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Form 990-EZ

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

C Name of organization

D Employer identification number

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Andy Ellis Memorial Trust

73-6258313

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

E Telephone number

105 N. Main

580-363-3684

City or town, state or province, country, and ZIP or foreign postal code

Blackwell, OK 74631

F Group Exemption

Number ►

G Accounting Method

 Cash Accrual Other (specify) ►H Check ► if the organization is not

required to attach Schedule B

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

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 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)

Check if the organization used Schedule O to respond to any question in this Part I □

| | | | |
|----|--|----|-----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 50.00 |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 1,340.40 |
| 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) | 5c | 940.30 |
| 6 | Gaming and fundraising events | 6d | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c | Less direct expenses from gaming and fundraising events | 6c | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 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 in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 2,330.70 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 2,000.00 |
| 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 | 419.29 |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe in Schedule O) | 16 | |
| 17 | Total expenses. Add lines 10 through 16 ► | 17 | 2,419.29 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | (88.59) |
| 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 | 42,690.46 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 4,096.25 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 21 | 46,698.12 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 42,690.46 | 22 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) | | 24 |
| 25 | Total assets | 42,690.46 | 25 |
| 26 | Total liabilities (describe in Schedule O) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 42,690.46 | 27 |
| | | | 46,698.12 |
| | | | 46,698.12 |
| | | | 46,698.12 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 Scholarship for outstanding student graduating Blackwell High School

(Grants \$ 2,000.00) If this amount includes foreign grants, check here

29

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

30 _____

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

31 Other program services (describe in Schedule O)

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

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)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Stacey Husted 959 N. 5th St., Blackwell, OK 74631 | Trustee .1 | | | |
| Jaylene Soulek 303 E. College, Blackwell, OK 74631 | Trustee .3 | | | |
| Connie Mack Hullett 1819 Kori Ave., Blackwell, OK 74631 | Trustee .3 | | | |
| Sue Ann Rodgers 944 N. 6th, Blackwell, OK 74631 | Trustee .3 | | | |
| Eric Webb 201 E. Blackwell, Blackwell, OK 74631 | Trustee .1 | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end of the tax year 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 ► _____ 40a

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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 organization's books are in care of ► _____ Telephone no ► _____ Located at ► _____ ZIP + 4 ► _____ 42a

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 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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | ✓ |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | Yes | No |
|-----|---|-----|----|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 | Complete this table for the organization's 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." | | |

f Total number of other employees paid over \$100,000

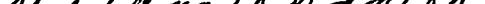
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
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d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule 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 officer) is based on all information of which preparer has any knowledge.

| | | |
|--------------|---|---------|
| Sign Here |  Signature of officer | Date |
| |  Type or print name and title | 4/24/14 |

| | | | | | |
|---------------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► | | | Firm's EIN ► | |
| | Firm's address ► | | | Phone no. | |

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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 (For lines 1 through 11, check only one box)

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).
 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).
 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—Non-functionally integrated
 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?
 h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | ✓ |
| 11g(ii) | | ✓ |
| 11g(iii) | | ✓ |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-3 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 U.S.? | | (vii) Amount of monetary support |
|------------------------------------|------------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) Blackwell High School | 73-0722241 | A public school | ✓ | | ✓ | | ✓ | | \$2,000.00 |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

Andy Ellis Trust
Schedule O

| | Value 12/31/2012 | Value 12/31/2013 | Difference |
|---|---------------------|---------------------|-----------------|
| Imperial Tobacco | 7,749.00 | 7,778.00 | 29.00 |
| X CEL Energy | 5,342.00 | 5,588.00 | 246.00 |
| Alliant Energy | <u>8,782.00</u> | <u>10,320.00</u> | <u>1,538.00</u> |
| Total Market Value Stocks | <u>21,873.00</u> | <u>23,686.00</u> | <u>1,813.00</u> |
| | | | |
| Unrealized Gain in CFO Account 2013 | | 2,283.25 | |
| Net Increase in Stock Market Value for 2013 | | <u>1,813.00</u> | |
| Total Unrealized Gain * | | <u>\$4,096.25</u> | |
| | | | |
| Value CFO Account 12-31-12 | | 20,395.33 | |
| Total Income & Realized Gains | | 1,346.91 | |
| Fees | | -419.29 | |
| Paid Out for Scholarship | | -992.00 | |
| Unrealized Gain in 2013 | | <u>2,283.25</u> | |
| Market Value 12-31-13 | | <u>22,614.20</u> | |

* Goes in Part I, Line 20

Andy Ellis Trust
Determination Unrealized Gain for 2013

| | |
|---------------------|-----------------|
| CFO | 2,283.25 |
| Imperial Tobacco | 29.00 |
| X CEL Energy | 246.00 |
| Alliant Energy | <u>1,538.00</u> |
| Net Unrealized Gain | \$4,096.25 |

**Andy Ellis Memorial Trust
2013**

Assets 12/31/13

| | |
|---|------------------|
| Trust Account | 5.06 |
| MerrillLynch Cash Accounts | 392.86 |
| 100 Shares Imp. TOB Group @ 77.78 | 7,778.00 |
| 200 Shares XCEL Energy @27.94 | 5,588.00 |
| 200 Shares Alliant Energy @51.60 | 10,320.00 |
| Market Value of CFO Investment includes realized and unrealized gains & losses & income less amounts paid out (See attached calculation) | <u>22,614.20</u> |
| Total Market Value of Accounts | 46,698.12 |

Transactions in Trust Account 2013

| | |
|-------------------------------------|-----------------|
| Balance 12-31-12 | 63.06 |
| 2/4/2013 Received from CFO | 992.00 |
| 8/9/2013 Received from MerrillLynch | 900.00 |
| 8/13/2013 Contribution | <u>50.00</u> |
| Total | 2,005.06 |

Paid Out

| | |
|---------------------------|-----------------|
| 8/13/2013 NOC Scholarship | 1,000.00 |
| 8/13/2013 OSU Scholarship | <u>1,000.00</u> |
| | <u>2,000.00</u> |
| Balance 12-31-13 | 5.06 |

Transactions MerrillLynch Cash Accounts

| | |
|-------------------------------------|-----------------|
| Balance 1-1-13 | 359.07 |
| Corporate Dividends 2013 & Interest | <u>933.79</u> |
| Total | 1,292.86 |

Paid Out

| | |
|--------------------------------|-----------------|
| 8/9/2013 Paid to Trust Account | 900.00 |
| Balance 12-31-13 | \$392.86 |

Andy Ellis Trust
Market Value of CFO Investment
2013

| | |
|----------------------|-----------------|
| Value as of 12-31-12 | \$20,395.33 |
| March Increase | 180.83 |
| June Increase | 18.73 |
| September Increase | 872.47 |
| December Increase | <u>1,146.84</u> |
| | \$22,614.20 |

Andy Ellis Trust

Determination of Change of Book Value of CFO Investment

Book Value 1-1-13 **17,034.19**

Income:

| | | |
|-----------|---------------|--------|
| March | 105.53 | |
| June | 92.14 | |
| September | 78.35 | |
| December | <u>130.59</u> | |
| Total | 406.61 | 406.61 |

Realized Gains & Losses

| | |
|-----------|---------------|
| March | 70.41 |
| June | 371.85 |
| September | 158.33 |
| December | <u>339.71</u> |
| | 940.30 |
| | 940.30 |

Fees:

| | | |
|-----------|---------------|---------|
| March | 101.10 | |
| June | 103.85 | |
| September | 104.52 | |
| December | <u>109.82</u> | |
| | 419.29 | -419.29 |

Paid for Scholarship

992.00 -992.00

Book Value 12-31-13

16,969.81