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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		tine i reasury iue Service	► Information about	Form 990 and its instruction	ıs is at и	ww.irs.go	ov/form990).	Inspection	n		
A	For the	2015 cale	ndar year, or tax year beginning			d ending		, 20				
В		applicable:	C Name of organization National Co					D Employer identification number				
	Address	• •	Doing business as Same						62-0306045			
$\overline{\sqcap}$	Name ch	-	Number and street (or P.O box if m	all is not delivered to street addres	ss) F	Room/suite		E Telephone number				
百	Initial ret	_	P O Box 2995		ĺ				901-274-9030			
Π		m/terminated	City or town, state or province, cou	ntry, and ZIP or foreign postal code	e							
$\overline{\Box}$	Amende		Cordova, TN 38088					G Gross re	ceipts \$ 11.1	118,821		
\Box				er Gary M. Adams, same a	s above		H(a) is this a or	_	subordinates? Yes			
	тфриса	ion pending		and the state of t					s included? Yes	_		
	Tay-eye	mpt status	☐ 501(c)(3)	6) ◀ (insert no) ☐ 4947(a))(1) or	527			list (see instructions			
<u>;</u>	Website		w.cotton.org	0) 1 (months) (a)	<u> </u>		H(c) Group	exemption	number >			
<u>K</u>			Corporation Trust Associa	ation ☐ Other ▶	L Year	of formation			of legal domicile	TN		
P	art I	Summ			1		1000	1	g			
	1		escribe the organization's miss	sion or most significant acti	ivities:	To ensure	e the abilit	v of all se	aments of the US			
Ð	1	•	dustry to compete effectively an	_								
뎙		and abroa		d promably in the law cotton	1, 011300	d dild vait	ac added p	TOGUCE III	directs at Home			
Ĕ	2		is box ▶ ☐ if the organization	discontinued its operations	s or disc	osed of	more than	25% of	its net assets.			
Š	3		of voting members of the gove					3		35		
8	4		of independent voting membe					4		35		
88	5		nber of individuals employed i			•		5		75		
¥	6		nber of volunteers (estimate if		V, III O 2	ω,	• • •	6		366		
Activities & Governance	7a		elated business revenue from		· · ·		• • •	7a		362,000		
	'a		lated business taxable income		-			7b	<u> </u>	02,000		
	+ -	14et uniei	lated business taxable income	1,1111111111111111111111111111111111111			Prior Ye		Current Year			
	8	Contribut	tions and grants (Part VIII, line	1h)			7	,374,613	7.9	366,345		
Revenue	9		- '	'	864,618		58,495					
ě	9 Program service revenue (Part VIII, line 2g)									384,354		
æ	11		venue (Part VIII, column (A), lin			· ·		629,934 359,973,				
	12		enue—add lines 8 through 11 (i			.12)				309,627		
_	13		nd similar amounts paid (Part					,229,138		118,821		
	14		paid to or for members (Part)		• • •	' ·		457,500		107,500		
	1 4-	Salarios	other compensation, employee.	handita (Part IX) column (A)	lines 5	. ₁₀ , -		,589,600	0.7	292,426		
8	16a	Drofeesio	nal fundraising fees (Part IX, column (A), line 11e)					,309,000	0,2	292,420		
Expenses	b		draising expenses (PartiX, column (D) hine (25) ►					ې د ادانست	as the three stages			
2	17		penses (Part IX, column (A), lin					,568,364		085,481		
	18		penses (rat ix, coldrair (xy,:iii) penses. Add lines 13–17 (must		 line 25)	· ·		,615,464		85,407		
	19		less expenses. Subtract line:			·		,386,326		66,586		
5 %		Tievenae	iess experiess. Cubitast into			Bec	zinning of Cu		End of Year			
348 O	20	Total ass	sets (Part X, line 16)			<u>`</u>	16	,595,828	15.1	184,515		
88.2	21		pilities (Part X, line 26)					,380,526		200,584		
Net Assets o	22		its or fund balances. Subtract	line 21 from line 20				,215,302		983,931		
_	art II		ture Block				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	00,001		
			ry, I declare that I have examined this	return, including accompanying so	chedules a	and stateme	nts, and to the	he best of r	nv knowledge and be	elief. it is		
			lete Declaration of preparer (other than						,			
- (150000 Low	3 /			7	7-30-16				
Sig	qn	Sign	nature of officer	·			Da	te				
•	re	R	L. E. Shellabarger, Assistant Tr	easurer								
;			e or print name and title									
_	id	Print/Ty	rpe preparer's name	Preparer's signature		Date		Check	PTIN			
	aid	`						self-emp				
	epare		name 🕨	<u>. </u>			Firm	n's EIN ▶	L			
U	se On	עי עי	address >					ne no				
Ma	y the II		s this return with the preparer	shown above? (see instruc	tions)				Yes [No		
_	,		etian Ast Nation con the concr			0 . 11	440001/		Eom QQ			

•			
_	00 (2015)	A constitution of	Page 2
.Part		ervice Accomplishments tins a response or note to any line in this F	Part III
1	Briefly describe the organization's		4
-	•		vely and profitably in the raw cotton, oilseed and
2	prior Form 990 or 990-EZ?	ny significant program services during the y	
3		ices on Schedule O. ducting, or make significant changes in	
	If "Yes," describe these changes of		· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's progrexpenses. Section 501(c)(3) and 5	ram service accomplishments for each of it	es three largest program services, as measured by ort the amount of grants and allocations to others
4a		including grants of \$	
	energy conservation, productivity a as a whole.	and food value of cottonseed. participates with	y of the US in terms of employment, world trade, h other groups to help improve the image of cotton
4b			
40) (Revenue \$) ormation to regulatory agencies on health & safety
			ition efforts.
4c	Foreign Operations - In cooperation		crease exports by helping to arrange government
	credit for foreign customers, spons	sors visits by trade teams and brings foreign m	nill customers to the US.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

Form 99	0 (2015)		ı	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١,
_	complete Schedule A	1_	_	✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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			,
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		-
4	election in effect during the tax year? If "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,		١,	
	Part III	5	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_ ا		1
-	"Yes," complete Schedule D, Part I	6_		-
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	١ _		1
4.0	· · · · · · · · · · · · · · · · · · ·	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		,	
b	complete Schedule D, Part VI	11a	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		1
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	✓	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	✓	<u> </u>
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 and XII is optional			١,
		12b	<u> </u>	/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	\vdash	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	\vdash	 •
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>ٿ</u>	\vdash	Ė
	If "Yes," complete Schedule G, Part III	19		✓

Part IV	Checklist o	f Required S	Schedules ((continued)

				1 140
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	✓	1
23	Did the organization answer "Yes" to Part VII, Section A, line 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	√	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a		√
С	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	28b 28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		1
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		✓
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		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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,			
38	Part VI	37	✓	✓
		Forn	. 990	(201E)

Form **990** (2015)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. ∐ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ.
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	-
4a	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)?	_		1
.	,	4a		V
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
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 as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	├—	-
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		¦
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	╄
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		t	
a	Gross income from members or shareholders		1	Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the community of the second to second considered benefits alone			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	t	+*-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche Check if Schedule O contains a response or note to any line in this Part VI 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee? Jud the organization delegate control over management duties customanly performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person. Did the organization make any significant changes to its governing documents since the prior Form 990 was fill bid the organization have members is stockholders, or other persons who had the power to elect or one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) mistockholders, or persons other than the governing body? b Did the organization contemporaneously document the meetings held or written actions undertaker the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B, Policies (This Section B requests information about policies not required by the Interm Did the organization have a written operations are consistent with the organization's exempt purpor	35 115 with 2 2 et direct 2 3 2dd? 4 2ts?	tructi	ons.
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 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 relationshing any other officer, directors, trustee, or key employees to a management company or other person any other officer, directors, or trustees, or key employees to a management company or other person. Did the organization delegate control over management duties customanly performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person. Did the organization make any significant changes to its governing documents since the prior Form 990 was file. Did the organization have members or stockholders? To Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) mis stockholders, or persons other than the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b If "Yes," did the organization have local chapters, branches, or affiliates? b If "Yes," did the org	35 nip with 2 e direct ?		
1a Enter the number of voting members of the governing body at the end of the tax year. If there are maternal differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationsh any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under th supervision of officers, directors, or frustees, or key employees to a management company or other person Did the organization have any significant changes to its governing documents since the prior Form 990 was filed by the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) mustockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Has the organization have local chapters, branches, or affiliates? If "Yes," did the organization have a written operations are consistent with the organization's exempt purporation by the organization provided a complete copy of this Form 990 to all members of its governi	35 nip with 2 e direct ?	Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employees a family relationship or a business relationship on other officer director, trustee, or key employees to a management company or other person. Did the organization make any significant changes to its governing documents since the prior Form 990 was fill build the organization become aware during the year of a significant diversion of the organization's asset. Did the organization have members or stockholders? To Did the organization have members or stockholders, or other persons who had the power to elect or one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) mistockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaker the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internation and the organization have a written policies and procedures governing the activities of such of iffiliates, and branches to ensure their operations are consistent with the organization's exempt purporations are consistent with the organization's exempt purporations are consistent with the organization average and procedures of the organization average. Did	35 nip with 2 e direct ?		
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		✓	
b Other officers or key employees of the organization	15a	✓	
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 arran with a taxable entity during the year?	15b		√
b If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	15b		
participation in joint venture arrangements under applicable federal tax law, and take steps to safegu	gement 15b		
organization's exempt status with respect to such arrangements?	gement 16a uate its lard the		
Section C. Disclosure	gement 16a uate its lard the		
17 List the states with which a copy of this Form 990 is required to be filed None 18. Section 6104 required on arresponding to make the Forms 1933 for 1934 if applicable), 999, and 999.	gement 16a uate its lard the		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- available for public inspection. Indicate how you made these available. Check all that apply.	gement 16a uate its ard the 16b	2)(0)-	
☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule C	gement 16a uate its lard the 16b (Section 501)	c)(3)s	only)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, con financial statements available to the public during the tax year.	gement 16a uate its lard the 16b (Section 501(
20 State the name, address, and telephone number of the person who possesses the organization's boo	gement 16a uate its lard the 16b (Section 501(

Form	990	(2015)	

Part VII	Compensation of Officers,	Directors, T	rustees,	Key Employees,	Highest (Compensated	Employees,	and
	Independent Contractors							

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. 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 organiza	tion nor any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	erage box, unless person is both officer and a director/truste					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mark D. Lange	40									
President (Retired 2/28/2015)		1		1	1			181,839		24,385
(2) Gary M. Adams	40							10,,000		2.,,000
President (Effective 2/9/15)				✓	✓		ĺ	282,592	1	71,214
(3) W. Harrison Ashley	40									
Vice-President				1	✓			114,380		49,258
(4) Robert C. Brown	40						ľ			
Vice-President		1		✓	✓			171,949		52,347
(5) Jody L. Campiche	40									
Vice-President		1		1	1			154,546		29,442
(6) Sidney A. Johnson, Jr.	40									
Vice-President		1		✓	 ✓			186,564		61,575
(7) Thomas R. Langley, IV	40									
Vice-President		1		✓	✓			263,814		65,148
(8) A. John Maguire, III	40									
Sr. Vice-President (Retired 2/28/15)		1		✓	√			228,175		26,184
(9) Bill M. Norman	40									
Vice-President		1		✓	✓			166,973		46,334
(10) R. E. Shellabarger	40									
Assistant Treasurer		1		✓	✓			368,687		37,905
(11) Robbie Minnich	40						Γ			
		1				✓		145,985		16,238
(12) Christine Birdsong	40					,				
(40)			1	├	-	✓	\vdash	126,084		26,879
(13) John R. Gibson	40	1				 ✓		122,717		34,929
(14) Don Parker	40			ļ	<u> </u>	Ť		122,717		34,929
						✓		122,544		19,964

Form **990** (2015)

ı aı ı	Section A. Officers, Directors, Trust	ees, key E	nipio	yees	s, ar	NU F	iigne	SLU	ompensateu E	mpioyees (zonur	iuea)
						C)						
	(A)	(B)	Position (do not check more than o						(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportab		Estimated
		hours per week (list any		_			or/trust		compensation from	compensation related	1 Trom	amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흙플	Former	the	organizatio		compensation
		related organizations	i e i	t	ĕ	E B	l oye	뤝	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from the organization
		below dotted	학	onal		§	# S		1000 111100)			and related
		line)	uste	trug		8	pen					organizations
			6	i ee		ŀ	Highest compensated employee					
/4.E.\ .		40		<u> </u>	<u> </u>	├	<u> </u>	┝				
(15) Ja	mes M. Thornton	40	ł				1		118,314			10 000
(16) SI	edge Taylor	4		\vdash		\vdash	 ` -		110,314		\dashv	16,995
Chairn			1		1			1	360			0
	nane Stephens	2				Г					\neg	
	hairman		1		✓				852			o
	yde T. Sharp	1				<u> </u>						
	ary/Treasurer		1 ✓		✓				0			0
	eredith B. Allen	1										
Vice-P	resident		✓		✓							
(20) Si	d Brough	1								,		
Vice-P	resident		✓		✓				0			0
(21) Ja	hn C. Fricke	1		ł								
Vice-P	resident		✓	<u>L</u>	✓				0			0
(22) D	avid Hastings	11				ľ					Ī	
Vice-P	resident '		✓		✓	_			0			0
(23) Jo	seph T. Nicosia	1										
	resident		✓		✓				0			0
2	. Coalter Paxton	11			١.							
	resident		<u> </u>	<u> </u>	✓	<u> </u>		<u> </u>	0			0
(25) R	onald C. Lee	11				1						
	0.1.1.1		 					Ļ	· •			0
1b	Sub-total								2,756,375		\longrightarrow	578,797
C	Total from continuation sheets to Part				•							
d	Total (add lines 1b and 1c)							<u> </u>	2,756,375			578,797
2	Total number of individuals (including bureportable compensation from the organ		i to tr	1056	e IISI	tea	above	e) W	no receivea m	ore than \$1	JU,UU	IU Of
	reportable compensation from the organ	Zation			-	-				 -		Yes No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ruste	ee.	kev e	emc	olovee, or high	est compe	nsate	
	employee on line 1a? If "Yes," complete											3 ✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other comp	ensation fr	om th	
	organization and related organizations											
	ındıvidual											4 🗸
5	Did any person listed on line 1a receive of											al all
	for services rendered to the organization	? If "Yes," c	comp	lete	Scl	hedi	ule J i	for s	such person			5 ✓
Section	on B. Independent Contractors									·		
1	Complete this table for your five highest											
	compensation from the organization. Rep	oort compe	nsatio	on f	or tl	he c	alenc	lar y	year ending wit	h or within	the or	rganization's tax
	year.		_									
	(A)								(B)			(C)
	Name and business add							<u> </u>	Description of s	ervices		Compensation
	Sump Strauss Hauer & Feld, LLP, 1333 New H	lampshire A	lve., N	IW				Co	nsulting			180,000
wasni	ngton, DC 20036							\vdash				
								+				
								\vdash				
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	th	nose listed abo	ove) who		
	received more than \$100,000 of compens								1	, -		

- m	OO O	(2015)	
OHIL	990	(20 10)	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
i Compensation of Unicers. Directors. Intistees, Nev Employees, Hignest Compensated Employees	and
reamplement of the control of the co	, uik
Indiana de la Contractione	
Independent Contractors	
macponacite communication	

Check if Schedule O contains a response or note to any line in this Part VII .					 	
· · · · · · · · · · · · · · · · · · ·			 _	 	 	

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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
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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 organization ne	or any relate	d orga	aniz			ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual	unles	eck s pe	ition more	than of the state	ee) Forme	(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
(1) Ted Schneider	111	1						0		
(2) Shawn L. Holladay	1	1						0		
(3) Cannon Michael	11	1			<u> </u>			0		
(4) Bowen Flowers	1	,								
(5) Robert Waters, Jr.	1	1						0		
(6) David Blakemore	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_			0		
(7) Ron Craft	11	/						0		
(8) Robert D. Gladden, Jr.	11	1		<u> </u>				0		
(9) Levin Lynch	11	1			-			0		
(10) Thomas A. Clodfelter	11	1		<u> </u>				0		
(11) David Fields	1	1			ļ—.					
(12) Ron Harkey	11	,						0		
(13) Charlie Jackson	1	1						0		
(14) Donald A. Robinson	11	,						0		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	з, аг	nd F	lighe	st C	ompensated E	mployees (conti	nued)		
		<i>(</i> 2)			•	c) ition				/			
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	eck spe dad	more rson irect	than one than of the the than of the the than of the theorem.	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(15) D	oug Christie	11	/						0		0		
(16) Jo	ordan Lea	11	/						0	·	0		
(17) Jo	ohn D. Mitchell	11	1						0		0		
(18) A	nthony Tancredi	11	1						0		0		
(19) B	obby Walton	11	1						0		0		
(20) A	ndy Borem	11	1						Ö		0		
(21) R	obert L. Lacy, Jr.	11	1						Ö		0		
(22) A	ustin C. Rose	11	1						0		0		
(23) Pa	aul Scruggs	11	1						0		0		
(24) S	ammy Wright	11	√						0		0		
(25) z	ne Burkhead	11	1						0		0		
1b c d	Sub-total	•		-				> >					
2	Total number of individuals (including bureportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensate	Yes No		
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									ch		
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co											
Section	on B. Independent Contractors		<u> </u>						· · · · · · · · · · · · · · · · · · ·		<u> </u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation		
2	Total number of independent contractor received more than \$100,000 of compens							l th	ose listed ab	ove) who			

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees	, and
	Independent Contractors						

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.

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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 organization no	or any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((•					
(A)	(B)	(do 1			ition	than c	200	(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from	
	week (list any	0=	=	0	_	οт	Ī	from	related	other
	hours for related	₹	<u>s</u>	Officer	(필증	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	중합	<u>Ş</u>	ĕ	🖺	Š8	ਫ	(W-2/1099-MISC)	(W-2/1099-WII3C)	organization
	below dotted	₫ 🛱	ă		Key employee	क् 8		(** 2, 1000 111100)		and related
	line)	individual trustee or director	 		8	륯				organizations
		8	Institutional trustee			l snsa	1			
		ļ	ů			Highest compensated employee				
(4) 5 4 6 6										
(1) David C. Camp	11	١,						_		_
(2) Sam Hill	1	/	\vdash			-	⊢	0		0
(2) Sam Hill		1								o
(2) to-of T. Nooroo	1	Ļ	┼	┢──	-		 	 		<u> </u>
(3) Jarral T Neeper		١,	1	i	l		i			_
		├	!	ļ	⊢	-	┝	0		0
(4) Michael Quinn	11	↓ .				İ				
		↓ ✓				<u> </u>	L	0		0
(5) Robert H. Chapman	11		l			1				
		✓		İ			ļ	0	<u></u>	0
(6) Owen J. Hodges	1						Γ			
		1 🗸		1	ĺ	ļ		0		0
(7) James Martin	1	†	T	<u> </u>	T			<u> </u>		<u>~</u>
V/ James Marun	· 	1 🗸	1				ł	0		o
(0) 5 1: 5 1		+	+	┢	┢	 	╁╌	<u> </u>		<u>_</u>
(8) Robin Perkins	11		1						ļ	
		-	┼	1	_	├	┡	0	·	0
(9) Anderson D .Warlick	1		1							
		✓		<u> </u>	┖	<u> </u>	┖	0		0
(10)				1			1			
			1							
(11)	ĺ									
		1	İ		ĺ					
(12)		1	1		T		1	1		
X.7		1					1			
(13)	- 	† –	t	\vdash	\vdash	t	\vdash	 		
7.7	· 	1					1			
14.4\	+	+	+	\vdash	\vdash	-	┼	-		
(14)		-{			ļ		1			
		1		1	1		1	1	I	

Part	VIII	Statement of Revenue								
-		Check if Schedule O	contains	a resp	onse or note to				<u> </u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
के क	1a	Federated campaigns		1a		7				
r P	b	Membership dues .		1b	7,855,095					
S, E	С	Fundraising events .		1c						
F	d	Related organizations		1d						
ns, Els	е	Government grants (con		1e						
를 를	f	All other contributions, grand similar amounts not inc		40		1	i			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions include		1f ¢	11,250					
Son	g	Total. Add lines 1a-1			11,230	7,866,345				
		TOTALLY INCO THE T	<u> </u>	· · ·	Business Code	7,000,343				
Vent	2a	Beltwide Cotton Confe	rences			329,995	196,495	133,500		
Re	b	Advertising Sponsorsh	nips			228,500		228,500		
Vi CB	С					<u></u>				
Ser	d									
шш	e									
Program Service Revenue	f g	All other program services 2a-2				550.405				
	3	Investment income				558,495				
		and other similar amo			▶	314,159	1		314,159	
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ▶					
	5	Royalties								
			(i) Real		(ii) Personal		İ			
	6a	Gross rents				İ				
	b	Less: rental expenses					1			
	0	Rental income or (loss) Net rental income or ((loos)			+				
	d 7a	Gross amount from sales of	(i) Securit	· ·	(II) Other		+			
		assets other than inventory	8,97	4,086	120,588					
	b	Less' cost or other basis		-						
		and sales expenses	8,92	9,360	95,119					
	C	Gain or (loss)	4	4,726						
	d	Net gain or (loss) .			<u>, , , , ▶</u>	70,195			70,195	
enue	8a	Gross income from fu	ındraısıng							
Other Rever		of contributions reporte								
Ē		See Part IV, line 18 .		_						
ಕ		Less: direct expenses					-			
		Net income or (loss) f Gross income from ga			events . ►	····				
	34	See Part IV, line 19 .								
	b	Less. direct expenses								
	c	Net income or (loss) f			vities ▶					
	10a	Gross sales of in	•						-	
	l .	/ \		_		I				
	i -									
	<u>c</u>	Miscellaneous F		01 1110	Business Code					
	11a	CCI Management Serv				2,193,549	2,193,549			
	b	Cotton Fdn Mgmt Serv				116,078	116,078			
	С									
	d	All other revenue .							t	
	e 12	Total. Add lines 11a- Total revenue. See ii				2,309,627				
	14	i Otal Tevellue. See II	i structions		· · · .	11,118,821	2,506,122	362,000	384,354 Form 990 (2015)	

1 01111 33					rage 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			ns must complete co	olumn (A).
	Check if Schedule O contains a respon-				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	407,500			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,119,518			
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	4,273,865			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	749,276	<u> </u>		
9	Other employee benefits	719,193			
10	Payroll taxes	430,574			
11	Fees for services (non-employees):				
a	Management			1	
b	Legal	125,254			
c d	Accounting	29,805	<u> </u>		
e	Professional fundraising services. See Part IV, line 17		······································		
f	Investment management fees	81,695			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0 1,033			
12	Advertising and promotion				
13	Office expenses	139,472			
14	Information technology	60,314			
15	Royalties				
16	Occupancy	224,129			
17	Travel	549,072			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	619,128			
20	Interest				
21	Payments to affiliates	450.040			· · · · · · · · · · · · · · · · · · ·
22 23	Depreciation, depletion, and amortization Insurance	153,043			
		104,508	<u> </u>		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Periodicals, Miscellaneous	68,908			
b	Info. Education, Research Activities	148,121			
C	Auto Expenses, Consulting	239,032			
d	Beltwide Cotton Conferences	198,504			
е	All other expenses Proxy Tax	344,496			
25	Total functional expenses. Add lines 1 through 24e	11,785,407			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year 304.893 1 322,841 2 2 138,665 57,542 3 3 4 4 19.039 44,442 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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) Complete Part II of Schedule L 6 Assets 7 8 8 1.610 1,970 9 Prepaid expenses and deferred charges . . . 9 32,457 18,838 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,465,003 10b b Less: accumulated depreciation 2,970,307 10c 1,506,738 2,958,265 11 Investments—publicly traded securities 11 11,202,011 10,017,241 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11. Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,926,846 1,763,376 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16,595,828 16 15,184,515 17 Accounts payable and accrued expenses 1,309,646 17 1,088,625 18 Grants payable 18 19 19 108,638 146,107 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 962.242 965,852 Total liabilities. Add lines 17 through 25 2.380.526 26 2,200,584 Organizations that follow SFAS 117 (ASC 958), check here ▶

✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 14.215.302 12,983,931 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 14,215,302 33 12,983,931 Total liabilities and net assets/fund balances . . 34 16,595,828 15,184,515

_	-	1
Page		1

Form 95	(2015)			Pa	ige 12
Part	XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,11	8,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	11,78	5,407
3	Revenue less expenses. Subtract line 2 from line 1	3		-66	6,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		14,21	5,302
5	Net unrealized gains (losses) on investments	5	·	-56	34,785
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		12,98	3,931
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," ex	plaın ın	į		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		į		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				1
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	<u>✓</u>	
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	plain in			
_		£			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		t		,
4.			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		1
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	uuits.		000	4224=
			For	コココリ	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 **2015**

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	organization answered "Yes ee separate instructions), ti	s," on Form 990, Part IV, line 5 (Prox	y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	•				
	of organization	anizations: Complete Part III.		Employer ider	ntification number
Nation	al Cotton Council of Americ	-2			62-0306045
	I-A Complete if the	e organization is exempt und	er section 5016	c) or is a section 527 of	
1		the organization's direct and indire			
2					3
3					
_					
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	-	excise tax incurred by the organiz	•)
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organi	zation for section	527 exempt function	
2	Enter the amount of the	filing organization's funds contri	buted to other org	ganizations for section	
		ıvıtıes			
3		expenditures. Add lines 1 and 2			
4	Did the filing organization	n file Form 1120-POL for this yea	r?		Yes No
5	Enter the names, address	ses and employer identification nu	ımber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pre			
	as a separate segregated	fund or a political action commit	tee (PAC). If additio	onal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •		''	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
			 	<u> </u>	
(5)		ļ			
(6)					

_		2
۲a	ae	_

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 50	01(c)(3) and file	d Form 5768 (elec	ction under
	Check ► ☐ If the filing organization beloname, address, EIN, expens	es, and sha	are of excess lobb	oying expenditur	es).	up member's
В	Check ► ☐ if the filing organization chec			rol" provisions a	ipply.	
	Limits on Lobbyi (The term "expenditures" mea)	(a) Filing organization's totals	(b) Affiliated group totals
	a Total lobbying expenditures to influence p	ublic opinior	grass roots lobby	ing)		
	b Total lobbying expenditures to influence a	-				
	c Total lobbying expenditures (add lines 1a					
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and	1d)			
	f Lobbying nontaxable amount. Enter th columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		İ
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.	1	i
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%)	of line 1f)				
	h Subtract line 1g from line 1a. If zero or less	s, enter -0-				
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero o reporting section 4911 tax for this year?		1h or line 1i, did	•		Yes No
	(Some organizations that made a secti	on 501(h) el	Period Under sec lection do not have tructions for lines	e to complete all	of the five column	s below.
	Lobbying E	xpenditure	During 4-Year Av	eraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

Schedu	ele C (Form 990 or 990-EZ) 2015				ſ	Page 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed					(b)	
	ription of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b c d e	Volunteers?					
f g h i j 2a b	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
2	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), d	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	√
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	<u> </u>	1
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members					
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year		2a			55,095 55,072
b	Carryover from last year		2b			
C	Total		2c		9!	55,072
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying	3			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		9!	55,702
Par	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Par	t II-A, I	ines 1	and

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

<u>Nation</u>	al Cotton Council of America		62-0306045
Par			
	Complete if the organization answered	<u>"Yes" on Form 990, Part IV, line 6.</u>	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for chantable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?	<u></u>	· · · · · · 🔲 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
			· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		-
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts related	=	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under S	· · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u>.</u>	▶ \$

Part	III Organizations Maintaining	Colle	ctions of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		on, and of	ther reco	rds, chec	k any of the	follow	ring that are a	significant use of its
а	☐ Public exhibition					or exchange			
þ	☐ Scholarly research			е	☐ Other		 -		
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.								
5	During the year, did the organization assets to be sold to raise funds rather								
Part	V Escrow and Custodial Arra	angem	ents.						
	Complete if the organization 990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?						ons or	other assets r	not
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the fo	llowing to	able:		_	
							٠ 📙	,	Amount
С	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f o-	Ending balance						1f		h/2 Van Na
2a	If "Yes," explain the arrangement in P								
Par		an Am.	CHECK HE	e ii tile e	хріанацо	ii iias beeli j	DIOVIGE	ou on Fait Ain	· · · · <u> </u>
Fai	Complete if the organization	answ	ered "Yes	" on Foi	m 990. l	Part IV. line	10.		
	Complete if the organization		urrent year		or year	(c) Two years		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							-	
b	Contributions			<u> </u>	•				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of		ent year e	nd baland	ce (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme			%					
b	Permanent endowment ►								
С	Temporarily restricted endowment ▶			1000/					
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the				ization th	at are hold a	and ad	ministered for	tho
3a	organization by:	e possi	2551011 01 1	ne organ	ization tin	at are rielu a	anu au	ministered for	Yes No
	(i) unrelated organizations								. 3a(i)
	(ii) related organizations								3a(ii)
ь	If "Yes" on line 3a(ii), are the related of								. 3b
4	Describe in Part XIII the intended use								<u> </u>
Parl	VI Land, Buildings, and Equi	pment							
	Complete if the organization	n answ	ered "Yes	on Fo	rm 990, I	Part IV, line	11a.	See Form 990), Part X, line 10.
	Description of property		(a) Cost or o		1 1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land					474,009			474,009
b	Buildings	. [_	2,731,366		507,857	2,223,509
С	Leasehold improvements	·			.	5,740		5,740	0
d	Equipment	·			-	655,602		586,851	68,751
e =	Other	·	wal Form (OO Port	Y salum	598,286	lo 1	406,290	191,996 2,958,265

Part VII	Investments—Other Securities Complete if the organization and		rm 990. Part IV. line	e 11b. See Form 9	90. Part X. line 12.
	(a) Description of security or categorial (including name of security)		(b) Book value	(c) Method	d of valuation -year market value
(1) Financial	I derivatives				
• •	held equity interests				·
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					<u>,</u>
(H)	(A)		-		
	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Relat				
Part VIII	Complete if the organization ar		rm 990 Part IV lin	e 11c. See Form 9	90 Part X line 13
	(a) Description of investment	isweled les offic	(b) Book value		d of valuation
	(a) Description of investment		(b) Book value	1-2	year market value
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13)	<u> </u>	<u></u>		
Part IX	Other Assets.		OOO Dowt IV Ivo	s 11d Cos Form C	NOO Port V line 15
	Complete if the organization ar	(a) Description	om 990, Part IV, iiii	e i id. See Form s	(b) Book value
40 = 6		(a) Description			965,852
	d Compensation Plans				797,52
	ny Owned Life Insurance				131,32
(4)					
(5)					
(6)				-	
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	▶	1,763,37
Part X	Other Liabilities.				
	Complete if the organization ai	nswered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
	income taxes				
	d Compensation Plans	9	065,852		
(3)					
(4)					
(5)					
(6)			——		
77)					
(7)			ľ		
(8)					
(8)	(b) must equal Form 990, Part X, col (B) line 25))	965,852		

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,		v, line 12a.		
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	8,245,138
2	Net unrealized gains (losses) on investments	2a	l 554.705		
a	Donated services and use of facilities	2b	-564,785		
b	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	82,424		
e	Add lines 2a through 2d			2e	-482,361
3	Subtract line 2e from line 1			3	8,727,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,391,322		
С	Add lines 4a and 4b			4c	2,391,322
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	11,118,821
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	9,476,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	82,424	 	
е	Add lines 2a through 2d			2e	82,424
3	Subtract line 2e from line 1	. ·		3	9,394,085
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			0 204 200
с 5	Add lines 4a and 4b			4c 5	2,391,322
	XIII Supplemental Information.	C 10.	· · · · · · ·]]	11,785,407
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: P	art IV. lines 1b and 2b	: Part V. line	e 4: Part X. line
2: Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formation.	,,
	Line 2d - Meeting fees shown as income on audit report, netted into expense				
1.01.	, Line 24 - Meeting 1003 Shown 83 moonie on addit 10 port 10000 mile oxpono		11.010		
1Part	II, Line 4b - CCI Management Service Fees - \$2,193,549; Cotton Foundation Ma	nager	nent Service Fees - \$11	16,078; Inves	tment Expenses
netted	into Investment Income on audit report - \$81,695				
Part X	I, Line 2d - Meeting fees shown as income on audit report, netted into expense	on ta	x return - \$82,424		
Part X	I, Line 4b - CCI Management Service Fees - \$2,193,549; Cotton Foundation Ma	nagen	nent Service Fees - \$11	6,078; Invest	ment Expenses
nettec	into Investment Income on audit report - \$81,695				
					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 62-0306045 National Cotton Council of America Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant 1 (a) Name and address of organization or government (b) EIN or assistance (1) Cotton Council International 1521 New Hampshire Ave, NW 62-6047606 501(c)(6) 407,500 Promotion of US Grown (2) Washington, DC 20036 Cotton in Foreign Countries (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2015)

Part III can be duplicated it addit	tional space is needed		ie organization answ	vered "Yes" on Form 990,	Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		·			
					-
-					
V Supplemental Information. Pro					
Line 2 - Approved by Board of Directors and	we do not monitor its us	.			
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Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

62-0306045 **National Cotton Council of America** Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ✓ Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2015

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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(=//y /		(B) Breakdown o	(C) Retirement and	(D) Nontaxable	45.7	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	centive (iii) Other other deferred		benefits	(E) Total of columns (B)()-(D)	in column (B) reported as deferred on prior Form 990
	(I)	276,990	4,390	1,212	54,796	17,707	355,095	
1 Gary M Adams	(ii)							
	(1)	113,070		1,310	27,734	46,298	188,412	
2 W Harrison Ashley	(ii)							
	(I)	169,352		2,597	44,977	25,139	242,065	
3 Robert C Brown	(ii)							
	(0)	154,358		188	15,259	31,793	201,598	
4 Jody L. Campiche	(ii)							
	(1)	182,397		4,167	46,820	38,267	271,651	
5 Sidney A Johnson, Jr	(ii)							
	0	73,145	107,780	914	23,157	1,391	206,387	
6 Mark D Lange	(ii)							
	0	263,152		662	48,729	34,527	347,070	
7 Thomas R Langley	(ii)							
_	(0)	77,117	124,224	26,834	24,025	2,324	254,524	
8 A John Maguire, III	(ii)							
0.0.044 Marriage	(A)	159,915	5,000	2,058	24,811	43,241	235,025	
9 Bill M Norman	(1)	442.540		055 420	02.454	20.544	424 070	
40 D. F. Shallaharman	(ii)	113,549		255,138	23,151	39,541	431,379	
10 R E Shellabarger	(1)	145,768		217	16,238	722	162,945	
11 Robbie Minnich	(11)	143,100			10,236	122	102,945	
TODDIC WITHIGH	0	125,788	l	296	25,511	2,103	153,698	
12 Christine Birdsong	画	123,160	 	250	23,311	2,103	133,090	
- Charle Endong	0	113,837	7,425	1,455	13,407	22,176	158,300	
13 John R Gibson	(ii)		†					†
	0						<u> </u>	
14	(E)							
	(1)							
15	(ii)							
	(1)							
16	(ii)							[

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Information	- rage U
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Als	o complete this part
for any additional information	
Part 1, Line 1a - Company provides travel for President & CEO's spouse which he is taxed on at the end of the year and also provides membership in 2 clubs	
Company provides annual housing allowance for Vice-President, Washington Operations and is included in his salary, provides membership in 1 club	
Part I, Line 4b - Robert C Brown participates in a 457(f) Plan National Cotton Council does not make any contributions to this plan. All contributions to the 457(f) are	made by salary
deferral Gary M Adams, W Harrison Ashley, Robert C Brown, Sidney A Johnson, Jr., and Bill M Norman participate in a Company Owned Life Insurance plan and t	he annual premium
payments made by National Cotton Council are \$15,000 for each policy R E Shellabarger participates in a Company Owned Life Insurance plan and the annual prem	lum payment made by
National Cotton Council is \$22,000.	
National Coulding \$22,000.	

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization	Employer identification number					
National Cotton Council of America	62-0306045					
Form 990, Part VI, Line 11 - Return was reviewed by CPA firm, President & CEO and 1 Vice-President						
Form 990, Part VI, Line 15 - Annual compensation is reviewed and approved by Salary Policy Committ	ee and Board of Directors					
Form 990, Part VI, Line 19 - Documents are available upon request by US Mail.						
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