	0.00
Interest and Dividend Income	216.96	350.20
Realized Gains (Losses)	-181.91	-1,131.50
Unrealized Gains (Losses)	-1,981.80	-2,604.96
Total Revenues and Support	-1,946.75	-3,386.26
Grants Voted (including amounts to be paid in future periods)	0.00	-1,000.00
Program Expenses	0.00	0.00
Management Fees	-86.59	-175.09
Credit Card Fees on Gifts Rec'd	0.00	0.00
Total Expenses	-86.59	-1,175.09
Net Assets - As Of End of Period	16,802.02	16,802.02