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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



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Name carrigge PIKE COUNTY FARMERS FEDERATION 100	B						D Employer	dentification number		
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Position	<u> </u>	1	Number and street (or P O, box, if mail is not delivered to street address)		Room/suite		E Telephone	Telephone number		
Amended return	⊢	ł	1				(334)	566-2700		
Approximate pending PROY AL 36081 Number	 		City or town, state or province, country, and 7IP or foreign postal code							
Website: N/A		1	.	IF G						
Tax-exempl status (check only one)	G	Accou	ınting Method X Cash Accrual Other (specify) ►							
K Form of organization: Si Corporation Trust Association Other 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 (8) below) are \$500,000 or more, (file Form 990) etc. \$3	ı	Webs								
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total sessets (Part II, column (8) below) are \$50,000 or more, file Form \$90 instead of Form \$90-EZ. \$41,196. Reverue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I Christians of Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I Christians or Christians or Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I Christians or Christians or Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I Christians or Ch	J	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) (5) ◄(insert no)	4947(a)(1) (or 527	(Form	990, 990-EZ	Z, or 990-PF). ————————————————————————————————————		
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Form 990-EZ (2014) PIKE COUNTY FARMERS FEDERATION 23-7016043 Page 2									
PartIII Balance Sheets (see the instructions for Part II)									
	Check if the organization used Schedule O to respond to any question in this Part II								
22	Cash, savings, and investments				\neg				
22 23	Land and buildings		· · · · · · · · · · · · · · · · · · ·	171,577	-	167,322.			
24	Other assets (describe in Schedule O)		· · · · · · · · · ·	0		<u> </u>			
24 25	Total assets			171 577		0.			
	Total liabilities (describe in Schedule O)			171,577	` 	167,322.			
26	Net assets or fund balances (line 27 of c			0	-	0.			
27				171,577	. 27	167,322.			
Par	Statement of Program Service A	ccomplishments (see the ins	structions for Part III)			Expenses			
Milhot	Check if the organization used School is the organization's primary exempt purpose? HE		suon in this Part III	<u></u>		uired for section 501			
Dosc	is the organization's principle the purpose. HE	omplishments for each of its th	ree largest program ser	VICES AS	organ	and 501(c)(4)			
meas	mbe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	nanner, describe the services i	provided, the number of	persons		hers.)			
		n program title.			<u> </u>				
28	N/A								
			_						
	(Grants \$ 0.) If the	s amount includes foreign grai	its, check here		28 a	0.			
29									
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	(Grants \$) If the	s amount includes foreign grai	nts, check here		29 a				
30									
									
	(Grants \$) If thi	s amount includes foreign grai	nts, check here		30 a				
31									
	(Grants \$) If the	s amount includes foreign grai	nts, check here		31 a				
32	Total program service expenses (add lin	es 28a through 31a)		<u>.</u> ►	32	0.			
Pai	₩ List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one ev	en if not compensated -	- see th	ne instructions for Part IV)			
	Check if the organization used School	edule O to respond to any que	stion in this Part IV	<u> </u>		<u> </u>			
		(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo	s, ivee	(e) Estimated amount of			
	(a) Name and title	week devoted to position	(If not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation			
701									
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PRE FRA VIO STE	ESIDENT ANK TALBOT CE PRES EVE STROUD C/TREAS	10.00	0.		0.	0.			

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	Did the organization engage in any significant activity not previously reported to the IRS?	<u> </u>	Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		x
34				
	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		
	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		<u> </u>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		_
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	,	Х
36				
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.	37 b	**	
	b Did the organization file Form 1120-POL for this year? · · · · · · · · · · · · · · · · · · ·	3/0	4	X
30	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
- 1	b If 'Yes,' complete Schedule L, Part II and enter the total		reg df	1.0
20	amount involved	3 %	4 4	* 1
	Section 501(c)(7) organizations. Enter:	* * *	rg, a	4 1 ~ 3 5
	b Gross receipts, included on line 9, for public use of club facilities	y - y ½	ومفتحة	-4·0
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		1m	
40	section 4911	∰ం త్≎	in a grad	\$ -3 E
1	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess		0)100	
	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	3-246	2
(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 ▶		= \$=	\$ T
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	195	· mile	
	by the organization	ئى ئەرلاش	- 4	
	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		Х
41	List the states with which a copy of this return is filed	406	_	1
42	a The organization's			
	books are in care of STEVE STROUD Telephone no (334)	<u> 566</u>	-270	0
	Located at 1208 S BRUNDIDGE ST TROY AL ZIP+4 36081		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)?	42 b	162	
	If 'Yes,' enter the name of the foreign country	420		X
	Too, one we have a decision occur.	6.4	at veil	2 1
		- 1		
		*	s j	
	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		Х
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt chantable 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			
			Yes	No
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	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	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	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 · · · · · · · · · · · · · · · · · ·	3 1	ž	لئا
A F	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d 45 a	<u> </u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	734		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

· 00))	DIVID CONTROL				22.70	11.6042	_) 4
Form 98	90-EZ (2014)	PIKE COUNTY	FARMERS	FEDERATION		23-70	16043		Page 4
46 Di	id the organiz	ration angage, directly	v or indirectly	un political campaign a	ctivities on behalf of or in	apposition to		Yes	No
					· · · · · · · · · · · · · · · · · · ·		46		Х
Penil	Section All sec	on 501(c)(3) orga	anizations	only	estions 47-49b and 5				<u></u>
	Check I	f the organization use	ed Schedule	O to respond to any que	estion in this Part VI		<u> </u>		$\cdot \square$
47 Di	id the organiz	ation engage in lobb	ying activities	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	[47	Yes	No
	•						<u> </u>	+-	X
					es,' complete Schedule E				X
					ated organization?			+	X
50 C	omplete this t	able for the organiza	tion's five hig	hest compensated emp	loyees (other than officer om the organization. If the	s, directors, trustees ar	nd key		
	(a) Name a	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) Estimate other con	ed amoun npensatio	
NA NA				0.00	0.	0			0.
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				-					
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	_					Ì	1		
				<u></u>	<u> </u>	l			
		of other employees parable for the organization the organization			pendent contractors who	each received more th	an \$100,000	of	
	(a) Name an	d business address of each	independent con	tractor	(b) Type	of service	(c) Con	npensatio	
NONE							+		
		-							
		_ 			 		+		
			· 	-					
	otal number o	of other independent	contractors e	ach receiving over \$100),000				
52 D	old the organiz	•	dule A? Not e	e. All section 501(c)(3) o	rganizations must attach		► ∏ _{Ye}		No
					s and statements, and to the best ch preparer has any knowledge				====
true, corre	ect, and complete	Declaration of preparer (ou	er than officer) is	based on all information of whi	ch preparer has any knowledge				
Sic-	Signa	ture of officer	<u></u>			03/10/15 Date			
Sign Here	C TP I	EVE STROUD				SEC/TREAS			
		or print name and title		· · · · · · · · · · · · · · · · · · ·		OBC/ IVEWS			
	Print/Type	preparer's name		Preparer's signature	Date	Check X If	PTIN		
Do: J	BILL	BRUNSON		BILL BRUNSON	_ 03/11/1		P010761	56	
Paid Prepar			ACCOUNT						
Use Or						Firm's ElN	63-123	9014	
		NEW BROO	KTON		AL36351	Phone no (3	34) 894-	-0012	2

SCHEDULĖ O (Form 990 or 990-EZ)

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PIKE COUNTY FARMERS FEDERATION

Employer Identification number

23-7016043

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)	
ACCOUNTING	350.
BUILDING & GROUNDS	9,175.
COMMITTEES	4,266.
CONFERENCES & TRAVEL	12,697.
COUNTY SECRETARY	2,400.
LOCAL MEETINGS	2,656.
NON-BUDGETED & MISC	907.
ORGANIZATIONAL SUPPORT	7,815.
POSTAGE, SUPPLIES, & BANK FEES	305.
PROMOTION & ADVERTISING	800.
STATE EXPENSES	4,080.
Total	45,451.