SCANNED JAN 0 4 2022

Extended to November 16, 2020 2949319107410 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or the	2019 calendar year, or tax year beginning	and	ending	_					
В	Check if ipplicabl	C Name of organization			D Employer identifi	cation number				
	Addre	Boll Weevil Protection	Fund, Inc							
	Name chang	Doing business as			46-4290386					
F	_lnıtıal _return _Fınal	Number and street (or P.0. box if mail is not de PO Box 2995	elivered to street address)	Room/suite	E Telephone number 901-274-9030					
_	∟return termin ated		ZIP or foreign postal code		G Gross receipts \$	2426911.				
Г	Amen				H(a) Is this a group re					
	Application	F Name and address of principal officer Dav	vid M. Grant		for subordinates					
	pendii	same as C above			H(b) Are all subordinates in	ncluded? Yes No				
$\overline{\underline{\square}}$	Tax-ex	empt status 501(c)(3) X 501(c) (5)◀ (insert no.)	or (525)	If "No," attach a	list (see instructions)				
<u>J \</u>	<u>Nebsi</u>	te: ► N/A			H(c) Group exemptio					
			ssociation Other	L Year	of formation: 2014	M State of legal domicile: TN				
[Pa	art I	Summary	Drote	at ar	adicated are	eas of US				
ė	1	Briefly describe the organization's mission or most cotton production from re								
Governance	2	Cneck this box ▶ ☐ if the organization disco								
/err	3	Number of voting members of the governing body		eu oi moie	3	25				
် ဗ	4	Number of voting members of the governing body Number of independent voting members of the go			4	25				
∞ ∞	5	Total number of individuals employed in calendar	- · ·		5	0				
ite	6	Total number of volunteers (estimate if necessary)	your 2070 (r art 1, mio 2a)		6	0				
Activities &	7 a	` .	olumn (L), line 12		7a	0.				
ĕ	ь	Total unrelated business revenue from Part VIII, con Net unrelated business taxable income from Form	C90-T Ine 39 RECEIVE	ן ס	7b	0.				
					Prior Year	Current Year				
41	8	Contributions and grants (Part VIII, line 1h)	MOV 1 0 202	Y L.L.	4921548.	2232257.				
an u	9	Program service revenue (Part VIII, line 2g)	["]	8	0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d) OCDENII		73339.	194654.				
Œ	11	Investment income (Part VIII, column (A), lines 3, 4 Other revenue (Part VIII, column (A), lines 5, 6d, 8d Total revenue, add lines 8 through 11 (must equal	c, 9c, 10c, and 11e)	<u>' </u>	0.	0.				
_	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		4994887.	2426911.				
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (4), line 4)	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	<u> </u>	0.	0.				
ž	b	Total fundraising expenses (Part IX, column (D), Iir		<u> </u>	0706	10000				
ш	1.7	Other expenses (Part IX, column (A), lines 11a-11d		_	9796.	10068.				
		Total expenses Add lines 13-17 (must equal Part		<u> </u>	9796.	10068.				
	19	Revenue less expenses Subtract line 18 from line	12	-	4985091.	2416843.				
IS OF		T (D) (10)		Ве	ginning of Current Year 15302943.	End of Year 17719786.				
Rala	20	Total assets (Part X, line 16)			0.	0.				
Net Assets or	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	June 20		15302943.	17719786.				
P	art II	Signature Block	Tille 20		133023131	177137000				
		lties of perjury, I declare that I have examined this return	. including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		at, and comp <u>lete.</u> Declaration of <u>prepa</u> rer (other than offic				,				
		Dew Davis			11-4	-20				
Sıg	n	Signature of officer			Date					
Her		Drew Davis, Assistant	Treasurer							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN				
Paid	i		<u></u>		self-employ	ed				
Prep	arer	Firm's name			Fır <u>m</u> 's EIN ▶					
Use	Only	Fırm's address ▶								
					Phone no.					
May	the II	RS discuss this return with the preparer shown abo	ove? (see instructions)			Yes No				

1

	1		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
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? 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, Part III	5	х	
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 "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
IU	·	10		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
_	as applicable Did the organization report an amount for and, buildings, and equipment in Part X, line 10? If "Yes," complete Scheaule D,			
а		440		Х
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	-	
U		446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	ا _ ـ ا		v
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- 1	v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21_	000	<u>X</u>
32003	01-20-20	Form	990 (2019)

	\		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		_X_
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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Đ	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	25b		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		_	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and	3		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	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, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	<u></u> _
	5.4	$\overline{}$	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.	 		
С	(gambling) winnings to prize winners?	1c		
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	Otatements regarding other me rungs and rax compliance (continued)							
	·		Yes	No				
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 0		~					
		-						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35						
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country			$\overline{}$				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		_X_				
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).	٠.						
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		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year Put the exceptation receive any finds, directly or indirectly to pay promiting an a personal bary fit contract?	70	,					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f						
f 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?	7 <u>9</u> 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>						
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	ν						
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							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		,					
11	Section 501(c)(12) organizations. Enter	٠						
а	Gross income from members or shareholders 11a	'		٠				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	' '	`					
10-	amounts due or received from them) [11b] Section 4947(a)(1) non-exempt charitable tructs. Is the organization filing Form 990 in liquid Form 10412	12a						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	`*	. •				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	"·. *	*	, Y				
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note: See the instructions for additional information the organization must report on Schedule O		•					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		١,					
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand	<u> </u>						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		<u> </u>				
	If "Yes," see instructions and file Form 4720, Schedule N			e s				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O	<u>-</u>	200	(2019)				
		Lorn		711141				

Boll Weevil Protection Fund, Inc 46-4290386 Form 990 (2019) Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 25 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 on Schedule O. 25 b Enter the number of voting members included on 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 X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously docurrent the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Die the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Drew Davis - 901-274-9030

TN

38016

7193 Goodlett Farms Parkway, Cordova

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

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

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

See instructions for the order in which to list the persons above

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition		ne	Reportable	Reportable	Estimated
	hours per	box, unless per			neck more than one ss person is both an director/trustee)			compensation	compensation	amount of
	week	\vdash	cer an	o a d	director/trustee)			from	from related	other
	(list any	recto			ĺ			the	organizations	compensation
	hours for	or di	8			ated	1	organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		, a	ubeu		(W-2/1099-MiSC)		organization and related
	below	dualt	ltona		l of u	stcor	=			organizations
	line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former			J
(1) Lavid Grant	0.00					<u> </u>				
Chairman		X	<u> </u>	X	J	L _		0.	1 0.	0
(2) Craig D. Shook	0.00				!	Ì	ĺ			
Vice-Chairman		X	<u>.</u>	X	<u>L</u>	L.		0.	0.	Ci
(3) Thomas S. Hayes III	0.00	1	l		ĺ					_
Secretary/Treasurer		X		X	<u> </u>	<u> </u>		0.	0.	0
(4) Drew Davis	0.00			l						
Assistant Treasurer		Х	<u> </u>	X		<u> </u>		0.	0.	0
(5) Robert C. Brown	0.00	١.,		,,					•	
Assistant Secretary		X	<u> </u>	Х		ļ		0.	0.	0
(6) Woody Anderson	0.00	x						0.	0.	0
(7) Coleman Bailey Jr.	0.00	<u> </u>	 		┢	╁		0.		
(// Coleman balley of.	0.00	x						0.	0.	0
(8) David L. Burns	0.00		\vdash	-	<u> </u>					
· ,		X						0.	0.	0
(9) Jack Daily	0.00									
		X			1		l .	0.	0.	0
(10) Bart Davis Jr.	0.00									
		X						0.	0.	0
(11) Keith Deputy	0.00									
		X			<u> </u>	<u> </u>		0.	0.	0
(12) Willie German	0.00							_	_	
· · · · · · · · · · · · · · · · · · ·		Х	L	ļ	ļ	<u> </u>		0.	0.	0
(13) Allen G. King	0.00								•	
		X	_		<u> </u>	\vdash	_	0.	0.	0
(14) Brad McKinley	0.00							_	^	0
(15) Weldon J. Melton	0.00	X			\vdash	1	-	0.	0.	0
(15, Weldon G. Melcon	0.00	X						0.	0.	0
(16) Joe Mencer	0.00	† 				t				
		x						0.	0.	0
(17) Paul Ollerton	0.00									
		X	ĺ	l	1	1	l	0.	0.	0

Ц	Occuon A. Onicers, Directors, Trus		7.03	ccs,			giic.	<u> </u>	ompensated Employees	3 (COntinued)	$\overline{}$		
	` (A)	(B)		(C)		(D)	(E)		(F)				
	Name and title	Average	(do			itior	ገ than e	one	Reportable	Reportable		Estimate	∍d
		hours per	box	, unle	ss pe	rson I	ıs botl	h an	compensation	compensation		amount	of
		week		ceran	dad	irecto	or/trus	tee)	from	from related		other	
		(list any	흲				İ	l	the	organizations	c	compensa	ition
		hours for	퉏	ا ا			豆		organization	(W-2/1099-MISC)		from the	е
		related	i ii	uste			Busa		(W-2/1099-MISC)			organızat	ion
		organizations	Ž	la t		loyee	le a		1			and relat	.ed
		below	Individual trustee or director	Institutional trustee	.e.	Key employee	Highest compensated employee	Former			'	organizati	ons
		line)	릴	Isi	Officer	Key	문등	Ē			┷		
(18)	Charles H. Parker	0.00							1				
		1	X					i	0.	0 .	•		0.
(19)	Drake Perrow	0.00											
			X						0.	0 .			0.
(20)	Randy Reynolds	0.00					1				\top		
, ,			x				1		0.	0 .			0.
(21)	Taba Gaulan	0.00	A			-	-	-			+		••
(21)	John Saylor	0.00	ا ـ ا					1		•			^
			X			<u> </u>		ļ	0.	0	끚		0.
(22)	Clyde Sharp	0.00					ı						
			X					L	0.	0			0.
(23)	Robert M. Sloan	0.00		İ.			1	ļ					
			X			ļ	ı		0.1	0 .	.		0.
(24)	Lewie Joe Smith	0.00								 	1		
		<u> </u>	x				1		0.	0 .			0.
(25)	Sam R. Spruell	0.00	1	-	_	-	 	├	† · · · · · · · · · · · · · · · · · · ·		' †		-••
(23)	Sam R. Spidell	0.00	x							0	ł		0
			├ ^-	<u> </u>		├		-	0.	0.	╄	— —	0.
(26)	Robert P. Taylor III	0.00	i _			1	1			_	-		_
		<u> </u>	<u>X</u>		L	<u>L</u>	<u>.</u>		0.	<u> </u>	\rightarrow		<u> 0 </u>
1b	Subtotal							ightharpoons	0.	0	•		0.
С	Total from continuation sheets to Part VII	, Section A							0.	0			0.
d	Total (add lines 1b and 1c)							•	0.	0			0.
	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100.0	000 of reportable			
-	compensation from the organization						,			oo o o oponasio			0
	compensation from the organization											Yes	No
^	Dod the account of his account of the same								h a a t a a a a a a a a a a a a a a a a			+	
3	Did the organization list any former officer,		ee, ĸ	ey e	mpi	ioye	e, or	my	nest compensated empit	Dyee on	Н.	\dashv	Х
	line 1a? If "Yes," complete Schedule J for se										<u> -</u>	3	^
4	For any individual listed on line 1a, is the su	•		•					•	e organization	<u> </u>		
	and related organizations greater than \$150										<u> </u>	4	X
5	Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	om	any	unre	elate	ed organization or individi	ual for services	L		
	rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ich i	oers	on.				<u>!</u>	5	_X_
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$1	100,000 of compens	atior	n from	
	the organization Report compensation for t												
		ne calendar ye	- C		<u> </u>	1011	01 111	T	(B)			(C)	
	(A) Name and business	address	NIC	ONE	,				Description of se	ervices	Corr	npensatioi	n
	Traine and business	404,000	146)IN E				\dashv		-			·
								_					
								\dashv					
													- *\ -
2	Total number of independent contractors (in	cluding but no	ot lın	nited	to		_	ted	above) who received mor	re than		3	14 35
	\$100,000 of compensation from the organiz)					. 😲 ⊀	25
	See Part VII, Section	A Cont	in	ua	ti	on	S	he	ets		Fo	rm 990 (2	2019)

Form 990 Boll Weet	vil Prot	ec	ti	on	F	un	đ,	Inc	46-429	0386
Form 990 Boll Weevil Protection Fund, Inc 46-4290386 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)										
` (A) Name and title	(B) Average hours per		Position (check all that apply)			Y		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	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
(27) Tim White	0.00	x						0.	0.	0.
								,		
			•							
					1					_
Total to Part VIII Section A line to		<u></u>	l		<u> </u>					
Total to Part VII, Section A, line 1c						_		L		<u> </u>

A 7 ° 1 ° 4.	•	· · ·	ப் Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
			,		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated busiņess revenue	Revenue excluded from tax under
							\	sections 512 - 514
ts	1	а	Federated campaigns 1a					
irar		b	Membership dues 1b	2232257.				
s, G		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
is, (Government grants (contributions) 1e	·				
tior sr.S		f	All other contributions, gifts, grants, and					
ig A			similar amounts not included above 1f					
on tr		_	Noncash contributions included in lines 1a-1f 1g \$		222257			P. SECRET THE CASE, THE CASE
<u>0</u> 8		h	Total, Add lines 1a-1f	Business Code	2232257.		TERESTANDA PERSONA	
	_			Business Code	STATES AND STREET		\$2554913.45391.4714.045	[法格利银及特别,提到64
ice	2	а		-				
er v		b	•			-	<u> </u>	
m S		C						
gra		d		-	-			
Program Service Revenue		e	All other program service revenue	_				
_			Total. Add lines 2a-2f			Danky Vertera	MENDAL MANAGEMENT	
_	3		Investment income (including dividends, int	erest, and		and the D. S.	5 KA 1 KA 1 C 1 KA 2 KA 1 KA	7) 144-14 146 1 17 1 2 3 3 4 1 1 5 3 5 4 4
	_		other similar amounts)	>	194654.			194654.
	4		Income from investment of tax-exempt bond	d proceeds >			`	
	5		Royalties					٠
		1	(i) Real	(II) Personal	AS IN LIVER IN		KAN KARAN	製化は発
	6	a	Gross rents 6a					
		b	Less rental expenses 6b	-				
		С	Rental income or (loss) 6c		公案等等数据的		KETANG	为300年60747
		d	Net rental income or (loss)		aderical shows your discount of the	Secure to subtitute the 387 t 2	Courses and a section of the N. 9 and	Proc R PR has for to read \$100 best
	7	а	Gross amount from sales of (i) Securitie	s (II) Other				
			assets other than inventory 7a					
		b	Less cost or other basis					
nue			and sales expenses 7b					
Revenue			Gain or (loss) 7c		Antachtestate define a define na.	[] []U_DENAMO, 8013************************************	100 400 X1222 X17 X17 X1 1.	a se contra de la seu se con la contra del la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la
er R	_		Net gain or (loss)		1 / 1/2018 -		TROTTE SHEET WITH SELECT	
othe	, 8	а	Gross income from fundraising events (not including \$ of					
0			contributions reported on line 1c) See					
	•		,	8a				
		h	_	8b				
			Net income or (loss) from fundraising events			DE WAR TEL		
	9		Gross income from gaming activities See	,		经理解的	到400000000	然下并进动的
•			1	9a				
		b	Less direct expenses '.	9b		243.5460000	AT HE WASHE	
		С	Net income or (loss) from gaming activities_	<u>`</u> _				
	10	а	Gross sales of inventory, less returns					
			and allowances	10a				
		-		10b	SAN PARAMETER	TENNES PARTIES PARTY AND THE		
		С	Net income or (loss) from sales of inventory		ኒኖራ(ኢቶ/ሪ) ንድ-የነድ ተዘዋጀር / ድረች አለዓ .	ourly histophysical areas of lock."	100 M 15 (8th 1 1 X / 8th / 3th X to 4th	ক বজান্তর , কিলালে ১ প্রথম গ্র মানের
<u>2</u>	î		•	Business Code	998388384AA	KS OF THE STATE OF	North Court and Artificial	FACETAL CONTROL OF THE
eon Te	11			-	 			
scellaneo Revenue		b		-	-			-
Miscellaneous Revenue		C	All other sevening	-	 	-	-	
Ξ			All other revenue		· ·	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Transfer and the second
	40	<u>e</u>	Total, Add lines 11a-11d	P	2426911.	0.	0.	194654.
	12		Total revenue See instructions			<u> </u>		

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	٠, ١			
	and domestic governments. See Part IV, line 21				
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			activities rust	
4	Benefits paid to or for members		,	。在1985年的	源的開鐵網門的
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				8
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9 .	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	4800.			7
d	Lobbying .		A CONTRACTOR OF THE STATE OF TH		·
е	Professional fundraising services. See Part IV, line 17		SKIPSKIPSKIPS		
f	Investment management fees	•			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)		٦		
12	Advertising and promotion				
13	Office expenses	459.			
14	Information technology				
15	Royalties	`			
16	Occupancy	•			
17	Travel	2724.	<u>'</u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates \ \ \ \	<u>.</u>	·	, , ,	, ,
22	Depreciation, depletion, and amortization	/			•
23	Insurance	2085.	a my grang 5 yp gangging, gagan sa na a a a	No. 1 No. 1	in a little a constitution of account and the sensiti
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а				=	.
b				· · · · ·	
C				,	•
d	All				
	All other expenses	10068.			
25	Total functional expenses Add lines 1 through 24e	10008.	-		
26	Joint costs Complete this line only if the organization				'
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	``			1
	Check here I if following SOP 98-2 (ASC 958-720)	I	i		

			(A) Beginning of year		(B) End of year
	Γ.				<u> </u>
	1	Cash - non-interest-bearing	43450. 15259493.	1	1533545. 16186241.
	2	Savings and temporary cash investments	15259493.	2	10180241
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	SASTE MEMBERS AT THE PORT OF THE PORT OF	4 : : .5%	C Charles Solling Constitutions
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		asiza.	AMOSTAL MANAGERS
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	17.744.47.6 TAPY 19. 5316213		· 外部在各种的证例上(《自身表现》)
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	destructions is otherwise of feet to the black of a	9	SELECTION OF THE SECURITION OF
	10a	, , , , , , , , , , , , , , , , , , , ,			
		basis Complete Part VI of Schedule D	द्रावितिकारित द्रावितित्व । भागा विविद्य	ં _{જે} તેવનો ટુ	RESOLATION CONTRACTOR
	1	Less accumulated depreciation [10b]		10c	
,	11	Investments · publicly traded securities		11.	
ļ	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	15202042	15	15510506
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	15302943.	16	17719786
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	To a Use the Section of the Section
es	22	Loans and other payables to any current or former officer, director,			
Liabilities	Ι,	trustee, key employee, creator or founder, substantial contributor, or 35%	8. 各种基本为《2015·新沙族》中。	(4) or "	
<u>e</u>		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	O.
ړ		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	15303043	5×177	17710706
<u>a</u>	27	Net assets without donor restrictions	15302943.	27	17719786.
ñ	28	Net assets with donor restrictions	e-marinementalementalement	28	26人是在大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大
Š	_	Organizations that do not follow FASB ASC 958, check here		William S	
Net Assets or Fund Balances		and complete lines 29 through 33.	ASSESSED TRACTOR OF THE STATE O	110	中国公司中国人共和国的
ا <u>ب</u> ا	29	Capital stock or trust principal, or current funds		29	-
Sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ا ک	31	Retained earnings, endowment, accumulated income, or other funds	15202042	31	17710706
ž	32	Total net assets or fund balances	15302943.	32	17719786
	33	Total liabilities and net assets/fund balances	15302943.	33	17719786 . Form 990 (2019

932011 01-20-20

	990 (2019) Boll Weevil Protection Fund, Inc	46-42	290386	Pag	_{ge} 12	
Pai	rt 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		<u> 269:</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 100</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	24	2416843.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	153	<u>029</u>	<u>43.</u>	
5	Net unrealized gains (losses) on investments	5				
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> </u>	<u> 197</u> 1	86.	
Pa	rt 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," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	, F		U	
	separate basis, consolidated basis, or both				1	
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, (:	3		
	consolidated basis, or both		'	•	- 1	
	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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schi					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			32	
	Act and OMB Circular A-133?		3a		X	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	2010	
			Form	990 (2019)	

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organization	tions Complete Part III			
Nam	e of organization	.		Empl	oyer identification number
	Boll We	evil Protection	Fund, Inc		46-4290386
Pa	rt I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the organization	zation's direct and indirect politi-	cal campaign activities	ın Part IV	
2	Political campaign activity expendit	tures		▶ \$	
3	Volunteer hours for political campa	ign activities			
Pa	rt I-B Complete if the org	ganization is exempt und	der section 501(c)((3).	
	Enter the amount of any excise tax			▶ \$	
	Enter he amount of any excise tax	, ,		> \$	
3	If the organization incurred a section	in 4955 tax, did it file Form 4720	o for this year?		Yes No
15	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the org	ganization is exempt und	der section 501(c),	except section 501(c	<u>)(3).</u>
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for se	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b			▶\$	Yes No
	Did the filing organization file Form	•			
5	Enter the names, addresses and en	• •	•	•	
	made payments For each organiza	•			· ·
	contributions received that were propolitical action committee (PAC) If			•	e segregated lund or a
		1	 	-1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
				·	delivered to a separate
					political organization If none, enter -0-
	 	 			
					-
			-		
					
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019	Boll Weevil	Protection	Fund, Inc	46-4	290386 Page 2	
Partill Complete if the or	ganization is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under	
expenses, and sha	are of excess lobbying			group member's name	e, address, EIN,	
B Check In the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to inf						
b Total lobbying expenditures to inf	•	ay (airect lobbying)		 -		
c Total lobbying expenditures (addd Other exempt purpose expenditu	•					
 d Other exempt purpose expenditure e Total exempt purpose expenditure 		4)			· <u> </u>	
f Lobbying nontaxable amount En	•		h columns			
				Mar Jerenger in		
Not over \$500,000	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e		, i			
Over \$500,000 but not over \$1,00			ess over \$500.000			
Over \$1,000,000 but not over \$1,						
Over \$1,500,000 but not over \$17						
Over \$17,000,000	\$1,000,	,000	, , , , ,			
-	-					
g Grassroots nontaxable amount (e	nter 25% of line 1f)					
h Subtract line 1g from line 1a If ze	ro or less, enter -0-					
i Subtract line 1f from line 1c If zer	o or less, enter -0-					
j If there is an amount other than zo reporting section 4911 tax for this		line 1i, did the organiza	ation file Form 4720	. [Yes No	
		eraging Period Under	Section 501(h)			
(Some organizations	that made a section 5		have to complete all	of the five columns be	low.	
	Lobbying Expe	ndıtures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures					•	
d Grassroots nontaxable amount	Note that control and the last title in the same		Did to the state of the state o	Feet of applying to many - 60	١	
e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 Boll Weevil Protection Fund, Inc 46-42903 Part II B) Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			a)	(b)	
of the lobbying activity		Yes	No	Amount	
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 Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	, , , ,				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?	Z1 3 6 3 86 min	16 321 - C × 6,548		
j	Total Add lines 1c through 1i		\$14 \$1 DF41	Not with any and	8 2 atta \$ 12 at
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- Come Street a selection	of the constant	Company of the	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		なる。	mass of the	59 " 38 "27 " 38 ### ##
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on 501/o)/	5) or soc	tion	
Ŗar	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	011 50 1(0)(o), or sec	uon	
	501(c)(6).			Yes	No
			. -	-:	X
1	Were substantially all (90% or more) dues received condeductible by members?		1 2	x	<u>, A, </u>
2	Did the organization make only in-house loobying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from			_	
3 Par	till B Complete if the organization is exempt under section 501(c)(4),		_	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."		· ·	<u>, </u>	,
1	Dues, assessments and similar amounts from members		1 (%)		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
b	b Carryover from last year		2b_		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		* 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	pontical			
_	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Par	Supplemental Information	-C+	1 3		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground	ın list). Part II.	-Δ lines 1 a	nd 2 (see	
	actions), and Part II-B, line 1. Also, complete this part for any additional information	ip 113t), 1 art 11	71, III 05 T a	110 2 (000	
1115111	actions), and Fart ind, line 1. Also, complete this part for any additional information				
	•				
			· · · ·		
					

SCHEDULE O

(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 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Boll Weevil Protection Fund, Inc Employer identification number 46-4290386

Form 990, Part I, Line 1, Description of Organization Mission:
ultimately complete eradication of the boll weevil within the US.
Form 990, Part VI, Section A, line 8b:
No committees with authority to act on behalf of the governing board.
Form 990, Part VI, Section B, line 11b:
Return was reviewed by the Chairman, Vice-Chairman, and Secretary-Treasurer
Form 990, Part VI, Section B, Line 15:
Not applicable - there are no employees.
Form 990, Part VI, Section C, Line 19:
Documents are available upon request by U.S. mail.