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Form **990****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-0047

2005Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning Sep 1, 2005, and ending Aug 31, 2006

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

C Name of organization
FEDERATION (F) SOUTHERN COOPERATIVES
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2769 CHURCH STREET
 City, town or county State ZIP code + 4
EAST POINT GA 30344

D Employer identification number
58-1026695

E Telephone number
(404) 765-0991

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Web site: N/A

J Organization type (check only one) ☒ 501(c) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,656,657.

M If not applicable to section 527 organizations:
 H(a) Is this a group return for affiliates? ☐ Yes ☒ No
 H(b) If "Yes," enter number of affiliates _____
 H(c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
 I Group Exemption Number _____
 N Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:		
a Direct public support	1a	542,877.
b Indirect public support	1b	
c Government contributions (grants)	1c	2,653,541.
d Total (add lines 1a through 1c) <u>\$ 3,196,418.</u> nonexempt <u>\$</u>	1d	3,196,418.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	389,523.
3 Membership dues and assessments	3	4,725.
4 Interest on savings and temporary cash investments	4	59,065.
5 Dividends and interest from securities	5	596.
6a Gross rents	6a	6,330.
b Less: rental expenses	6b	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	6,330.
7 Other investment income (describe _____)	7	
8a Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other 8a
b Less: cost or other basis and sales expenses	8b	
c Gain or (loss) (attach schedule)	8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐		
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b Less: direct expenses other than fundraising expenses	9b	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a Gross sales of inventory, less returns and allowances	10a	
b Less: cost of goods sold	10b	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,656,657.
13 Program services (from line 44, column (3))	13	2,305,964.
14 Management and general (from line 44, column (C))	14	1,593,707.
15 Fundraising (from line 44, column (D))	15	38,766.
16 Payments to affiliates (attach schedule)	16	
17 Total expenses (add lines 16 and 44, column (A))	17	3,938,437.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-281,780.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	974,539.
20 Other changes in net assets or fund balances (attach explanation)	20	-56,246.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	636,513.

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

TSSA0101 02/03/06

Form 990 (2005)

Form 990 (2005) **FEDERATION OF SOUTHERN COOPERATIVES**

58-1026695

Page 2

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8c, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (all sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (all sch)				
24 Benefits paid to or for members (all sch)				
25 Compensation of officers, directors, etc.	160,000.	113,600.	46,400.	0.
26 Other salaries and wages	1,181,638.	845,002.	336,636.	0.
27 Pension plan contributions				
28 Other employee benefits	14,969.	14,837.	132.	0.
29 Payroll taxes	108,273.	78,141.	30,132.	0.
30 Professional fundraising fees				
31 Accounting fees	29,000.	0.	29,000.	0.
32 Legal fees	1,100.	0.	1,100.	0.
33 Supplies	78,910.	41,310.	37,600.	0.
34 Telephone	46,541.	28,351.	17,557.	633.
35 Postage and shipping	22,628.	9,233.	12,823.	572.
36 Occupancy	54,856.	47,139.	7,419.	298.
37 Equipment rental and maintenance	16,176.	1,655.	14,521.	0.
38 Printing and publications	42,539.	34,866.	5,368.	2,305.
39 Travel	246,290.	143,607.	101,579.	1,104.
40 Conferences, conventions, and meetings	200.	50.	150.	0.
41 Interest	496,003.	0.	496,003.	0.
42 Depreciation, depletion, etc (attach schedule)	71,258.	0.	71,258.	0.
43 Other expenses not covered above (itemize):				
a GROUP INSURANCE	280,321.	201,617.	79,704.	0.
b CONSULTING SERVICES	150,137.	93,638.	48,502.	7,997.
c DATA PROCESS. SERV.	9,739.	4,089.	5,650.	0.
d FOOD PREP.	56,493.	21,660.	8,976.	25,857.
e SUBSCRIPTIONS/PUBLICATIONS	1,180.	0.	1,140.	0.
f TAXES & LICENSES	10,042.	0.	10,042.	0.
g See Other Expenses Stmt	860,144.	527,129.	233,015.	0.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 18 - 15)	3,938,437.	2,305,964.	1,593,707.	38,766.

Joint Costs. Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services

\$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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Form 990 (2005)

Form 990 (2005) FEDERATION OF SOUTHERN COOPERATIVES

58-1026695

Page 3

Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? *

ASSISTING NEEDY FARMER!!

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts. Not
optional for others.

*** ORGANIZATION ASSISTS AND TRAINS FARMERS IN MARKETING OF
PRODUCTS AND MANAGING THEIR FINANCES. ALSO, SUPPORTING
NEEDY FARMERS AND KEEPING THEM AHEAD OF NEW TECHNOLOGY.**

(Grants and allocations \$ 1,545) If this amount includes foreign grants, check here ☐

2,305,964.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

* Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (E), Program services)

2,305,964.

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Form 990 (2005)

Form 990 (2005) FEDERATION OF SOUTHERN COOPERATIVES

98-1026695

Page 4

Balance Sheets (See Instructions)**Notes:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
45	Cash — non-interest-bearing	23,530.	28,234.
46	Savings and temporary cash investments	1,329,417.	1,377,731.
47a	Accounts receivable		
47b	Less: allowance for doubtful accounts		
48a	Pledges receivable		
48b	Less: allowance for doubtful accounts	11,750.	
49	Grants receivable	1,325,462.	782,235.
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	24,655.	39,004.
51a	Other notes & loans receivable (attach sch)	70,000.	
51b	Less: allowance for doubtful accounts	77,165.	70,000.
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges	33,950.	31,079.
54	Investments — securities (attach schedule) . L-54 Stmt ☐ Cost ☐ FMV	70,004.	148,952.
55a	Investments — land, buildings, & equipment: basis		
55b	Less: accumulated depreciation (attach schedule)		
56	Investments — other (attach schedule)		
57a	Land, buildings, and equipment: basis	1,891,815.	
57b	Less: accumulated depreciation (attach schedule)	1,198,163.	693,652.
58	Other assets (describe — See Line 58 Stmt)		
59	Total assets (must equal line 74). Add lines 45 through 58	3,500,853.	3,170,897.
60	Accounts payable and accrued expenses	458,862.	493,668.
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
64b	Mortgages and other notes payable (attach schedule)	1,431,939.	1,538,780.
65	Other liabilities (describe — See Line 65 Stmt)	635,513.	501,936.
66	Total liabilities . Add lines 60 through 65	2,526,314.	2,534,384.
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	-1,820,642.	-2,760,828.
68	Temporarily restricted	965,765.	1,567,925.
69	Permanently restricted	1,829,416.	1,829,416.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	974,539.	636,513.
74	Total liabilities and net assets/fund balances . Add lines 66 and 73	3,500,853.	3,170,897.

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Form 990 (2005)

Form 990 (2005) **FEDERATION OF SOUTHERN COOPERATIVES**

58-1026695

Page 5

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,721,880.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1 65,223.		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	65,223.
c	Subtract line b from line a		c	3,656,657.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 5b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	3,656,657.

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,938,437.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	3,938,437.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 5b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	3,938,437.

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated. (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
RALPH PAIGE 329 RED OAK LANE PINE MOUNTAIN, GA 31822	EXECUTIVE DIR 40	90,000.	0.	0.
LINDA CAVITT 2769 CHURCH ST. EAST POINT, GA 30344	VP FINANCE 40	70,000.	0.	0.
SEE ATTACHED LIST	AS NEEDED 3	0.	0.	0.

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TEEA0108 10/17/05

Form 990 (2005)

Form 990 (2005) **FEDERATION OF SOUTHERN COOPERATIVES**

58-1026695

Page 7

Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0		
b	501(c)(3) and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
90 a	List the states with which a copy of this return is filed	GEORGIA AND WASHINGTON, D.C.	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	39	
91 a	The books are in care of Linda Cavitt Telephone: number (404) 765-0991 Located at 2769 Church Street, East Point GA ZIP + 4 30344		
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		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

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Form 990 (2005)

Form 990 (2005) FEDERATION OF SOUTHERN COOPERATIVES

58-1026695

Page 8

Analysis of Income-Producing Activities (See the instructions.)

Notes: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded b/ section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CATERING INCOME					9,507.
b MANAGEMENT FEES					207,015.
c REGIST. FEES					15,226.
d TIMBER INCOME					5,379.
e See Program Service Revenue Stmt					152,396.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					4,725.
95 Interest on savings & temporary cash investments			4	59,065.	
96 Dividends & interest from securities			4	596.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			6	6,330.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				65,991.	394,248.
105 Total (add line 104, columns (B), (D), and (E))					460,239.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 INCOME GENERATED FROM THE ABOVE ACTIVITIES HELP IN MARKETING EFFORTS
 94 DESIGNED TO INFORM FARMERS OF THE PROGRAMS PROVIDED BY THE
 100 ORGANIZATION. THE INCOME ALSO HELPS DEFRAY THE COSTS OF PROVIDING
 103 THE ORGANIZATION'S PROGRAMS.

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	0			
	0			
	0			
	0			

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes ☐ No ☒

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes ☐ No ☒

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer	Date
Paid Preparer's Use Only	Type or print name and title.	
	Preparer's signature	Date
Paid Preparer's Use Only	Preparer's name (or yours if self-employed), address, and ZIP+4	Check if self-employed ☐
	MARTIN, HARPS, SYPHOE & CO. 167 TRINITY AVE S.W. ATLANTA GA 30303	Preparer's SSN or PTIN (See General instruction W) EIN 58-1678906 Phone no. (404) 525-3508

BAA

TREA0103 10/18/05 Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(c)(6), 501(c)(14), or 501(c)(29) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005Department of the Treasury
Internal Revenue Service

Name of the organization

FEDERATION OF SOUTHERN COOPERATIVES

Employer identification number

58-1026695**Part III Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(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
EDWARD PENNICK	DIR. OF LAND RET 40	61,899.	0.	0.
CORNELIUS BLANDING	DIR. OF MARKETING 40	60,000.	0.	0.
MELBAH SMITH	PROJECT DIR. 40	60,000.	0.	0.
JOHN ZIPPERT	DIR. PROGRAM OPER. 40	55,000.	0.	0.
LEON CRUMP	S.C. STATE DIR. 40	50,500.	0.	0.

Total number of other employees paid over \$50,000

1

Part IV Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

NONE

Part V Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

NONE

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

TEEA0101 08/08/05

Schedule A (Form 990 or 990-EZ) 2005

FEDERATION OF SOUTHERN COOPERATIVES

58-1026695

Page 2

Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		X
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(n)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organization(s). (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

TEEA0002 08/09/05

Schedule A (Form 990 or Form 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 **FEDERATION OF SOUTHERN COOPERATIVES** **58-1026695** **Page 3**
Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,461,858.	4,485,235.	2,624,036.	2,610,198.	12,183,317.
16 Membership fees received	5,125.	4,450.	2,295.	9,800.	23,670.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	573,627.	425,815.	240,743.	253,394.	1,492,579.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	63,089.	39,759.	25,189.	42,005.	169,042.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See instructions	15,050.	62,554.	17,198.		95,802.
23 Total of lines 15 through 22	3,120,749.	5,017,813.	2,910,451.	2,915,397.	13,964,410.
24 Line 23 minus line 17	2,547,122.	4,591,998.	2,669,708.	2,662,003.	12,471,831.
25 Enter 1% of line 23	31,207.	50,178.	29,105.	29,154.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a 249,437.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c 12,471,831.
d Add: Amounts from column (e) for lines: 18 169,042. 19	26d 264,844.
22 95,802. 26b	26e 12,206,987.
e Public support (line 26c minus line 26d total)	26f 97.88 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	

27 Organizations described on line 12:	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	
(2004) (2003) (2002) (2001)	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	
(2004) (2003) (2002) (2001)	
c Add: Amounts from column (e) for lines: 15 16	27c
17 20 21	27d
d Add: Line 27a total	27e
e Public support (line 27c total minus line 27d total)	27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

BAA

TEEA0408 02/28/06

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 **FEDERATION OF SOUTHERN COOPERATIVES**

58-1026695

Page 4

Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 78-60, 1973-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

BAA

TEEA0404 08/08/05

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2006 **FEDERATION OF SOUTHERN COOPERATIVES** 58-1026695 Page 5**Lobbying Expenditures by Electing Public Charities** (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 9768)

N/A

Check ☐ a If the organization belongs to an affiliated group. Check ☐ b If you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 36 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is —		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) —	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non- taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Lobbying Activity by Nontelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2006

TEEA0405 08/08/05

FEDERATION OF SOUTHERN COOPERATIVES

58-1026695

1

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
WORKERS COMPENSATION	13,966.	12,277.	1,689.	0.
GRANTS ISSUED	71,545.	41,205.	30,340.	0.
ADMINISTRATIVE COST	72,598.	72,598.	0.	0.
BAD DEBT EXPENSE	49,742.	0.	49,742.	0.
BANK CHARGES	28,387.	0.	28,387.	0.
EQUIPMENT, NONCAP.	7,496.	3,978.	3,518.	0.
UTILITIES	57,929.	12,679.	45,250.	0.
TUITION	5,910.	5,910.	0.	0.
REPAIRS/MAINTENANCE	41,265.	7,119.	34,146.	0.
STIPENDS	328,987.	328,533.	454.	0.
MEMBERSHIP DUES	445.	0.	445.	0.
INDIRECT COSTS	34,417.	134,417.	0.	0.
INSURANCE	39,013.	207.	38,806.	0.
TRAINING/WORKSHOPS	8,206.	8,206.	0.	0.
ADVERTISING	238.	0.	238.	0.
Total	860,144.	627,129.	213,015.	0.

Form 990, Page 8, Part VII, Line 93
Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Program service revenue:					
CONSULTING INCOME					77,164.
PROGRAM INCOME					75,232.
Total					152,396.

Form 990, Page 4, Part IV, Line 54
Investments - Securities Statement:

Line 54 - Investments - Securities:	Beginning of Year	End of Year
COOPERATIVE BUSINESS INTERNATIONAL COMMON STK.	50,000.	50,000.
SUN-BEAM COMMON STK.	17,914.	86,137.
ACCRUED INTEREST	0.	10,604.
OTHER	2,090.	2,221.
Total	70,004.	148,962.

FEDERATION OF SOUTHERN COOPERATIVES

58-1026695

2

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
<u>PAYROLL TAXES AND OVERDRAFT</u>	<u>316,369.</u>	<u>182,792.</u>
<u>ACCRUED PENSION LIABILITY</u>	<u>319,144.</u>	<u>319,144.</u>
Total	<u>635,513.</u>	<u>501,936.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<u>OTHER REVENUE</u>	<u>16,050.</u>	<u>62,554.</u>			<u>78,604.</u>
Total	<u>16,050.</u>	<u>62,554.</u>			<u>78,604.</u>

FEDERATION OF SOUTHERN COOPERATIVES 58-1026395 3

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	65,223.
PRIOR PERIOD ADJUSTMENT-CORRECT PROMISES TO GIVE	-121,469.
Total	-56,246.

EI # 58-1024695

**FEDERATION OF SOUTHERN COOPERATIVES/LAND ASSISTANCE FUND
AND FSC/LAF REVOLVING LOAN FUND, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

AUGUST 31, 2008

11. NOTES PAYABLE

Federation -

First mortgage - note payable to Rabobank/NCB/CoBank in monthly installments of principal and interest of \$5,153, through April 2009 when the remaining balance would be due. Buildings in Georgia and Mississippi secure the loan.

\$ 781,232

Note payable to National Cooperation Bank due on December 31, 2008. Interest payments of 8% due monthly beginning June 1, 2008. See Note 18a.

150,000

Note payable - quarterly interest payments of \$2,776, interest only, through August 2007, when the remaining principal balance would be due. This loan is unsecured. See Note 18b.

200,000

Note payable - quarterly interest payments of \$2,637 through July 1, 2008, when the remaining interest and principal balance would be due. This loan is unsecured.

250,000

Outside parties - interest free, and there are no terms of repayment.

5,000

Subtotal - Federation

1,386,232

Revolving Loan Fund -

2% note - principal payments of \$2,500 due quarterly through April 2007 when the remaining balance would be due. Interest payments of \$2,000 due annually in April. This note is unsecured.

80,000

3% note - interest payable annually, principal was due in full in July 2001. This note is in default.

7,000

3% note - interest payable annually, principal was due in full in July 2001. This note is in default.

7,000

Subtotal - Revolving Loan Fund-Balance carried forward

\$ 94,000

FEDERATION OF SOUTHERN COOPERATIVES/ LAND ASSISTANCE FUND
AND FSC/LAF REVOLVING LOAN FUND, INC.

NOTES TO THE COMBINED FINANCIAL STATEMENTS

AUGUST 31, 2008

11. NOTES PAYABLE (Continued)

Non-interest bearing note is unsecured and there are no terms for repayment. 5,000

5% note - interest is payable quarterly, principal balance was due in full December 2001. This note is unsecured, and is in default. 43,648

3% note - interest and principal was due in full in July 2005. This note is unsecured, and is in default.

Subtotal - Revolving Loan Fund 10,000

Total notes payable 162,648

Less: current portion 1,538,780

Noncurrent notes payable portion (504,979)

\$ 1,033,801

Net long-term debt matures as follows:

<u>Year ended August 31,</u>	<u>Amount</u>
2007	\$ 504,979
2008	312,851
2009	720,950
Total	\$ 1,538,780

Interest expense for the year ended August 31, 2008 was \$68,242.

Federation of Southern Cooperatives/Land Assistance Fund**Board of Directors Address List**

EI# 58-1026695

Woodrow Keown, President ✓

3124 Frazier Pike
Little Rock, AR 72206
Home: (501) 490-0457
Office: (501) 490-1058
Fax: (501) 490-0833
Cell:
Email:

Norwood Davis ✓

3754 Lena Lane
Ville Platte, LA 70586
Home: (337) 363-4766
Office: (337) 363-1311
Fax:
Cell:
Email:

Helen Fields ✓

3129 River Road
Johns Island, SC 29455
Home: (843) 559-5349
Office:
Fax: (843) 559-4624
Cell: (843) 830-8612
Email:

Gonzalo "G.L." Twitty ✓

3787 Home Twitty Road
Heath Springs, SC 29058
Home: (803) 286-6845
Office:
Fax: (803) 313-9609
Cell: (803) 416-6643
Email:

Edward Cline, Vice President ✓

3726 Parkwood
Houston, TX 77021
Home: (713) 748-0451
Office:
Fax: (713) 747-3466
Cell: (713) 306-7184
Email:

Mattie Mack ✓

2925 Hwy 79
Brandenburg, KY 40108
Home: (270) 422-2838
Office:
Fax: (270) 422-7805
Cell:
Email:

Shirley Blakley, Secretary ✓

Rt. 1, Box 77
Shuqualak, MS 39361
Home: (662) 793-9556
Office: (662) 793-4521
Fax: (662) 793-4791
Cell: (662) 251-0932
Email:

Pearl Long Gadson ✓

3780 Gye Lane
Marianna, FL 32446
Home: (850) 594-4892
Office:
Fax:
Cell:
Email:

Daniel Bustamante ✓

4309 Leeland

Houston, TX 77023

Home: (713) 921-0916

Office: (713) 641-3247

Fax: (713) 862-0909

Cell: (713) 882-1649

Email:

Satina James ✓

9670 State Route 26 East.

Montezuma, GA 31063

Home: (478) 472-4595

Office: (229) 276-1606 X 5240

Fax: (478) 472-6345

Cell:

Email:

Carrie Fulghum, Treasurer ✓

P. O. Box 54

Gainesville, AL 35464

Home: (205) 652-6207

Office: (205) 652-9705

Fax: (205) 652-9784

Cell: (205) 652-3393

Email:

Ralph Paige, Executive Director
329 Red Oak Lane
Pine Mountain, GA 31822
Phone: (706) 663-0030
Cell: (404) 734-8511

NOT RETURNED TO CPA BY IRS

Form 8868 (Rev 12-2004) FEDERATION OF SOUTHERN COOPERATIVES 58-1026695 Page 2

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification number
	FEDERATION OF SOUTHERN COOPERATIVES	58-1026695
	Number, street, and room or suite number, if a P.O. box, see instructions.	For IRS use only
	2769 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BAST POINT GA 30344	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-BL | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-EZ | ☐ Form 1041-A | ☐ Form 8870 |
| ☐ Form 990-PF | ☐ Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Linda Cavitt
Telephone No. (404) 765-0991 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organizations four digit Group Exemption Number (GIN) _____. If this is for the whole group, check this box ☐. If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Jul 16, 20 07.
- 5 For calendar year _____, or other tax year beginning Sep 1, 20 05, and ending Aug 31, 20 06.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ... ORGANIZATION NEEDS ADDITIONAL TIME TO COMPLETE ITS ANNUAL AUDIT IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____ 0.
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Signature and Verification

Under penalty of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 4/6/07

Notice to Applicant - To be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____

Director _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Attn: KEN SYPHOE, CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number
	167 TRINITY AVE S.W.
	City or town, province or state, and country (including postal or ZIP code)
	ATLANTA GA 30303

BAA

F122802 01/04/05

Form 8868 (Rev 12-2004)

Form **8868**
(Rev. December 2004)**Application for Extension of Time to File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Automatic 3-Month Extension of Time – Only submit original (no copies needed)**Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identification number
	FEDERATION OF SOUTHERN COOPERATIVES	58-1026695
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2769 CHURCH STREET,	
	City, town or post office. For a foreign address, see instructions.	State ZIP code
	EAST POINT	GA 30344

Check type of return to be filed (file a separate application for each return).

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of Linda Cavitt

Telephone No. (404) 765-0991

FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until Apr 16, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning Aug 1, 20 05, and ending Aug 31, 20 06.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 9453-EO and Form 8879-EO for payment instructions.

SAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

Form **8868**
(Rev. December 2006)Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Not profits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	FEDERATION OF SOUTHERN COOPERATIVES	58-1026695
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2769 CHURCH STREET, City, town or post office. For a foreign address, see instructions.	State ZIP code
	EAST POINT	GA 30344

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of Linda Cavitt

Telephone No. (404) 765-0991FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Apr 15, 20 08, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☐ calendar year 20 or
- ☒ tax year beginning Sep 1, 20 06, and ending Aug 31, 20 07.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
3c Balance Due. Subtract line 3b from line 3a. (Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.)	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 9453-EO and Form 8879-EO for payment instructions.

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Form 8868 (Rev. 12-2006)