See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

► **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.***

OMB No. 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
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) ►

I Website: ► N/A

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (13) ◄(insert no) ☐ 4947(a)(1) or ☐ 527

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

K 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 . . . . . ► $ 66,829.

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 . . . . . ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	24,804.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,025.
	5a	Gross amount from sale of assets other than inventory	5a 40,000.		
	b	Less: cost or other basis and sales expenses	5b 40,000.		
	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	26,829.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) See L-10 Stmt		10	917.
	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	211.
	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	1,128.
	17	**Total expenses.** Add lines 10 through 16		17	2,256.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24,573.
	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	136,540.
	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	161,113.

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	136,540.	22	161,113.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	**Total assets**	136,540.	25	161,113.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	136,540.	27	161,113.

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 III ☐

What is the organization's primary exempt purpose? CEMETERY CARE

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; optional for others.)

28 ELKTON CEMETERY
ELKTON TENNESSEE
(Grants $ 917.) If this amount includes foreign grants, check here ► ☐ 28a 917.

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 (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 917.

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
FIRST FARMERS MERCHANTS TRUSTEE	1.00	1,128.	0.	0.

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 X

			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
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		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	35b		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	35c		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
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
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
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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
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

			Yes	No
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: ►	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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		X

			Yes	No
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		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
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

		Yes	No
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	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 ☐

		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.'

(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 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 — Date: 4/21/15

First Farmers & Merchants Bank, Trustee
By: Charlie Plunkett, Trust Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Douglas P Hart				P00241831

Firm's name ► OAKTREE TAX SERVICE
Firm's address ► P O BOX 894
MILFORD OH 45150
Firm's EIN ► 61-1394486
Phone no (513) 774-8805

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
	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.	2014
Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	Open to Public Inspection

Name of the organization	Employer identification number
ELKTON CEMETERY TRUST	58-1613541

Pt V, Line 35b FORM 990EZ FILED

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	1,128.
Total	1,128.

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 . . . . . BENEFICIARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
PAYMENT	Business . . . [X] Person . . . . . [ ] ELKTON CEMETARY PO BOX 1148 ELKTON TN 38402	BENEFICIARY	917.

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

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

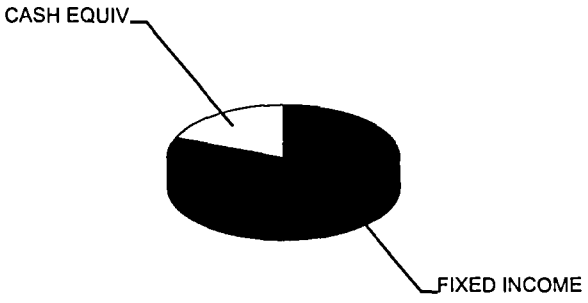
ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

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

Administrative Officer
Lucas W Burt
(931) 380-8213

Portfolio Summary



Value of Portfolio

Description	Market Value	% of Account
Cash Equiv	31,113.33	19.4%
Fixed Income	129,677.90	80.7%
Total Portfolio	**$ 160,791.23**	**100.0%**
Accrued Income	294.72	
Total Valuation	**$ 161,085.95**	

Market Reconcilement

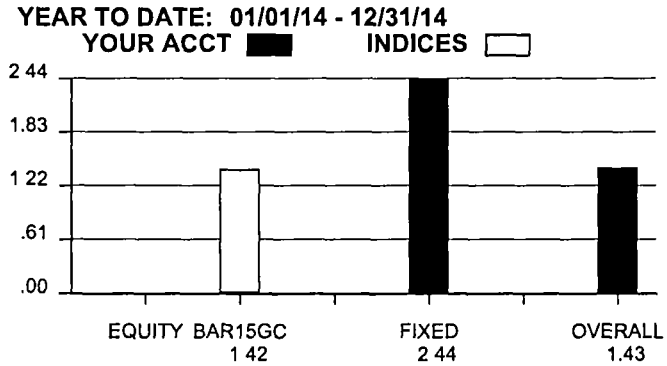
	Current Period	Year To Date
Beginning Market Value	**$ 135,416.18**	**$ 135,416.18**
Income		
Interest	2,023.76	2,023.76
Dividends	1.31	1.31
Contributions	24,804.24	24,804.24
Disbursements		
to/for Beneficiary	-916.58	-916.58
Fees/Expenses	-1,339.50	-1,339.50
Realized Gains/(Losses)	0.00	0.00
Change In Accrued Income	-369.06	-369.06
Change In Unrealized Gains/(Losses)	1,465.60	1,465.60
Ending Market Value	**$ 161,085.95**	**$ 161,085.95**

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

Performance Summary
Total Rate of Return Time Weighted Net of Fees



Your Account	Last Month	Last 3 Mths	Last 12 Mths
Equity	N/A	N/A	N/A
Fixed Income	-.18	.46	2.44
Cash Equivalent	.00	.00	.01
Overall	-.21	.17	1.43
Market Indices			
Brclys 1-5 Gov Credit	-.35	.41	1.42

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	30,942.830	30,942.83 30,942.83	3.00 0.26	0.01%
Fed Government Obligation Ic Fd 805 (Invested Income)	170.500	170.50 170.50	0.00	0.01%
Total Cash Equivalents		**$ 31,113.33** **$ 31,113.33**	**3.00** **0.26**	**0.01%**
Fixed Income				
FFCB 1.70% Due 11/26/2018 Federal Farm Credit Bank	20,000.000	20,002.80 20,000.00	340.00 33.53	1.70%
FHLMC 1.25% Due 06/27/2018	10,000.000	9,928.30 10,000.00	125.00 1.38	1.26%
FNMA 1.75% Due 09/13/2019	30,000.000	30,241.80 30,000.00	525.00 157.49	1.74%
FNMA 0.60% Due 08/25/2016	30,000.000	29,830.20 30,000.00	180.00 63.00	0.60%

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

Portfolio Investments

Asset Description	Units	Market Value Cost	Est. Annual Income Accruals	Current Yield
Medallion Bank Utah Dtd 08/01/14 1.150% Due 08/01/2017	40,000.000	39,674.80 40,000.00	460.00 39.06	1.16%
Total Fixed Income		**$ 129,677.90** **$ 130,000.00**	**1,630.00** **294.46**	**1.26%**
Total Market Value		**$ 160,791.23** **$ 161,113.33**	**1,633.00** **294.72**	**1.02%**
Total Market Value Plus Accruals		**$ 161,085.95**		

Income Activity

	Date	Income Cash	Principal Cash
Interest Income			
FFCB 1.70% Due 11/26/2018 Federal Farm Credit Bank			
Int 11/26/13 to 05/26/14 on 20000	05/23/14	170.00	
Int to 11/26/14 on 20,000	11/26/14	170.00	
FHLMC 1.25% Due 06/27/2018			
Int to 06/27/14 on 10,000	06/27/14	62.50	
Int to 12/27/14 on 10,000	12/26/14	62.50	
FHLMC 1.750% Due 07/25/2018			
Int 07/25/13 to 01/25/14 on 40000	01/24/14	350.00	
Int to 07/25/14 on 40,000	07/25/14	350.00	
FNMA 1.75% Due 09/13/2019			
Int to 03/13/14 on 30,000	03/13/14	262.50	
Int to 09/13/14 on 30,000	09/12/14	262.50	
FNMA 0.60% Due 08/25/2016			
Int to 02/25/14 on 30,000	02/25/14	90.00	
Int to 08/25/14 on 30,000	08/25/14	90.00	
Medallion Bank Utah Dtd 08/01/14 1.150% Due 08/01/2017			
Int 08/01/14 to 09/01/14 on 40000	09/02/14	39.07	
Int to 10/01/14 on 40,000	10/01/14	37.81	
Int to 11/01/14 on 40,000	11/03/14	39.07	
Int to 12/01/14 on 40,000	12/01/14	37.81	
Total Interest Income		**$ 2,023.76**	**$ 0.00**

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

Income Activity

	Date	Income Cash	Principal Cash
Dividend Income			
Fed Government Obligation Ic Fd 805			
Div to 12/31/13	01/02/14	0.05	
Div to 01/31/14	02/03/14	0.05	
Div to 02/28/14	03/04/14	0.05	
Div to 03/31/14	04/02/14	0.05	
Div to 04/30/14	05/01/14	0.05	
Div to 05/31/14	06/02/14	0.05	
Div to 06/30/14	07/01/14	0.05	
Div to 07/31/14	08/01/14	0.13	
Div to 08/31/14	09/03/14	0.05	
Div to 09/30/14	10/01/14	0.01	
Div to 09/30/14	10/01/14	0.23	
Div to 10/31/14	11/03/14	0.01	
Div to 10/31/14	11/03/14	0.26	
Div to 11/30/14	12/01/14	0.01	
Div to 11/30/14	12/01/14	0.26	
Total Dividend Income		**$ 1.31**	**$ 0.00**
Total Income		**$ 2,025.07**	**$ 0.00**

Additions

	Date	Income Cash	Principal Cash
Deposit to Account-Prin. Addition	09/04/14		24,804.24
Total Additions		**$ 0.00**	**$ 24,804.24**

Disbursement Activity

	Date	Income Cash	Principal Cash
to/for Beneficiary			
Elkton Cemetery Assn Requested Distribution Annual Distribution for Maintance	01/17/14	-300.00	
Elkton Cemetery Assn Requested Distribution Annual Distribution for Maintance 2014	12/19/14	-616.58	
Total to/for Beneficiary		**$ -916.58**	**$ 0.00**

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

Disbursement Activity

	Date	Income Cash	Principal Cash
Fees/Expenses			
Monthly Fee to 12/31/13	01/10/14	-79.33	
Monthly Fee to 01/31/14	02/11/14	-90.52	
Monthly Fee to 02/28/14	03/11/14	-91.02	
Monthly Fee to 03/31/14	04/11/14	-90.95	
Payment of Tax Preparation Fee	05/02/14	-210.80	
Monthly Fee to 04/30/14	05/09/14	-91.11	
Monthly Fee to 05/31/14	06/11/14	-91.11	
Monthly Fee to 06/30/14	07/11/14	-90.96	
Monthly Fee to 07/31/14	08/11/14	-91.02	
Monthly Fee to 08/31/14	09/11/14	-91.04	
Monthly Fee to 09/30/14	10/10/14	-105.82	
Monthly Fee to 10/31/14	11/11/14	-107.92	
Monthly Fee to 11/30/14	12/11/14	-107.90	
Total Fees/Expenses		**$ -1,339.50**	**$ 0.00**
Total Disbursements		**$ -2,256.08**	**$ 0.00**

Purchase Activity

	Date	Income Cash	Principal Cash
Medallion Bank Utah Dtd 08/01/14 1.150% Due 08/01/2017 Purchased 40000 07/29/14 @ 100	08/01/14		-40,000.00
Fed Government Obligation Ic Fd 805 Purchases (28) 01/01/14 to 12/31/14	12/31/14	-2,025.07	-64,804.24
Total Purchases		**$ -2,025.07**	**$ -104,804.24**

FIRST FARMERS.
TRUST & FINANCIAL MANAGEMENT

ELKTON CEMETERY

Account Number: 47-0001-01-7
Statement Period: 01/01/14 - 12/31/14

Sale Activity

	Date	Proceeds	Realized Gain/Loss
FHLMC 1.750% Due 07/25/2018 Recd Proceeds on Pre-Refund of 40,000 Par Value	07/25/14	40,000.00	
Fed Government Obligation Ic Fd 805 Sales (16) 01/01/14 to 12/31/14	12/31/14	42,256.08	
Total Sales		**$ 82,256.08**	**$ 0.00**

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