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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013

Open to Public Inspection

- ▶ 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.

Department of the Treasury
Internal Revenue Service

For the 2013 calendar year, or tax year beginning

, 2013, and ending

Check if applicable: Address change	C Name of organization ELKTON CEMETERY TRUST	D Employer identification number 58-1613541
Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number (931) 380-8328
Initial return	P O BOX 1148	
Terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ▶
Amended return	COLUMBIA TN 38402	
Application pending		
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)	
Website: ▶ N/A		
Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (13) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		
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. ▶ \$ **42,920.**

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	2,050.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	1,308.
5 a Gross amount from sale of assets other than inventory	5 a	40,000.
b Less cost or other basis and sales expenses	5 b	40,000.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	0.
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
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)	6 b	
c Less direct expenses from gaming and fundraising events	6 c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
7 a Gross sales of inventory, less returns and allowances	7 a	
b Less cost of goods sold	7 b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	-438.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	2,920.
10 Grants and similar amounts paid (list in Schedule O)	10	600.
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	194.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	994.
17 Total expenses. Add lines 10 through 16 ▶	17	1,788.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	1,132.
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	135,408.
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	136,540.

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

Form 990-EZ (2013)

ZONE

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 ☒

	Yes	No
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	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
35 a 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)?	35 a	X
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	35 b	X
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	35 c	X
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a 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?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a 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	40 b	
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.	40 e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>FIRST FARMERS MERCHANT BANK</u> Telephone no <u>(931) 380-8328</u> Located at <u>P O BOX 1148</u> <u>COLUMBIA</u> TN ZIP + 4 <u>38402</u>		
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)?	42 b	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 Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42 c	X
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		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
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	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b 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)	45 b	X

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		X

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 ☐

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

	Yes	No
47		
48		
49 a		
49 b		

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

49 a 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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
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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, Trust Officer</u>		Date <u>3/11/14</u>
	Type or print name and title <u>By: Charlie Plunkett, Trust Officer</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Douglas P Hart	<u>[Signature]</u>	
	Firm's name	Firm's EIN	
	Firm's address	Phone no	
OAKTREE TAX SERVICE		61-1394486	
P O BOX 894		774-8805	
MILFORD OH 45150			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ELKTON CEMETERY TRUST

Employer identification number

58-1613541

Pt V, Line 35b NO UNRELATED BUSINESS INCOME FOR THIS ORGANIZATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

ACTIVITY DESIGNATED TAXABLE PRIOR YEAR -438.

Total -438.

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 994.

Total 994.

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/13 - 12/31/13

ELKTON CEMETERY ASSN
C/O MR. LUCIAN MCCORMACK
505 PROSPECT ELKTON ROAD
PROSPECT TN 38477

Administrative Officer
Rick J Mullen
(931) 380-8256

Portfolio Summary

CASH EQUIV



FIXED INCOME

Value of Portfolio

Description	Market Value	% of Account
Cash Equiv	6,540.10	4.9%
Fixed Income	128,212.30	95.2%
Total Portfolio	\$ 134,752.40	100.0%
Accrued Income	663.78	
Total Valuation	\$ 135,416.18	

Market Reconciliation

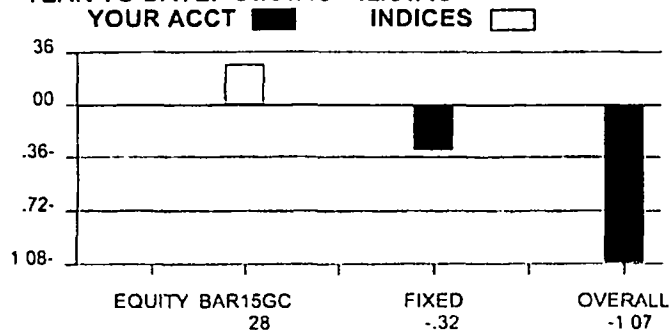
	Current Period	Year To Date
Beginning Market Value	\$ 135,632.14	\$ 135,632.14
Income		
Interest	1,306.77	1,306.77
Dividends.....	1.99	1.99
Contributions.....	2,050.00	2,050.00
Disbursements		
to/for Beneficiary..	-600.00	-600.00
Fees/Expenses.....	-1,187.69	-1,187.69
Realized Gains/(Losses).....	0.00	0.00
Change In Accrued Income	439.77	439.77
Change In Unrealized Gains/(Losses).....	-2,226.80	-2,226.80
Ending Market Value	\$ 135,416.18	\$ 135,416.18

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/13 - 12/31/13

Performance Summary
Total Rate of Return Time Weighted Net of Fees

YEAR TO DATE: 01/01/13 - 12/31/13



Your Account	Last Month	Last 3 Mths	Last 12 Mths
Equity	N/A	N/A	N/A
Fixed Income	-.83	-.34	-.32
Cash Equivalent	.00	.00	.01
Overall	-.85	-.52	-1.07
Market Indices			
Brclys 1-5 Gov Credit	-.40	.14	.28

Portfolio Investments

Asset Description	Units	Market Value Cost	Est. Annual Income Accruals	Current Yield
Cash Equivalents				
Principal Cash		0.00 0.00	0.00	0.00%
Income Cash		0.00 0.00	0.00	0.00%
Fed Government Obligation Ic Fd 805	6,138.590	6,138.59 6,138.59	0.00 0.05	0.01%
Fed Government Obligation Ic Fd 805 (Invested Income)	401.510	401.51 401.51	0.00	0.01%
Total Cash Equivalents		\$ 6,540.10 \$ 6,540.10	0.00 0.05	0.01%
Fixed Income				
FFCB 1.70% Due 11/26/2018 Federal Farm Credit Bank	20,000.000	19,778.40 20,000.00	340.00 33.53	1.72%
FHLMC 1.25% Due 06/27/2018	10,000.000	9,776.50 10,000.00	125.00 1.38	1.28%
FHLMC 1.750% Due 07/25/2018	40,000.000	39,880.80 40,000.00	700.00 408.33	1.76%
FNMA 1.75% Due 09/13/2019	30,000.000	28,850.10 30,000.00	525.00 157.49	1.82%

ELKTON CEMETERY

Account Number:
Statement Period:

47-0001-01-7
01/01/13 - 12/31/13

Portfolio Investments

Asset Description	Units	Market Value Cost	Est. Annual Income Accruals	Current Yield
FNMA 0.60% Due 08/25/2016	30,000.000	29,926.50 30,000.00	180.00 63.00	0.60%
Total Fixed Income		\$ 128,212.30 \$ 130,000.00	1,870.00 663.73	1.46%
Total Market Value		\$ 134,752.40 \$ 136,540.10	1,870.00 663.78	1.39%
Total Market Value Plus Accruals		\$ 135,416.18		

Income Activity

	Date	Income Cash	Principal Cash
Interest Income			
First Com Bk CD 1.79% 1/6/13 CD# 33322 Int to 01/06/13 on 30,000	01/07/13	45.62	
Federal Home Loan Banks Deb 2 000%12/27/16 Int to 06/27/13 on 40,000	06/27/13	400.00	
FHLMC 1 25% Due 06/27/2018 Int 06/27/13 to 12/27/13 on 10000	12/27/13	62.50	
FNMA 1.75% Due 09/13/2019 Int 09/13/12 to 03/13/13 on 30000 Int to 09/13/13 on 30,000	03/13/13 09/13/13	262.50 262.50	
FNMA 0.60% Due 08/25/2016 Int 02/25/13 to 08/25/13 on 30000	08/23/13	90.00	
TN Bank Tr CD 1% 11/2/2013 2010233 Int to 01/02/13 on 20,000 Int to 02/02/13 on 20,000 Int to 03/02/13 on 20,000 Int to 04/02/13 on 20,000 Int to 05/02/13 on 20,000 Int to 06/02/13 on 20,000 Int to 07/02/13 on 20,000 Int to 08/02/13 on 20,000 Int to 09/02/13 on 20,000 Int to 10/02/13 on 20,000 Int to 11/02/13 on 20,000	01/08/13 02/04/13 03/05/13 04/03/13 05/03/13 06/03/13 07/03/13 08/06/13 09/04/13 10/04/13 11/04/13	16.98 17.07 15.34 16.99 16.44 16.99 16.44 16.99 16.99 16.43 16.99	
Total Interest Income		\$ 1,306.77	\$ 0.00

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/13 - 12/31/13

Income Activity

	Date	Income Cash	Principal Cash
Dividend Income			
Fed Government Obligation Ic Fd 805			
Div to 12/31/12	01/02/13	0.10	
Div to 12/31/12	01/02/13	0.03	
Div to 01/31/13	02/04/13	0.10	
Div to 01/31/13	02/04/13	0.21	
Div to 02/28/13	03/01/13	0.09	
Div to 02/28/13	03/01/13	0.24	
Div to 03/31/13	04/01/13	0.10	
Div to 03/31/13	04/01/13	0.04	
Div to 04/30/13	05/01/13	0.10	
Div to 04/30/13	05/01/13	0.04	
Div to 05/31/13	06/03/13	0.01	
Div to 05/31/13	06/03/13	0.13	
Div to 06/30/13	07/01/13	0.17	
Div to 07/31/13	08/05/13	0.32	
Div to 08/31/13	09/03/13	0.05	
Div to 09/30/13	10/03/13	0.05	
Div to 10/31/13	11/05/13	0.05	
Div to 11/30/13	12/02/13	0.16	
Total Dividend Income		\$ 1.99	\$ 0.00
Total Income		\$ 1,308.76	\$ 0.00

Additions

	Date	Income Cash	Principal Cash
Deposit to Account-Prin. Addition	01/17/13		2,000.00
Received Check - Lloyd Marks			
Deposit to Account-Prin. Addition	04/15/13		50.00
Received Check - William Brown Ezell			
for A G Ezell Lots 21 & 23			
Total Additions		\$ 0.00	\$ 2,050.00

ELKTON CEMETERY

Account Number:
Statement Period:

47-0001-01-7
01/01/13 - 12/31/13

Disbursement Activity			
	Date	Income Cash	Principal Cash
to/for Beneficiary			
Elkton Cemetery Assn Requested Distribution Annual Distribution for Maintance	06/25/13	-600.00	
Total to/for Beneficiary		\$ -600.00	\$ 0.00
Fees/Expenses			
Monthly Fee to 12/31/12	01/11/13	-79.11	
Monthly Fee to 01/31/13	02/11/13	-79.63	
Monthly Fee to 02/28/13	03/11/13	-91.43	
Monthly Fee to 03/31/13	04/11/13	-80.23	
Monthly Fee to 04/30/13	05/10/13	-80.32	
Payment of Tax Preparation Fee to Tps	05/14/13	-193.59	
Monthly Fee to 05/31/13	06/11/13	-80.42	
Monthly Fee to 06/30/13	07/11/13	-87.05	
Monthly Fee to 07/31/13	08/09/13	-97 05	
Monthly Fee to 08/31/13	09/11/13	-79 01	
Monthly Fee to 09/30/13	10/11/13	-78 81	
Monthly Fee to 10/31/13	11/11/13	-79.49	
Monthly Fee to 11/30/13	12/11/13	-81.55	
Total Fees/Expenses		\$ -1,187.69	\$ 0.00
Cash Transfers			
Transfer From Income to Principal	05/02/13	-11,000 00	11,000 00
Total Cash Transfers		\$ -11,000.00	\$ 11,000.00
Total Disbursements		\$ -12,787.69	\$ 11,000.00



ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/13 - 12/31/13

Purchase Activity			
	Date	Income Cash	Principal Cash
FFCB 1.70% Due 11/26/2018 Federal Farm Credit Bank Purchased 20000 11/21/13 @ 100	11/26/13		-20,000.00
FHLMC 1.250% Due 06/27/2018 Freddie Mac Purchased 10000 05/31/13 @ 100	06/27/13		-10,000.00
FHLMC 1.750% Due 07/25/2018 Purchased 40000 06/28/13 @ 100	07/25/13		-40,000.00
FNMA 0.600% Due 08/25/2016 Purchased 30000 02/07/13 @ 100	02/25/13		-30,000.00
Fed Government Obligation Ic Fd 805 Purchases (35) 01/01/13 to 12/31/13	12/31/13	-1,308.76	-93,050.00
Total Purchases		\$ -1,308.76	\$ -193,050.00

Sale Activity			
	Date	Proceeds	Realized Gain/Loss
First Com Bk CD 1.79% 1/6/13 CD# 33322 Recd Proceeds on Maturity of 30,000 Par Value	01/10/13	30,000.00	
Federal Home Loan Banks Deb 2.000% 12/27/16 Recd Proceeds on Full Call of 40,000 Par Value	06/27/13	40,000.00	
Fed Government Obligation Ic Fd 805 Sales (18) 01/01/13 to 12/31/13	12/31/13	102,787.69	
TN Bank Tr CD 1% 11/2/2013 2010233 Recd Proceeds on Maturity of 20,000 Par Value	11/06/13	20,000.00	
Total Sales		\$ 192,787.69	\$ 0.00

MARKET VALUATIONS ON THIS STATEMENT HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, BUT WE DO NOT GUARANTEE THEIR ACCURACY