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Form **990-EZ**

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

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

2014

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

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending, Accounting Method: Website: required to attach Schedule B

C Name of organization: **Flatwoods Cemetery Perpetual Care Fund**

D Employer identification number: **63-1146682**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite **E** Telephone number
205-822-6841

City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Number if the organization is not
3324 Pembroke Lane, Hoover, AL 35226 Number **63-1146682**

Cash Accrual Other (specify)

J Tax-exempt status (check only one) 501(c)(3) 501(c) (1-3) (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

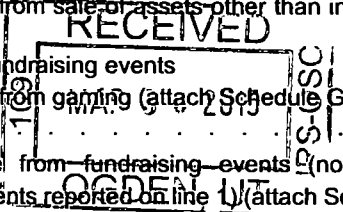
K Form of organization: Corporation Trust Association Other

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 \$

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	Description	Amount	Code
1	Contributions, gifts, grants, and similar amounts received	2,385	1
2	Program service revenue including government fees and contracts	0	2
3	Membership dues and assessments	0	3
4	Investment income	0	4
5a	Gross amount from sale of assets other than inventory Less: cost	0	5a
5b	or other basis and sales expenses	0	5b
6a	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	2,164	6a
6b	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000)	0	6b
6c	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0	6c
7a	Net income or (loss) from gaming and fundraising events (add lines 6b and 6c)	0	7a
7b	Gross sales of inventory, less returns and allowances	0	7b
7c	Less: cost of goods sold	0	7c
7d	Gross profit or (loss) from sales of inventory (Subtract line 7c from line 7b)	0	7d
7e	Other revenue (describe in Schedule O) Total revenue. 7a	0	7e
8	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	4,549	8
9		91,978.20	9

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✓

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11		11	0
	12	paid to or for members	12	0
	13		13	0
	14	Salaries, other compensation, and employee benefits	14	1,950
	15		15	0
	16	Professional fees and other payments to independent contractors	16	0
	17	Occupancy, rent, utilities, and maintenance	17	0
		Printing, publications, postage, and shipping	17	0
		Other expenses (describe in Schedule O)	17	1,950
	Total expenses. Add lines 10 through 16		2,599	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,599
	19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	0
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,599

For Paperwork Reduction Act Notice, see the separate instructions.

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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	22	105,270	107,869
23	Land and buildings	23	0	0
24	Other assets (describe in Schedule O)	24	0	0
25	Total assets	25	105,270	107,869
26	Total liabilities (describe in Schedule O)	26	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	105,270	107,869

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

Expenses

What is the organization's primary exempt purpose? mow the cemetery (501(c)(3) Required for section and 501(c)(4)

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

28	The sole purpose of the perpetual care trust fund is to mow the grass 7 times per year for the benefit of some 200 community members	28a	1,950
29	(Grants \$) If this amount includes foreign grants, check here	29a	
30	(Grants \$) If this amount includes foreign grants, check here	30a	
31	(Grants \$) If this amount includes foreign grants, check here	31	

(Grants \$

) If this amount includes foreign grants, check here

31a

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

32

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
Will Deffenbaugh 3324 Pembroke Lane, Hoover, AL 35226	chairman AL	0	0	0
Darlene Edgil, Bank of Parrish, Parrish, AL	treasurer	0	0	0
Sherry Conner 956 Bonner Rd., Berry, AL	secretary	0	0	0
Liz Gurganus 273 Gurganus Loop, Berry, AL	board member	0	0	0
Irene Bailey Handley 45 Handley Dr., Berry, AL	board member	0	0	0
Paulene Smallwood 22679 Hwy 69 N., Berry, AL	board member	0	0	0
Myron Handley Earnest Road, Berry, AL	board member	0	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

	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		✓
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**

NO
NONE
NO
NO

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

NONE

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**

NO

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

NONE

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

NONE

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

NO
40e

41 List the states with which a copy of this return is filed

ALABAMA

42a The organization's books are in care of Will Deffenbaugh

Telephone no. 205-822-6841

Located at 3324 Pembroke Lane, Hoover, AL

ZIP + 4 35226

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over **Yes** **No** a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

NO

If "Yes," enter the name of the foreign country.

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.? **42c** If "Yes," enter the name of the foreign country:

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 b** Did the organization operate one or more

Yes **No**

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?

NO

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**

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

NO
NO

Form 990-EZ (see instructions) **45b**

	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	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?	48	<input checked="" type="checkbox"/>
	49a	<input checked="" type="checkbox"/>
	49b	<input type="checkbox"/>

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
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
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

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 *Willis M. Deffenbaugh* Date *Feb. 7, 2014*

Type or print name and title Willis M. Deffenbaugh, Chairman

Paid

Print/Type preparer's name Preparer's signature Date Check if PTIN

Preparer

self-employed

Use Only

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