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Department of the Treasury

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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number B Check if applicable COTTON INCORPORATED Address change 62-0786018 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (919) 678-2220 6399 WESTON PARKWAY Terminated City or town, state or country, and ZIP + 4 CARY, NC 27513 G Gross receipts \$ 66,032,153 . Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No DAVID BYRD 6399 WESTON PARKWAY □ Yes □ No **H(b)** Are all affiliates included? CARY, NC 27513 If "No," attach a list (see instructions) Group exemption number 🕨 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ► WWW COTTONINC COM K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ L Year of formation 1967 M State of legal domicile TN Summary Part I 1 Briefly describe the organization's mission or most significant activities FROM AGRICULTURAL, FIBER AND TEXTILE RESEARCH, MARKET INFORMATION AND TECHNICAL SERVICES TO ADVERTISING AND PUBLIC RELATIONS, FASHION FORECASTS AND RETAIL PROMOTIONS, WE KEEP ONE GOAL IN MIND TO ENSURE THAT COTTON REMAINS THE FIRST CHOICE AMONG CONSUMERS IN APPAREL AND HOME Activities & Governance **PRODUCTS** 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 126 $\textbf{4} \quad \text{Number of independent voting members of the governing body (Part VI, line 1b)} \quad \textbf{.}$ 4 126 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 165 6 126 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 66,032,153 Contributions and grants (Part VIII, line 1h) . 77,130,343 0 Program service revenue (Part VIII, line 2g) . 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 77,130,343 66,032,153 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15,399,788 16,787,328 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** 49,747,277 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 57,638,169 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 73,037,957 66,534,605 19 Revenue less expenses Subtract line 18 from line 12 . 4,092,386 -502,452 Net Assets or Fund Balances Beginning of Current **End of Year** Year 20 Total assets (Part X, line 16) . . 15,320,862 12,925,862 21 16,665,066 14,772,518 Total liabilities (Part X, line 26) 22 -1.344.204 Net assets or fund balances Subtract line 21 from line 20 -1.846.656 Signature Block 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. 2011-08-06 Signature of officer Sign Here DAVID BYRD SENIOR VP AND CFO Type or print name and title Print/Type Preparer's signature Check if self-PTIN Date MICHAEL SORRELLS MICHAEL SORRELLS preparer's name employed 1 Paid Firm's name FBDO USA LLP Firm's EIN Preparer

Firm's address 7101 WISCONSIN AVE SUITE 800

BETHESDA, MD 208144827

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Use Only

Phone no 🕨 (301) 654-

ΓNο

▽ Yes

Form	990	(2010)
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Page **2**

Par	t III		Program Service A O contains a response	Accomplishments to any question in this	Part III		F	
1		ly describe the organ		DOLL MARKET INFOR	MATION AND TEC	UNICAL CERVICE	C TO A DVEDTICING	
AND	PUBL	IC RELATIONS, FAS	SHION FORECASTS A	RCH, MARKET INFOR ND RETAIL PROMOTI NSUMERS IN APPAR	ONS, WE KEEP ON	E GOAL IN MIND		
	Did th	ne organization linder	rtake any significant nr	ogram services during	the year which were	not listed on		
-		rior Form 990 or 990		· · · · · · ·			Yes ▼ No	
	If "Ye	es," describe these no	ew services on Schedu	le O				
3		ne organization ceaso ces?		significant changes in h	now it conducts, any	program ,	_ Yes	
	If "Ye	s," describe these cl	hanges on Schedule O					
4	Secti	on 501(c)(3) and 50	1(c)(4) organizations a	each of the organization and section 4947(a)(1) venue, if any, for each p	trusts are required	to report the amou		
4a	(Cod	e) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)	
	CONS		GRAM SERVICE CONTINUED	TO USE A DIVERSIFIED POR	TFOLIO OF COMMUNICA	TION VEHICLES TO PRO	OMOTE THE AWARENESS OF	=
	(Cod	e) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)	
				DEVELOPMENT PROGRAM TH DGE IN THE AGRICULTURAL S		S TO IMPROVE THE PRO	FITABILITY OF COTTON	
4-	(Cod) (Expenses \$	ıncludıng grants	of d) (Revenue \$	`	
4c	•			URCES TO INCREASE THE U	·	, ,	ND PUSHED FOR NEW	
	FROM	NTIERS IN THE COTTON L	ISAGE IN NON-TRADITIONAL	MARKETS THIS SERVICE MEQUIPMENT MANUFACTURE	IET WITH SUPPLY CHAIN	I DECISION MAKERS TH		G,
	Othe	er program services	(Describe in Schedule	O) See also Additiona	l Data for Description	on		
		penses \$	•	grants of \$) (Rever)	
	Tota	al program service ex	penses ⊧ \$					

Part TV	Chec	klist of	Required	Schedules
4 11 7 7 7	CIICC	KIISL UI	<u>Reduired</u>	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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," complete Schedule R, Part V, line 2 Yes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance

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Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
	1a 116			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	V	
ь	account)?		Yes	
_	If "Yes," enter the name of the foreign country ►CH, HK, MX, JA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		"
Ī		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
f	contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
	year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
1/1~	Did the organization receive any nayments for indoor tanning services during the tay year?	1/1~		N.o.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
			orm 99 0) (2010)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the							
	year by the following		V					
a	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο				
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)							
			Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		No				
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b						
		11a		Νo				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166						
		16b						
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶TN , NC							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request							

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PAVID BYRD 6399 WESTON PARKWAY

CARY, NC 27513 (919) 678-2220

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Officer Institutional Trustee or chrector et at ions dule		Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		<u> </u>							,				
	(A) Name and Title	Name and Title A verage Position (check all hours that apply)			(D) Reportable compensation from the	(E) Reportable compensatior from related	n i	(F) Estima amount o compens	ited f other				
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relate organiza	:he on and ed
See A	Additional Data Table												
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						<u> </u>							
						\vdash							
						-		-					
1b					•	•		-			_		
d	Total from continuation sheets Total (add lines 1b and 1c) .							-	2,468,182		0		526,914
	Total number of individuals (incl						above) who	' '	n			,
	\$100,000 in reportable compen							,					
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch									ated employee	3	Yes	
4	For any individual listed on line : organization and related organization individual	ations greater t	han \$15	0,00	002	If "Y	'es ," co	mple	te Schedule J for suc		4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										5		N o

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ROCCO SIAMACCO JR 201 SANTA ANNA DR MOON TOWNSHIP, PA 15108	GRAPHIC DESIGN SERVICES	226,609
GMR MARKETING LLC 1821 SOLUTIONS CENTER CHICAGO, IL 60677	MARKETING CONSULTANT	155,030
ERNST & YOUNG LLP PO BOX 933514 ATLANTA, GA 31193	AUDIT SERVICES	128,975
ANDREA SAMBER 17004 BRIDGETON LANE HUNTERSVILLE, NC 28078	STRATEGIC ALLIANCES CONSULTANT	120,375
DON BAILEY 7620 ROCK QUARRY RD RALEIGH, NC 27610	IMPORTER SUPPORT CONSULTANT	116,121
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in companyation from the organization \$5	who received more than	

m 990		· · · · · · · · · · · · · · · · · · ·						Pa
rt VII				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
ਬ	_	Federated campaigns 1a						
ᅙ	Ь	Membership dues 1b						
₩	C	Fundraising events 1c						
ੋਂ≣	d	Related organizations 1d						
ᇎᅵ	е	Government grants (contributions) 1e						ļ
5	f	All other contributions, gifts, grants, and 1f 66, similar amounts not included above	032,153					
5	g	Noncash contributions included in lines 1a-1f \$						
2			▶	66,032,153				
त	h	Total. Add lines 1a-1f		60,032,133				
		Business	s Code					
2	la l							1
	b							1
. '	С							1
'	d							
'	e							
· `	f	All other program service revenue						
,	g	Total. Add lines 2a-2f						
3	;	Investment income (including dividends, interest						
		and other similar amounts)						
4	ļ	Income from investment of tax-exempt bond proceeds \dots						
5 6a	;	Royalties						
		(I) Real (II) Pers	sonal					
		Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
		(i) Securities (ii) Ot	ther					
	'a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	-	Gain or (loss)						
		Net gain or (loss)						+
"	, ca	Gross income from fundraising events (not including						
		\$						
		of contributions reported on line 1c) See Part IV, line 18						
		а						
		Less direct expenses b						
⊢		Net income or (loss) from fundraising events •						-
9	a	Gross income from gaming activities See Part IV, line 19 . a						
	b	Less direct						
		expenses						
	c	Net income or (loss) from gaming activities						
_		Gross sales of inventory, less						1
		returns and allowances .						
	L	a						
		Less cost of goods sold b Net income or (loss) from sales of inventory						
<u> </u>	_	Miscellaneous Revenue Business	Code					1
1	.1a							
	ь		+					1
	c							1
		All other revenue	+					1
		Total. Add lines 11a-11d	+					1
	-	• • • • • • • • • • • • • • • • • • •						
1	.2	Total revenue. See Instructions	▶	66 000 450	•	0	_]
- 1			l	66,032,153	0	1 0	0	1

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses (C) Management and general expenses expenses										
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	1,720,439								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	9,883,576								
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,669,164								
9	Other employee benefits	1,767,026								
10	Payroll taxes	747,123								
а	Fees for services (non-employees) Management	2,511,176								
b	Legal	307,029								
c	Accounting	101,339								
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	2,322,148								
12	Advertising and promotion	18,972,651								
13	Office expenses	841,469								
14	Information technology	642,832								
15	Royalties									
16	Occupancy	1,833,695								
17	Travel	2,429,525								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	2,094,731								
20	Interest	9,032								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,006,606								
23	Insurance	258,078								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	RESEARCH AND PROMOTION	12,699,462								
b	MAINTENANCE	941,373								
c	SPONSORSHIP	326,386								
d										
e										
f	All other expenses	2,449,745								
25	Total functional expenses. Add lines 1 through 24f	66,534,605								
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X Balance Sheet (A) (B) Beginning of year End of year 3.596 1 3,764 11.093.389 2 8.470.570 2 3 3 530,605 4 837,944 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 7 8 8 Prepaid expenses and deferred charges 808,116 9 844,003 10a Land, buildings, and equipment cost or other basis Complete 16.394.839 10a Part VI of Schedule D 10b 13.625.258 ь Less accumulated depreciation 2,885,156 **10c** 2.769.581 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 15,320,862 16 12,925,862 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 12.538.645 17 10.288.488 17 Accounts payable and accrued expenses . 18 18 380.633 19 19 294.036 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 3,745,788 25 4,189,994 Other liabilities Complete Part X of Schedule D 26 16.665.066 26 14,772,518 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -1.344.204 -1.846.656 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ -1,344,204 33 -1,846,656 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 15.320.862 12,925,862

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,0	32,15
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	502,45
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1,3	344,20
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-1,8	346,65
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	.	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

DLN: 93493218001031

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	al Revenue Service	► Attach to Fo	orm 990. F See separate instructions.			Inspec	tion
	me of the organiz			Emp	loyer identificat	ion numb	er
CO	TTON INCORPORATE	5		62-0	786018		
Pa			dvised Funds or Other Similar Fu	ınds	or Accounts.	Comple	te if the
	organiz	ation answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		h) Funda and at	har a a a a .	
	Total number at	and of year	(a) Donor advised funds		b) Funds and ot	ner accou	nts
,		ributions to (during year)					
- 3		ts from (during year)					
ļ	Aggregate value	, • • •					
5	_		isors in writing that the assets held in don- organization's exclusive legal control?	or advı	sed	┌ Yes	┌ No
5	used only for ch	· , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds nefit of the donor or donor advisor, or for ar	•		☐ Yes	┌ No
Pa	rt III Consei	r vation Easements. Complete	ıf the organization answered "Yes" to	Form	າ 990, Part IV	, lıne 7.	
2	Protection Preservation Complete lines	on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a quali ie last day of the tax year	ion or pleasure)	ertified	d historic struct	•	a
		- · · · · · · · · · · · · · · · · · · ·	[Held at the	End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	estricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	storic structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfe	erred, released, extinguished, or terminate	d by th	e organization d	luring	
1	Number of state	es where property subject to conserva	ation easement is located ►				
5		ızatıon have a wrıtten policy regardıng the conservation easements it holds	g the periodic monitoring, inspection, hand ?	lling of	violations, and	┌ Yes	┌ No
5	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents dı	uring the year 🕨		
7	A mount of expe	inses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	, the year 🟲 🕏 🗕		
3		servation easement reported on line 2 i and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tıon		┌ Yes	☐ No
•	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents	•	•		
ar			ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar <i>I</i>	Assets.	
la	art, historical ti	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h ın fui			e,
b	historical treas	·	5 116, to report in its revenue statement a public exhibition, education, or research ir s			•	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded in Form 990, Part X			► \$		
2	_	rion received or held works of art, historics arts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	r finan	cial gain, provid	e the	
а	Revenues inclu	ded in Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	tori	<u>cal Tr</u>	easu	ires, or O	the	<u>r Similaı</u>	Asse	ts (co	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat ar	e a significa	nt u	se of its co	llection	า	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	y furthe	rthe	organization	's ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
Part	Part IV, line 9, or reported an an						n answered	Y" t	es" to For	m 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions	or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г	1		A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
	Did the organization include an amount on Fo	orm 990 Part V lin	10 717				L				Yes	┌ No
			G Z I '							,	1 63	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	:WAr	ad "Ve	s" to	Form 990	Dar	t IV line	10		
FGI	Endownient i unus. complete i	(a)Current Year		Prior `			o Years Back		Three Years E)Four Y	ears Back
1a	Beginning of year balance			-							-	
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	l and a	admınıstered	for	the			
	organization by									Ī	Yes	No
	(i) unrelated organizations							•		3a(i)		<u> </u>
	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	·						•		3b		<u> </u>
- Part						90 P:	art X line	10				
	<u> </u>	, and Equipme			Cost or		(b)Cost or ot		(c) Accum	ulated		
	Description of investment				s (invest		basis (othe		deprecia		(d) Bo	ook value
	and		•	-								
	Buildings		•									
c L	easehold improvements		•	<u> </u>			1,195	-		98,373		597,429
								753		70 605		1 220 067
	quipment		•				11,108			70,685		1,338,067
e 0	equipment		•	<u> </u>			11,108 4,090			56,200		834,085 2,769,581

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		<u></u>
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descri	ption	(b) book value
Table (Calumn (b) about descriptions 2000 Bart V and (B) (many	(5)	
Part X Other Liabilities. See Form 990, Part X, col.(B) line 3		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CAPITAL LEASE PAYABLE	75,617	
ACCRUED PENSION COST	4,114,377	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,189,994	

Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
Total revenue (Form 990, Part VIII, column (A), line 12)	1	66,032,153
Total expenses (Form 990, Part IX, column (A), line 25)	2	66,534,605
Excess or (deficit) for the year Subtract line 2 from line 1	3	-502,452
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	
Investment expenses	6	
·	7	
	8	
	9	0
	10	-502,452
		· ·
Total revenue, gains, and other support per audited financial statements	1	68,033,329
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities 2b 2,001,176		
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines 2a through 2d	2e	2,001,176
Subtract line 2e from line 1	3	66,032,153
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV) 4b		
Add lines 4a and 4b	4c	0
	5	66,032,153
	per	
Total expenses and losses per audited financial		
statements	1	68,535,781
Amounts included on line 1 but not on Form 990, Part IX, line 25	1	68,535,781
	1	68,535,781
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	68,535,781
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	68,535,781
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	68,535,781
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1 2e	2,001,176
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		2,001,176
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,001,176
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,001,176
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,001,176
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,001,176 66,534,605
	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 7b Amounts included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

DLN: 93493218001031

OMB No 1545-0047

Statement of Activities Outside the United States

SCHEDULE F (Form 990)

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Department of the Treasury

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Interna	Il Revenue Service						Inspection
	ne of the organization	D				Employer iden	tification number
						62-0786018	
Pa			n on Activiti rt IV, line 14b		he United States.	Complete if the organi	zation answered
1	For grantmakers.	Does the	organization r	naıntaın record	ds to substantiate the	amount of the grants	or
	_		_			tion criteria used to av	
	_			_			
2	For grant makers. De United States	scribe in Pa	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside	the
3	Activites per Region	(Use Part '	V ıf addıtıonal s	pace is needed)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , r fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	e (f) Total expenditures for region/investments in region
	NORTH AMERICA		1	2	PROGRAM SERVICES	TECHNICAL AND INFORMATION SUPPORT	728,88
	EAST ASIA AND TH PACIFIC	IE	3	15	PROGRAM SERVICES	TECHNICAL AND INFORMATION SUPPORT	4,400,35
	EUROPE (INCLUDII ICELAND & GREENI		0	0	PROGRAM SERVICES	TECHNICAL AND INFORMATION SUPPORT	789,91

17

5,919,156

5,919,156

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ᅜ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

information. Identifier	ReturnReference	Explanation
14011111101	T. G.	Explanation

DLN: 93493218001031

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization COTTON INCORPORATED Employer identificatio					nber	
CO	TION INCORPORATED		62-0786018			
Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonometer reimbursement orprovision of all the expenses described.		•	1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive	Director, regarding the items checked in lir	ne 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply	2			
	✓ Compensation committee	Written employment contract				
	✓ Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related o	organization?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ital nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue a	ny			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue a	ny			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, p	aid or accured pursuant to a contract that v	<i>l</i> as			

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JULIUS WORSHAM	(I) (II)	430,500 0	0 0	4,694 0	80,186 0	21,034 0	536,414 0	
(2) DAVID BYRD	(I) (II)	189,000 0	0	4,844 0	36,731 0	21,680 0	252,255 0	
(3) JOHN MORGANS	(I) (II)	138,240 0	0	2,979 0	20,773 0	23,295	185,287 0	
(4) KATER HAKE	(I) (II)	207,000	0	8,112 0	46,571 0	19,065	280,748	
(5) RICHMOND HENDEE	(I) (II)	203,625 0	0	11,192 0	45,459 0	17,226 0	277,502 0	
(6) MARK MESSURA	(I) (II)	216,500 0	0	5,778 0	38,299 0	19,396 0	279,973 0	
(7) DEAN TURNER	(I) (II)	58,975 0	0	152,630 0	14,309 0	37,342 0	263,256 0	
(8) MICHAEL WATSON	(I) (II)	160,500 0	0	6,354 0	29,483 0	18,812	215,149	
(9) MICHAEL TYNDALL	(I) (II)	146,720 0	0	7,330 0	28,852 0	8,681 0	191,583	
(10) PAULA ROSARIO	(I) (II)	133,110 0	0	1,704 0	25,944 0	14,335 0	175,093	
(11) PATRICIA O'LEARY	(I) (II)	137,700 0	0	3,766 0	29,876 0	4,339 0	175,681 0	
(12) HUGH MALONE	(I) (II)	0	0	120,808	0	25,226 0	146,034	
(13) DON BAILEY	(I) (II)	116,121 0	0	0	0	0	116,121	
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 4A	HUGH MALONE RECEIVED SEVERANCE PAYMENT IN AMOUNT OF \$120,808

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493218001031

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization COTTON INCORPORATED 62-0786018

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED IN DETAIL WITH THE COMPANY'S AUDIT COMMITTEE AFTER COMPLETION AT THE AUGUST BOARD OF DIRECTOR'S MEETING FOR APPROVAL PRIOR TO FILING SUBSEQUENT TO REVIEW, THE CHAIRMAN OF THE AUDIT COMMITTEE WILL INFORM THE COMPLETE BOARD OF DIRECTOR'S OF THE PROCEEDINGS AND OUTCOME

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS ARE REQUIRED TO ATTEST THAT THEY ARE FREE OF ANY CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION COMMITTEE DETERMINES COMPENSATION FOR ALL EMPLOYEES OF THE COMPANY MINUTES OF THEIR MEETINGS ARE MAINTAINED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST BY AN APPROPRIATE PARTY

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

Software ID: Software Version:

EIN: 62-0786018

Name: COTTON INCORPORATED

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
BUDDY ALLEN BOARD MEMBER	1 00	Х						0	0	0
STEVEN ALSABROOK BOARD MEMBER	1 00	Х						0	0	0
HARRIS ARMOUR BOARD MEMBER	1 00	Х						0	0	0
LLOYD ARTHUR BOARD MEMBER	1 00	Х						0	0	0
COLEY BAILEY JR BOARD MEMBER	1 00	Х						0	0	0
ROY BAXLEY BOARD MEMBER	1 00	Х						0	0	0
RICKEY BEARDEN BOARD CHAIRMAN	1 00	Х		×				0	0	0
ALLEN BELOW BOARD MEMBER	1 00	Х						0	0	0
MARVIN BEYER JR BOARD MEMBER	1 00	Х						0	0	0
FRANK BEZNER JR BOARD MEMBER	1 00	Х						0	0	0
KENNETH BICKLEY BOARD MEMBER	1 00	Х						0	0	0
KEITH BRAM BOARD MEMBER	1 00	Х						0	0	0
LAUDIES BRANTLEY BOARD MEMBER	1 00	Х						0	0	0
JAMES BROOKS BOARD MEMBER	1 00	Х						0	0	0
CARL BROWN JR BOARD MEMBER	1 00	Х						0	0	0
JAMES BROWN BOARD MEMBER	1 00	Х						0	0	0
CLAUDE BUNDRICK BOARD MEMBER	1 00	Х						0	0	0
TIM BURCH BOARD MEMBER	1 00	Х						0	0	0
JOE BURNS BOARD MEMBER	1 00	Х						0	0	0
STEVEN CLAY BOARD MEMBER	1 00	Х						0	0	0
DANNY CLAYTON BOARD MEMBER	1 00	Х						0	0	0
RONALD COLEY BOARD MEMBER	1 00	Х						0	0	0
JASON CONDREY BOARD MEMBER	1 00	Х						0	0	0
KEITH CORZINE BOARD MEMBER	1 00	Х						0	0	0
KEVIN CRAFT BOARD MEMBER	1 00	Х						0	0	0

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')		T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOHNNY CRAWFORD BOARD MEMBER	1 00	х						О	0	0	
JOHN CROMLEY BOARD MEMBER	1 00	Х						0	0	0	
JERRY DAVIS BOARD MEMBER	1 00	×						0	0	0	
WADE DEERMAN BOARD MEMBER	1 00	Х						0	0	0	
JABY DENTON BOARD MEMBER	1 00	Х						0	0	0	
STEVEN DROKE BOARD MEMBER	1 00	×						0	0	0	
DAVID DUNLOW BOARD MEMBER	1 00	Х						0	0	0	
PHILIP EDWARDS III BOARD MEMBER	1 00	Х						0	0	0	
ROBERT ENGLERT BOARD MEMBER	1 00	Х						0	0	0	
RICHARD FELTON BOARD MEMBER	1 00	Х						0	0	0	
SCOTT FULLEN BOARD MEMBER	1 00	Х						0	0	0	
KENDALL GARRAWAY BOARD MEMBER	1 00	Х						0	0	0	
JAMES GAY BOARD MEMBER	1 00	Х						0	0	0	
RONNIE GERIK BOARD MEMBER	1 00	X						0	0	0	
KENNETH GINGG BOARD MEMBER	1 00	X						0	0	0	
BURGES GRIFFIN SECRETARY	1 00	X		х				0	0	0	
WILLIAM HADDOCK III BOARD MEMBER	1 00	Х						0	0	0	
DAHLEN HANCOCK BOARD MEMBER	1 00	Х						0	0	0	
JON HARDWICK VICE CHAIRMAN	1 00	Х		х				0	0	0	
MYRON HAWES BOARD MEMBER	1 00	Х						0	0	0	
CHARLES HEFFINGTON BOARD MEMBER	1 00	Х						0	0	0	
CRAIG HEINRICH BOARD MEMBER	1 00	Х						0	0	0	
EDDY HERM BOARD MEMBER	1 00	Х						0	0	0	
GERALD HILBERS BOARD MEMBER	1 00	Х						0	0	0	
MIKE HUGHES BOARD MEMBER	1 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')		ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
ROBERT HULL BOARD MEMBER	1 00	Х						0	0	0	
JEFF HUX BOARD MEMBER	1 00	Х						0	0	0	
NEAL ISBELL BOARD MEMBER	1 00	х						0	0	0	
BERNARD JORDAN JR BOARD MEMBER	1 00	Х						0	0	0	
DANFORD JOSEY III BOARD MEMBER	1 00	Х						0	0	0	
GEORGE KING BOARD MEMBER	1 00	Х						0	0	0	
JOHN KING BOARD MEMBER	1 00	Х						0	0	0	
DONNY LASSITER BOARD MEMBER	1 00	Х						0	0	0	
CHUCK LEE BOARD MEMBER	1 00	Х						0	0	0	
RONALD LEE BOARD MEMBER	1 00	Х						0	0	0	
JOHN LINDAMOOD BOARD MEMBER	1 00	X						0	0	0	
STEPHEN LOGAN BOARD MEMBER	1 00	Х						0	0	0	
FRANK LYONS BOARD MEMBER	1 00	Х						0	0	0	
SHERMAN MARSH BOARD MEMBER	1 00	Х						0	0	0	
JAMES MASSEY BOARD MEMBER	1 00	Х						0	0	0	
HAROLD MAY BOARD MEMBER	1 00	Х						0	0	0	
GREGG MAYBERRY BOARD MEMBER	1 00	Х						0	0	0	
JAMES MCGOUGAN BOARD MEMBER	1 00	Х						0	0	0	
WELDON MELTON BOARD MEMBER	1 00	Х						0	0	0	
PETER MICHAEL BOARD MEMBER	1 00	Х						0	0	0	
BRADY MIMMS BOARD MEMBER	1 00	Х						0	0	0	
TRAVIS MIRES BOARD MEMBER	1 00	Х						0	0	0	
PERCY MORRIS BOARD MEMBER	1 00	Х						0	0	0	
DANNIE MORRIS BOARD MEMBER	1 00	Х						0	0	0	
BRENT NELSON BOARD MEMBER	1 00	×						0	0	0	

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
		""	&			<u> </u>				
MARSHALL NEWTON BOARD MEMBER	1 00	Х						0	0	0
JESS NICHOLS BOARD MEMBER	1 00	×						0	0	0
HERRICK NORCROSS III BOARD MEMBER	1 00	Х						0	0	0
JOHN OLSON III BOARD MEMBER	1 00	Х						0	0	0
NORMAN OWEN BOARD MEMBER	1 00	Х						0	0	0
LEON PARKER BOARD MEMBER	1 00	Х						0	0	0
MILTON PARRISH BOARD MEMBER	1 00	Х						0	0	0
MICHAEL PATSCHKE BOARD MEMBER	1 00	Х						0	0	0
HARRY PATTON III BOARD MEMBER	1 00	Х						0	0	0
DAVID PEARSON BOARD MEMBER	1 00	Х						0	0	0
SCHLEY PERRY JR BOARD MEMBER	1 00	Х						0	0	0
GLEN PHIPPS BOARD MEMBER	1 00	Х						0	0	0
TERRY POLLARD BOARD MEMBER	1 00	Х						0	0	0
DIANN PRECHEL BOARD MEMBER	1 00	Х						0	0	0
CHARLES PROVANCE JR BOARD MEMBER	1 00	Х						0	0	0
BERNARD PUSTEJOVSKY BOARD MEMBER	1 00	Х						0	0	0
DARRYL QUIGLEY BOARD MEMBER	1 00	Х						0	0	0
NATHAN REED BOARD MEMBER	1 00	Х						0	0	0
JOHNIE REED BOARD MEMBER	1 00	Х						0	0	0
DANNY ROBBINS BOARD MEMBER	1 00	Х						0	0	0
WILLIAM ROBERTSON JR BOARD MEMBER	1 00	Х						0	0	0
BRIAN ROBINSON BOARD MEMBER	1 00	Х						0	0	0
LARRY SAYES BOARD MEMBER	1 00	Х						0	0	0
HARRY SCHROEDER BOARD MEMBER	1 00	Х						0	0	0
ERIC SEIDENBERGER BOARD MEMBER	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per	Posi	((c) (che	ck a	II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
CLYDE SHARP BOARD MEMBER	1 00	х						0	0	0
TED SHEELY	1 00	Х						0	0	0
BOARD MEMBER SAMUEL SIMMONS	1	,,								
BOARD MEMBER	1 00	Х						0	0	0
RICHARD SLADE	1 00	Х						0	0	0
BOARD MEMBER STEVE SOSSAMAN										
BOARD MEMBER	1 00	Х						0	0	0
SAM SPARKS BOARD MEMBER	1 00	х						0	0	0
AL SPINKS	1 00	х						0	0	0
BOARD MEMBER	1 00	^						0	0	0
SAM SPRUELL BOARD MEMBER	1 00	х						0	0	0
LAWRENCE STARRH BOARD MEMBER	1 00	Х						0	0	0
CB STEVENS BOARD MEMBER	1 00	x						0	0	0
EARL STILES BOARD MEMBER	1 00	Х						0	0	0
MARTIN STOERNER BOARD MEMBER	1 00	Х						0	0	0
WARREN SULLIVAN BOARD MEMBER	1 00	Х						0	0	0
GUY TEETER BOARD MEMBER	1 00	Х						0	0	0
CRAIG THARP BOARD MEMBER	1 00	Х						0	0	0
GARY TIDWELL BOARD MEMBER	1 00	Х						0	0	0
PHIL VANDIVER BOARD MEMBER	1 00	Х						0	0	0
MICHAEL VAUGHN BOARD MEMBER	1 00	Х						0	0	0
ROBERT WALKER BOARD MEMBER	1 00	Х						0	0	0
MARK WATTE TREASURER	1 00	Х		х				0	0	0
WILLIAM WEAVER BOARD MEMBER	1 00	Х						0	0	0
JAMES WEBB BOARD MEMBER	1 00	Х						0	0	0
STEPHEN WILBUR BOARD MEMBER	1 00	Х						0	0	0
DONNA WINTERS BOARD MEMBER	1 00	Х						0	0	0
RONALD WOODS BOARD MEMBER	1 00	×						0	0	0

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che (II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
FARRIS WREN JR BOARD MEMBER	1 00	Х						0	0	0
JULIUS WORSHAM PRESIDENT AND CEO	40 00			х				435,194	0	101,220
DAVID BYRD SR VP AND CFO	40 00			х				193,844	0	58,411
JOHN MORGANS VP ADMINISTRATION	40 00			х				141,219	0	44,068
KATER HAKE VP AGRICULTURE	40 00				х			215,112	0	65,636
RICHMOND HENDEE SR VP CONSUMER MKTG	40 00				х			214,817	0	62,685
MARK MESSURA EX VP GLOBAL PROD SUPPLY CHAIN	40 00				х			222,278	0	57,695
DEAN TURNER SR VP GLOBAL PROD SUPPLY CHAIN	40 00					Х		211,605	0	51,651
MICHAEL WATSON VP FIBER COMPETITION	40 00					Х		166,854	0	48,295
MICHAEL TYNDALL VP PROD DEV & IMPLEM	40 00					х		154,050	0	37,533
PAULA ROSARIO VP STRATEGIC SERVICES	40 00					Х		134,814	0	40,279
PATRICIA O'LEARY SR DIR ARGRIC RESEARCH	40 00					Х		141,466	0	34,215
HUGH MALONE FORMER							х	120,808	0	25,226
DON BAILEY FORMER							х	116,121	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code CORPORATE SER) (Expenses \$ VICES	including grants of\$) (Revenue \$)
(Code PRODUCT RESEA) (Expenses \$ RCH AND DEVELOPMENT	including grants of\$) (Revenue \$)