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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- Under 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning , 2010, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ELKTON CEMETERY TRUST
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 1148
 City or town, state or country, and ZIP + 4
COLUMBIA TN 38402

D Employer identification number
58-1613541

E Telephone number
(931) 380-8328

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: ▶ **N/A**

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (13) ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **69,842.**

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	375.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	4,467.
5a	Gross amount from sale of assets other than inventory	5a	65,000.
b	Less: cost or other basis and sales expenses	5b	65,000.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.
6	Gaming and fundraising events		
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	4,842.
10	Grants and similar amounts paid (list in Schedule O)	10	2,800.
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	151.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	931.
17	Total expenses. Add lines 10 through 16	17	3,882.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	960.
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	130,975.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	131,935.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED MAY 03 2011

EXPENSES

ASSETS

RECEIVED

APR 18 2011

IRS-OSC

ORDEN UT

2010

Part V Other Information (Note the 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33		X

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		X
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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, explain in Schedule O why the organization did not report the income on Form 990-T**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

35b		X
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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		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.**b** Did the organization file **Form 1120-POL** for this year?

37b		X
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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		X
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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 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		
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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**d** Section 501(c)(3) and 501(c)(4) organizations 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		X
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41 List the states with which a copy of this return is filed

42a The organization's books are in care of FIRST FARMERS MERCHANT BANK Telephone no (931) 380-8328
 Located at P O BOX 1148 COLUMBIA TN ZIP + 4 38402

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)?

	Yes	No
42b		X

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 a Foreign Bank and Financial Accounts.****c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If 'Yes,' enter the name of the foreign country: **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

	Yes	No
44a		X

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

44c		X
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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		
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a 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 inst)

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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.'

(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 and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

☐ Yes ☐ No

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: <u>FIRST FARMERS & MERCHANTS BANK, April M. Bobb, Asst.</u>		Date: <u>4/11/2011</u>	
	Type or print name and title: <u>FIRST FARMERS & MERCHANTS BANK, Trustee by: April M. Bobb, Asst. Trust Officer</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	Douglas P Hart	<u>[Signature]</u>	<u>4/5/11</u>	
	Firm's name	OAKTREE TAX SERVICE		
	Firm's address	P O Box 894 MILFORD OH 45150-0894		
			Firm's EIN	Phone no

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

☐ Yes ☐ No

BAA

Form 990-EZ (2010)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

ELKTON CEMETERY TRUST

58-1613541

Schedule O (Form 990 or 990-EZ) 2010

DEC 31, 2010

P O R T F O L I O I N V E S T M E N T R E V I E W

360

ALPHA KEY ELKTONCEME

ELKTON CEMETERY TRUST

27 00 2328 0 01

PAGE 1

ACCT TYPE -CEMETERIES DATE OPENED-06/13/1991 FEE DUE -M-JUL FEE SCHED-02 RTN PWR-GENERAL INV POWERS-STAT INV OBJ-INCOME F
 BRANCH -00 CRITICAL DT-00/00/0000 FEE TYPE -DEDUCT TAXLOTS -YES OWN TIME DEP -N OWN TIME DEP -Y %
 OFFICER -R MULLEN PROXY OWNER-99187 OBO FEE PYMT -12/06/2010 TAX Y/E -DEC COM TRUST FND-N COM TRUST FND-N
 INV OFFICER-R MULLEN INV INCOME -YES FEE BASE SITUS -TN NON INC PROP -N NON INC PROP -N
 NO OF BENE -00 PRIN INVAS -NO FEE MIN TAX SV -YES REAL ESTATE -N REAL ESTATE -N
 ACCT STATUS-ACTIVE AUTO OVRDFT-NO FEE DISC MDB ELEC -NONE OWN STOCK -N OWN STOCK -N
 VOTING AUTH -SOLE STMT DUE -Q-DEC FEE DISC CASH SWEEP-YES BUSINESS INT -N BUSINESS INT -N
 INVEST DISC -FULL REVW DUE -A-JAN INF RPTG -APPLICABLE 1098 & 1099MISC(NONEMP COMP) ONLY

SECURITY NAME	SHARES OR PAR	RTNG	DISC	FINL INVT	INVESTMENT	INVENTORY	BASIS	ANNUAL	EST	CURR	CURR	%	ADJUSTED	UNIT	CURRENT	
					COST	BASIS		INCOME	ANNUAL	YLD	YLD	MKT	MKT VAL	MARKET	MARKET	
												VALUE	LAST YR	PRICE	VALUE	
CASH																
INCOME CASH					0.00							0.0				0.00
PRINCIPAL CASH					0.00							0.0				0.00
TOTAL CASH					0.00								0			0.00

***CASH EQUIVALENTS

MISC CASH EQUIV-TXBL

OTHER MISC CASH EQUIV-TXBL																
FED GOV OBLIG IC/INC	12,162.09			FULL	12,162.09	12,162		1	0.0	0.0	0.0	9.1	12,162	1.000*		12,162.09
FED GOV OBLIG IC/PR	35,373.28			FULL	35,373.28	35,373		4	0.0	0.0	0.0	26.6	35,373	1.000*		35,373.28
TOTAL OTHER MISC CASH EQUIV-TXBL					47,535.37	47,535		5	0.0	0.0	0.0	35.8	47,535			47,535.37
TOTAL MISC CASH EQUIV-TXBL					47,535.37	47,535		5	0.0	0.0	0.0	35.8	47,535			47,535.37
***TOTAL CASH EQUIVALENTS				***	47,535.37	47,535		5	0.0	0.0	0.0	35.8	47,535			47,535.37

***FIXED INCOME SECURITIES

U S. GOVT AGENCIES

FEDERAL HOME LN MTG CORP MTN																
MTNF 4.300% 2/03/11	15,000			AAA FULL	14,400.00	14,400		645	4.5	4.3	11.3	15,567	100.332			15,049.80
FEDERAL FARM CR BKS CONS																
DEB 3.625% 6/15/18	40,000			AAA FULL	40,000.00	40,000		1,450	3.6	3.6	30.2	40,000	100.457			40,182.80
FEDERAL NATL MTG ASSN																
NOTE 3.000% 11/10/15	10,000			AAA FULL	10,000.00	10,000		300	3.0	2.9	7.7	10,000	101.940			10,194.00
TOTAL U S GOVT AGENCIES					64,400.00	64,400		2,395	3.7	3.7	49.2	65,567				65,426.60

ALPHA KEY ELKTONCEME

ELKTON CEMETERY TRUST

27 00 2328 0 01

PAGE 2

SECURITY NAME	SHARES OR PAR	RTNG	DISC	FINL INVT	INVESTMENT	INVENTORY	BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT VAL	% MKT VAL	ADJUSTED LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
BANK CERTIF OF DEP														
COM SOUTH 1 95 7/27/11	20,000			FULL	20,000 00	20,000		390	2 0 2 0	20,000	15 0	20,000	100 000*	20,000 00
***TOTAL FIXED INCOME SECURITIES					84,400 00	84,400		2,785	3 3 3 3	85,567	64 2	85,567		85,426 60
SUB-TOTALS					131,935 37	131,935		2,790	2.1 2 1	100 0		133,102		132,961 97
ACCRUED INTEREST														376 59
EX-DIVIDENDS														0 00
GRAND TOTALS					131,935 37	131,935		2,790	2 1 2 1	100 0		133,102		133,338 56
INVESTMENT CONTROL	131,935 37			SHARES/PAR	CONTROL	132,535 37								
TAX YTD LONG TERM G/L	0 00			FEE PAID Y/T/D		930 94							133,059 00	
TAX YTD MID TERM G/L	0 00			LAST FEE PMT DATE		12/06/2010							0 00	
TAX YTD SHORT TERM G/L	0 00													

PRIOR Y/E MARKET VALUE CONTRIBUTIONS TO DATE

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

TRUSTEE FEES 931.

Total 931.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment EXEMPT CEMETERY CARE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EXEMPT	Business ☒ Person ☐ ELKTON CEMETERY PROSPECT ROAD ELKTON TN 38455	N/A	2,800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined