DLN: 93493253008150 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable Cotton Incorporated □ Address change 62-0786018 % DAVID BYRD ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (919) 678-2220 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 79,988,476 Name and address of principal officer H(a) Is this a group return for DAVID N BYRD ☐Yes **☑**No subordinates? 6399 Weston Parkway H(b) Are all subordinates Cary, NC 27513 ☐ Yes ☐No ıncluded? 501(c)(3) ✓ 4947(a)(1) or 501(c) ( 6 ) **◄** (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW COTTONINC COM L Year of formation 1967 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 107 Number of voting members of the governing body (Part VI, line 1a) . 4 107 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 107 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 74,031,811 79,988,476 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,031,811 79,988,476 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 336,071 300,263 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,149,910 20,619,242 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 54,978,382 59,663,316 73,464,363 80,582,821 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 567,448 Revenue less expenses Subtract line 18 from line 12 . -594,345 Net Assets or Fund Balances Beginning of Current Year **End of Year** 15,224,790 16,874,402 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 14,980,881 17,224,838 Net assets or fund balances Subtract line 21 from line 20 . 243,909 -350,436 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-27 Signature of officer Sign Here DAVID N BYRD SENIOR VP AND CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-09-09 P01064157 Paid self-employed Firm's name BDO USA LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 1100 PEACHTREE STREET SUITE 700 Phone no (404) 688-6841 ATLANTA, GA 303094516 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

| Form | 990 (2019)                     |                               |                                     |  | Page <b>2</b>          |
|------|--------------------------------|-------------------------------|-------------------------------------|--|------------------------|
| Pa   | Statement                      | of Program Service Acc        | complishments                       |  |                        |
|      | Check if Sche                  | dule O contains a response oi | note to any line in this Part III . |  | 🗹                      |
| 1    | Briefly describe the o         | rganization's mission         | ·                                   |  |                        |
| RESE |                                | G COMPANY REPRESENTING        |                                     | ERS OF COTTON AND COTTON TE<br>IS DESIGNED AND OPERATED TO               |                        |
| 2    |                                |                               | gram services during the year wh    |  | ☐ Yes ☑ No             |
|      | If "Yes," describe the         | se new services on Schedule   | 0                                   |  |                        |
| 3    | Did the organization services? | <b>J</b> .                    | gnificant changes in how it condu   | cts, any program   | ☐ Yes ☑ No             |
|      | If "Yes," describe the         | se changes on Schedule O      |                                     |  |                        |
| 4    | Section 501(c)(3) and          |                               | required to report the amount o     | largest program services, as meas<br>f grants and allocations to others, |                        |
| 4a   | (Code                          | ) (Expenses \$                | including grants of \$              | ) (Revenue \$  | )                      |
|      | See Additional Data            |                               |                                     |  | <u> </u>               |
| 4b   | (Code                          | ) (Expenses \$                | including grants of \$              | ) (Revenue \$  | )                      |
|      | See Additional Data            |                               |                                     |  |                        |
| 4c   | (Code                          | ) (Expenses \$                | ıncludıng grants of \$              | ) (Revenue \$  | )                      |
|      | See Additional Data            |                               |                                     |  |                        |
| 4d   | Other program service          | ces (Describe in Schedule O ) |                                     |  |                        |
|      | (Expenses \$                   | ıncludıng                     | grants of \$                        | ) (Revenue \$  | )                      |
| 4e   | Total program serv             | rice expenses ▶               |                                     |  |                        |
|      |                                | <u> </u>                      |                                     |  | Form <b>990</b> (2019) |

or X as applicable

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

permanent endowments, or 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,

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 . . .

to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

**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 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 🛸

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . .

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No Nο Nο

No Yes

Nο No No Nο Nο No Nο Nο Nο

Yes Yes Yes Yes Yes

Nο

Nο

No

Nο

Form **990** (2019)

| orm 9 | 990 (2019)   |     |     | Page 4   |
|-------|--|-----|-----|----------|
| Part  | Checklist of Required Schedules (continued)  |     |     |          |
|       |  |     | Yes | No       |
|       | 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  | 22  | Yes |          |
|       | 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  | Yes |          |
|       | 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 |     | No       |
| b     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
|       | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |          |
| d     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |          |
|       | 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   | 25a |     |          |
|       | 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 |     |          |
|       | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current 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  |     | No       |
|       | 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  |     | No       |
|       | 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No       |
| b     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No       |
|       | 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 |     | No       |
| •     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | No       |
| )     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No       |
| L     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No       |
|       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | No       |
|       | 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  |     | No       |
|       | 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  | Yes |          |
| ia    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No       |
| ь     | 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 |     |          |
|       | 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  |     |          |
|       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | No       |
|       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |          |
| Pari  | Statements Regarding Other IRS Filings and Tax Compliance  |     |     |          |
|       | Check if Schedule O contains a response or note to any line in this Part V   |     |     | <u>Ш</u> |
| 1a    | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   203   |     | Yes | No       |

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1b

**1**c

Yes

|        | 990 (2019)   |            |     | Page <b>5</b> |
|--------|--|------------|-----|---------------|
| Pa     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |               |
| 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  |            |     |               |
|        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b         | Yes |               |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | No            |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  MX , CH , HK , JA | 4a         | Yes |               |
| 5a     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | No            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No            |
| c      | 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         |     | No            |
|        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |               |
|        | Organizations that may receive deductible contributions under section 170(c).  |            |     |               |
|        | 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?  |            |     |               |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |               |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     |               |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |               |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     |               |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     |               |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7</b> g |     |               |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |               |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |               |
| 9      | Sponsoring organizations maintaining donor advised funds.  |            |     |               |
|        | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9</b> a |     |               |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9</b> b |     |               |
| 10     | Section 501(c)(7) organizations. Enter   |            |     |               |
| a<br>b | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |               |
| 11     | Section 501(c)(12) organizations. Enter  |            |     |               |
| а      | Gross income from members or shareholders  |            |     |               |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |            |     |               |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |               |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  |            |     |               |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |               |
|        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |               |
|        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |               |
|        | Enter the amount of reserves on hand   |            |     |               |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | No            |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess   | 14b        |     |               |
| 13     | parachute payment(s) during the year?  | 15         |     | No            |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O   | 16         |     | No            |

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions **V** Check if Schedule O contains a response or note to any line in this Part VI . . . . . . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 107 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 Enter the number of voting members included in line 1a, above, who are independent 107 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο 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 filed? . 4 Yes Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? . . . . . 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . . 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . . . 10a No 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?

Did the organization have a written document retention and destruction policy? . . . .

a The organization's CEO, Executive Director, or top management official . . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

. . . . . . .

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written whistleblower policy? . . . . .

List the states with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

►DAVID BYRD 6399 WESTON PARKWAY CARY, NC 27513 (919) 678-2220

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

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 exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

FL, MI, NY, NC, TN

10h

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Nο

Form 990 (2019)

Schedule O how this was done . . . . . .

taxable entity during the year? .

Section C. Disclosure

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| Form 990 (2  | 2019)  |  |                                   |                       |                       |                                 |                              |        |   |   | Page <b>7</b>  |
|--------------|--|--|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|--------|---|---|--|
| Part VII     | Compensation of Officer and Independent Contra   |  | Truste                            | es,                   | Key                   | En                              | ıploy                        | ees    | , Highest Comp  | ensated Employ  | /ees,  |
|              | Check if Schedule O contains a   | response or no   | te to an                          | y line                | ın t                  | this                            | Part VI                      | ١.     |   |   | 🗆  |
| Section      | A. Officers, Directors, Tru  | istees, Key E  | mploy                             | ees                   | , an                  | id H                            | lighe                        | st C   | Compensated En  | nployees  |  |
| year .       | e this table for all persons require   |  | ·                                 |                       |                       |                                 |                              |        | , ,   |   |  |
| of compens   | of the organization's <b>current</b> off<br>ation Enter -0- in columns (D), (                              | E), and (F) if no                                      | compe                             | nsatı                 | on v                  | vas p                           | paid                         |        |   |   |  |
|              | of the organization's <b>current</b> key   |  |                                   |                       |                       |                                 |                              |        |   |   |  |
| who receive  | organization's five <b>current</b> high<br>d reportable compensation (Box<br>and any related organizations |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              | of the organization's <b>former</b> office<br>e compensation from the organiz                              |  |                                   |                       |                       |                                 | pensat                       | ed e   | employees who rece  | ived more than \$10   | 0,000  |
| organızatıor | of the organization's <b>former dire</b><br>n, more than \$10,000 of reportab                              | le compensation  | n from t                          |                       |                       |                                 |                              |        |   |   | e  |
|              | ions for the order in which to list  | •  |                                   |                       |                       |                                 |                              |        |   |   |  |
| ☐ Check t    | this box if neither the organization   |  | d orgar                           | nizatio               |                       |                                 | ensate                       | d ar   | ny current officer, di  | rector, or trustee  | _  |
|              | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours for related | than o                            | ne b                  | ox, ι<br>n of<br>or/t | t che<br>unles<br>ficer<br>rust | · and a<br>ee)               | on     | ( <b>D</b> ) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization and |
|              |  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer               | key employee                    | Highest compensated employee | Former | MISC)   | MISC)   | related<br>organizations   |
| See Addition | al Data Table  |  |                                   |                       |                       |                                 |                              |        |   |   | _  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       | _                     |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   | _  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |
|              |  |  |                                   |                       |                       |                                 |                              |        |   |   |  |

PO Box 42122 LUBBOCK, TX 79409

compensation from the organization ▶ 52

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

| <b>(A)</b><br>Name and title  | (B) Average hours per week (list any hours for related | than o                            | one b                 | ox, u<br>n off<br>or/tr | che<br>inles | and a                        | son    | comper<br>from<br>organi | D) (E) Portable Reportable compensation from related organizations /1099- (W-2/1099- |             | amount<br>compe<br>from | Estimated<br>amount of other<br>compensation<br>from the<br>organization and |                 |
|---|--|-----------------------------------|-----------------------|-------------------------|--------------|------------------------------|--------|--------------------------|--|-------------|-------------------------|--|-----------------|
|   | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer                 | key employee | Highest compensated employee | Former | MIS                      |  | MISC)       | -                       | rela   | ated<br>zations |
| See Additional Data Table   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
|   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
| 1b Sub-Total  |  |                                   |                       |                         |              | <b>P</b>                     |        | •                        |  |             |                         |  |                 |
| d Total (add lines 1b and 1c)   | •  |                                   |                       |                         |              | •                            |        | 3,30                     | 14,782   |             | 0                       |  | 865,715         |
| 2 Total number of individuals (including of reportable compensation from the  |  |                                   | se listi              | ed al                   | oove         | e) who                       | rece   | eived more               | than \$1   | 00,000      |                         | ı  |                 |
| 3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2   |  |                                   |                       |                         |              |                              |        | ghest com                | pensated   | employee on | 3                       | Yes  | No<br>No        |
| <b>4</b> For any individual listed on line 1a, is organization and related organization individual  | s greater than \$                                      | 150,00                            | 0? <i>If</i>          | "Yes,                   | ," c         | omplet                       | te Sc  |                          |  | n the       |                         | l Yes  |                 |
| 5 Did any person listed on line 1a receive services rendered to the organization  |  |                                   |                       |                         |              |                              |        |                          |  | vidual for  | 5                       | 1  | No              |
| Section B. Independent Contractors  |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
| (A)(B)(C)Name and business addressDescription of servicesCompensation   |  |                                   |                       |                         |              |                              |        |                          |  |             |                         |  |                 |
| Mindshare USA LLC,<br>175 Greenwich Street 15th Floor<br>NEW YORK, NY 10007   |  |                                   |                       |                         |              |                              |        | М                        | arketing   |             |                         | 1  | 9,797,582       |
| DDB Worldwide Communications,<br>437 Madison<br>NEW YORK, NY 10022  |  |                                   |                       |                         |              |                              |        | М                        | arketing   |             |                         |  | 3,599,449       |
| Cotton Council International,<br>1521 New Hampshire Ave NW<br>WASHINGTON, DC 20036  |  |                                   |                       |                         |              |                              | М      | arketing                 |  |             |                         | 3,376,198  |                 |
| Texas AM Agrilife Research,<br>PO Box 10420<br>COLLEGE STATION, TX 77842  |  |                                   |                       |                         |              |                              |        | R                        | esearch Se   | ervices     |                         |  | 1,327,765       |
| Texas Tech University, PO Box 42122   |  |                                   |                       |                         |              |                              |        | R                        | esearch Se   | ervices     |                         |  | 1,203,905       |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(B)

|  |      | (2019)                                    |            | 1                      |              |                    |                |                       |                                |                                | Page <b>9</b>                                   |
|--|------|---|------------|------------------------|--------------|--------------------|----------------|-----------------------|--------------------------------|--------------------------------|---|
| Part   | VIII |   |            |                        | recar        | nnse or noto to    | any I          | ine in this Part VIII |                                |                                |   |
|  |      | CHECK II SCHEC                            | aue (      | o contains a           | i respo      | mise of flote to   | ally I         | (A) Total revenue     | (B) Related or exempt function | (C) Unrelated business revenue | (D)  Revenue  excluded from  tax under sections |
|  | 1 -  | Federated campa                           | nane       |                        | 1a           |                    |                |                       | revenue                        |                                | 512 - 514                                       |
| nts<br>nts   |      | <b>b</b> Membership dues                  |            | L                      | 1b           |                    | _              |                       |                                |                                |   |
| Contributions, Gifts, Grants and Other Similar Amounts |      | c Fundraising even                        |            | L                      | 1c           |                    | _              |                       |                                |                                |   |
| ts, (  |      | d Related organiza                        |            | L                      | 1d           |                    | _              |                       |                                |                                |   |
| ia<br>is   |      | e Government grants                       |            |                        | 1e           | 140,5              | 503            |                       |                                |                                |   |
| ıns,<br>Sir  | 1    | F All other contribution                  | ns, gi     | Ifts, grants,          |              |                    |                |                       |                                |                                |   |
| utio<br>ner  |      | above                                     |            | L                      | 1f           | 79,847,9           | 73             |                       |                                |                                |   |
| 클  | 1    | g Noncash contributio<br>lines 1a - 1f \$ | ns ind     | cluded in              | 1g           |                    |                |                       |                                |                                |   |
| Con  |      | <b>h Total.</b> Add lines :               | 1a-1f      | f                      |              | >                  | _              | 79,988,476            |                                |                                |   |
|  |      |   |            |                        |              | Business Cod       | le             | 79,900,470            |                                | 1                              |   |
|  | 2a   |   |            |                        |              |                    |                |                       |                                |                                |   |
| n.le   |      |   |            |                        |              |                    | +              |                       |                                |                                | +   |
| Program Service Revenue                                | b    |   |            |                        |              |                    |                |                       |                                |                                |   |
| ce F   | С    |   |            |                        |              |                    |                |                       |                                |                                |   |
| χerν   |      |   |            |                        |              |                    |                |                       |                                |                                |   |
| me §   | d    |   |            |                        |              |                    | _              |                       |                                |                                |   |
| ogra   | е    |   |            |                        |              |                    |                |                       |                                |                                |   |
| ₫.   | f    | All other program                         | servi      | ice revenue            |              |                    |                |                       |                                |                                |   |
|  |      | Total. Add lines 2                        |            |                        |              |                    | 0              |                       |                                |                                |   |
|  | 3    | Investment Income                         |            |                        |              | nterest, and ot    |                | C                     |                                |                                |   |
|  |      | similar amounts).<br>Income from invest   |            | · · · · · t of tax-exe |              | ond proceeds       | <b>▶</b>       |                       |                                |                                |   |
|  |      | Royalties                                 |            |                        |              |                    | ▶              | C                     | )                              |                                |   |
|  |      |   |            | (ı) Rea                | al           | (II) Person        | al             |                       |                                |                                |   |
|  | 6a   | Gross rents                               | 6a         |                        |              |                    |                |                       |                                |                                |   |
|  | b    | Less rental expenses                      | 6b         |                        |              |                    |                |                       |                                |                                |   |
|  | С    | Rental income                             |            |                        |              |                    |                |                       |                                |                                |   |
|  |      | or (loss)                                 | <b>6</b> c |                        | (            |                    | 0              | l c                   |                                |                                |   |
|  |      | Net rental income                         | or(        | (ı) Securi             | ties         | (II) Other         |                |                       | /                              |                                |   |
|  | 7a   | Gross amount                              | _          | (,) 5554               |              | (, 545             |                |                       |                                |                                |   |
|  |      | from sales of<br>assets other             | 7a         |                        |              |                    |                |                       |                                |                                |   |
|  | b    | than inventory  Less cost or              |            |                        |              |                    |                |                       |                                |                                |   |
|  |      | other basis and sales expenses            | 7b         |                        |              |                    |                |                       |                                |                                |   |
|  | _    | Gain or (loss)                            | 7c         |                        |              |                    |                |                       |                                |                                |   |
|  |      | Net gain or (loss)                        |            |                        |              |                    | <u> </u>       |                       |                                |                                |   |
| ə  | 8a   | Gross income from fu<br>(not including \$ | ındraı     | sing events<br>of      |              |                    |                |                       |                                |                                |   |
| eun  |      | contributions reported                    |            | ine 1c)                |              |                    |                |                       |                                |                                |   |
| }ev,   |      | See Part IV, line 18                      |            |                        | 8a           |                    | 0              |                       |                                |                                |   |
| Other Revenue  |      | Less direct expen<br>: Net income or (los |            |                        | 8b<br>ına ev | ents               | <br>▶          | C                     |                                |                                |   |
|  |      |   |            |                        |              |                    |                |                       |                                |                                |   |
|  | 9a   | Gross income from<br>See Part IV, line 19 | gamı<br>•  | ng activities<br>• •   | 9a           |                    | 0              |                       |                                |                                |   |
|  | ь    | Less direct expen                         | ses        |                        | 9b           |                    | 0              |                       |                                |                                |   |
|  | c    | : Net income or (los                      | s) fr      | om gamıng              | activit      | les                | <u> </u>       | C                     | )                              |                                |   |
|  | 10:  | Gross sales of inve                       | entor      | y, less                |              |                    |                |                       |                                |                                |   |
|  |      | returns and allowa                        | nces       |                        | 10a          |                    | 0              |                       |                                |                                |   |
|  |      | Less cost of good                         |            |                        | 10b          |                    | 0              | C                     |                                |                                |   |
|  | C    | Net income or (los<br>Miscellaneo         |            |                        | ınvent       | ory<br>Business Co | <b>▶</b><br>de |                       | <u>'</u>                       |                                |   |
|  | 11   | a   |            |                        |              |                    |                |                       |                                |                                |   |
|  |      |   |            |                        |              |                    |                |                       |                                |                                |   |
|  | b    |   |            |                        |              |                    |                |                       |                                |                                |   |
|  |      |   |            |                        |              |                    |                |                       |                                |                                | 1   |
|  | C    | ;   |            |                        |              |                    |                |                       |                                |                                |   |
|  | ď    | All other revenue                         |            |                        |              |                    |                |                       |                                |                                | -   |
|  |      | Total. Add lines 1                        |            |                        |              | 1                  | <b>&gt;</b>    | _                     |                                |                                |   |
|  | 12   | : <b>Total revenue.</b> S                 | ee in      | structions             |              |                    | <b>&gt;</b>    | 70,000,476            |                                |                                |   |
|  |      |   |            |                        |              |                    | •              | 79,988,476            | P                              | 1                              | Farra 000 (3010)                                |

| Pa | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of   | complete all columns  | All other organizati         | ons must complete col                     | umn (A)                        |  |  |  |  |  |  |  |
|----|--|-----------------------|------------------------------|---|--------------------------------|--|--|--|--|--|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part IX  |                       |                              |   |                                |  |  |  |  |  |  |  |
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |  |  |  |  |  |  |  |
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22   | 300,263               |                              |   |                                |  |  |  |  |  |  |  |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 4  | Benefits paid to or for members  | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 2,941,408             |                              |   |                                |  |  |  |  |  |  |  |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 7  | Other salaries and wages   | 12,767,621            |                              |   |                                |  |  |  |  |  |  |  |
| 8  | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 1,682,683             |                              |   |                                |  |  |  |  |  |  |  |
| 9  | Other employee benefits  | 2,325,958             |                              |   |                                |  |  |  |  |  |  |  |
| 10 | Payroll taxes  | 901,572               |                              |   |                                |  |  |  |  |  |  |  |
| 11 | Fees for services (non-employees)  |                       |                              |   |                                |  |  |  |  |  |  |  |
| a  | Management   | 4,308,124             |                              |   |                                |  |  |  |  |  |  |  |
|    | Legal  | 252,301               |                              |   |                                |  |  |  |  |  |  |  |
|    | Accounting   | 193,455               |                              |   |                                |  |  |  |  |  |  |  |
|    | Lobbying   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
|    | Professional fundraising services See Part IV, line 17   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
|    | - · · · · · · · · · · · · · · · · · · ·  | 213,609               |                              |   |                                |  |  |  |  |  |  |  |
|    | Investment management fees   | ·                     |                              |   |                                |  |  |  |  |  |  |  |
| _  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 990,800               |                              |   |                                |  |  |  |  |  |  |  |
| 12 | Advertising and promotion  | 25,817,853            |                              |   |                                |  |  |  |  |  |  |  |
|    | Office expenses  | 503,336               |                              |   |                                |  |  |  |  |  |  |  |
|    | Information technology   | 692,687               |                              |   |                                |  |  |  |  |  |  |  |
| 15 | Royalties  | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 16 | Occupancy  | 1,511,716             |                              |   |                                |  |  |  |  |  |  |  |
| 17 | Travel   | 2,379,664             |                              |   |                                |  |  |  |  |  |  |  |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials .   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 19 | Conferences, conventions, and meetings   | 3,074,031             |                              |   |                                |  |  |  |  |  |  |  |
| 20 | Interest   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 21 | Payments to affiliates   | 0                     |                              |   |                                |  |  |  |  |  |  |  |
| 22 | Depreciation, depletion, and amortization  | 1,598,466             |                              |   |                                |  |  |  |  |  |  |  |
| 23 | Insurance  | 195,515               |                              |   |                                |  |  |  |  |  |  |  |
| 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) |                       |                              |   |                                |  |  |  |  |  |  |  |
| •  | a RESEARCH & PROMOTION   | 13,229,324            |                              |   |                                |  |  |  |  |  |  |  |
| İ  | b GRAPHIC ARTS   | 1,164,248             |                              |   |                                |  |  |  |  |  |  |  |
| •  | c MAINTENANCE  | 835,838               |                              |   |                                |  |  |  |  |  |  |  |
| •  | d SPONSORSHIP  | 1,121,575             |                              |   |                                |  |  |  |  |  |  |  |
| •  | e All other expenses   | 1,580,774             |                              |   |                                |  |  |  |  |  |  |  |
| 25 | Total functional expenses. Add lines 1 through 24e   | 80,582,821            |                              |   |                                |  |  |  |  |  |  |  |
| 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)   |                       |                              | 1   |                                |  |  |  |  |  |  |  |

| Forn  | 1 990 | (2019)  |                   |                    |                          |             | Page <b>11</b>     |
|-------|-------|---|-------------------|--------------------|--------------------------|-------------|--------------------|
| Р     | art X | Balance Sheet   |                   |                    |                          |             |                    |
|       |       | Check if Schedule O contains a response or no   | te to any lir     | ne in this Part IX |                          |             | 🗆                  |
|       |       |   |                   |                    | (A)<br>Beginning of year |             | (B)<br>End of year |
|       | 1     | Cash-non-interest-bearing   |                   |                    | 1,958                    | 1           | 1,962              |
|       | 2     | Savings and temporary cash investments .  |                   | [                  | 5,876,088                | 2           | 9,689,550          |
|       | 3     | Pledges and grants receivable, net  |                   | 0                  | 3                        | 0           |                    |
|       | 4     | Accounts receivable, net  |                   | 3,598,808          | 4                        | 2,216,707   |                    |
|       | 5     | Loans and other payables to any current or forkey employee, creator or founder, substantial centity or family member of any of these person | or 35% controlled | 0                  | 5                        | 0           |                    |
|       | 6     | Loans and other receivables from other disqual section $4958(f)(1)$ , and persons described in s  |                   | 0                  | 6                        | 0           |                    |
| s     | 7     | Notes and loans receivable, net   |                   | 0                  | 7                        | 0           |                    |
| ssets | 8     | Inventories for sale or use   |                   |                    | 0                        | 8           | 0                  |
| SS    | 9     | Prepaid expenses and deferred charges   |                   |                    | 1,285,481                | 9           | 1,068,157          |
| _     | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a               | 21,288,898         |                          |             |                    |
|       | ь     | Less accumulated depreciation   | 10b               | 17,390,872         | 4,462,455                | <b>10</b> c | 3,898,026          |
|       | 11    | Investments—publicly traded securities .  |                   |                    | 0                        | 11          | 0                  |
|       | 12    | Investments—other securities See Part IV, line  |                   | 0                  | 12                       | 0           |                    |
|       | 13    | Investments—program-related See Part IV, line   |                   | 0                  | 13                       | 0           |                    |
|       | 14    | Intangible assets   |                   | 0                  | 14                       | 0           |                    |
|       | 15    | Other assets See Part IV, line 11   |                   | [                  | 0                        | 15          | 0                  |

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Liabilities 22

Fund Balances

ō 29

Assets 30 Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Accounts payable and accrued expenses

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

complete lines 29 through 33.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

**Software Version:** 

**EIN:** 62-0786018

Name: Cotton Incorporated

Form 990 (2019)

# Form 990, Part III, Line 4a:

Consumer Marketing The Consumer Marketing program is comprised of the Consumer Marketing Division (Advertising, Public Relations and Strategic Alliances) and the Corporate Strategy and Program Metrics Division (CSPM) The Consumer Marketing Division is tasked with creating awareness of, and interest in, cotton among consumer and trade audiences. This is accomplished through an integrated platform of traditional and digital advertising, engagement with the media, and activities and events that directly contact consumers. In 2019, the Advertising Department at Cotton Incorporated continued with the second year of our "Life Is Uncomfortable" campaign, utilizing four video assets Tattoo, Anchor, First Day, and Meme, targeting women and men 18 - 49 This 360 degree campaign reached consumers through TV, video streaming, and digital media, including social media and search engine marketing, driving qualified traffic to our consumer website. The Fabrico f Our Lives com. The brand ad tracker measured campaign awareness and changes in cotton perception among the target audience. The results show that label checking for fabric content and the degree of influence fabric has on clothing purchase are higher among those who have seen First Day in particular, but overall, the campaign has high emotional connection and recognition. In addition to our above-the-line campaign, Advertising also ran a health and wellness-themed video campaign consisting of three videos. Skin Irritation, Underwear, and Sheets, as well as launched a competitive Know Your Clothes social media campaign, to build awareness, educate consumers, and promote the competitive advantages of cotton During the second half of 2019, the Advertising Department launched a denim-focused video campaign to highlight the historical importance of denim and how authentic denim is made with cotton. The campaign reached consumers through digital and social media as well as through enhanced search engine marketing techniques The department also completed production on a social media campaign focused on cotton farmer Wendy Yeager, to highlight the made-in-America aspect of cotton and call attention to the family farms that grow it. Finally, production began on the second phase of the Denim campaign. Rosie Reborn. The campaign will launch in the first quarter of 2020 and will continue to tell the story of denim's importance in our collective American history, by highlighting the stories of trailblazing women who will be dubbed "modern-day Rosiesunderscore the importance of cotton in authentic denim. The year concluded with research and creative development on a new video campaign which will debut in the second quarter of 2020. The Public Relations Department accomplishments for the 2019 year were activities in support of the sustainability of U.S. cotton, the Corporate Strategy & Program Metrics (CSPM) department and the promotion of the holiday shopping survey data, and consumer-facing corporate initiatives such as the Blue Jeans Go Green (TM) denim recycling program. The department secured coverage in atypical and desirable media outlets. Some were a result of an external firm, which provided support for consumer-facing media coverage of cotton and Cotton Incorporated, and some were achieved independently by the Public Relations Department Among these were news items in Refinery29, Real Simple Online, Martha Stewart Living Online, etc. The Strategic Alliance Department began their year with an exciting new retail partnership for Strategic and Retail Partnerships along with collection and distribution activities for the Blue Jeans Go Green (TM) denim recycling program. In addition to Madewell and rag & bone collecting denim for recycling in stores nationwide, other retailers, individuals, and organizations across the country got involved as well throughout the year Additionally, the Strategic Alliances team partnered with e-tailer, Revolve, for the first time, to plan and execute an integrated marketing campaign aiming to drive sales of cotton apparel as well as Amazon for the second year, and buybuy BABY for Seal of Cotton trademark promotions that occurred online and instore CSPM led efforts to identify opportunities and threats for cotton using market intelligence gathered through ongoing studies of U S consumer attitudes from the Lifestyle Monitor (TM) survey, assessments of cotton's share at retail through the Retail Monitor (TM) research, and comprehensive global market and economic research and analysis CSPM provided more than 240 information requests, participated in approximately 160 meetings and presentations, authored 268 publications, videos, TV/radio segments, and podcasts, and worked on more than 20 projects. Work completed by CSPM in 2019 includes, but is not limited to, the collection and examination of data on more than 130K products offered at retail in the U.S. and China, the evaluation of over 14K U.S. and 17K global consumers, the update of a comprehensive database of monthly apparel and home furnishing imports, the management and analysis of global quantitative research in China, the management of Cotton Incorporated's brand tracking metrics, and the delivery of consumer and economic outlook presentations

## Form 990, Part III, Line 4b:

Global Supply Chain Marketing (GSCM) The scope of the GSCM division covers a wide range of activities with manufacturers, retailers, brands, and trade organizations throughout the world. These activities are anchored in three important strategic objectives, build a global presence for cotton, promote product and technology ideas, and conduct education, training, and technical assistance through marketing programs that further the use of cotton in products. An important tactic for maintaining a global presence for cotton is through direct account interaction with mills, manufacturers, brands and retailers for the apparel, nonwovens and home product markets GSCM staff focus their efforts on influencing major brands and retailers through coordination of various Company resources, with the goal of influencing the use of cotton versus other fibers. During the second half of 2019, GSCM staff conducted more than 400 meetings with companies in both the manufacturing supply chain and with key brand and retailer accounts. In its sixth year, the Cotton LEADS program continues to educate and inform retailers, brands, and manufacturers about responsible U.S. cotton production. Cotton Incorporated participates in this program with the National Cotton Council of America, the Cotton Foundation, Cotton Australia, and Cotton Council International In 2019, 32 new partners joined the program, thus reaching a total of 592 partnering manufacturers, brands and retailers. During the second half of the year, Mexico City staff added two more Cotton LEADS members and also supported two members, one Peruvian, one Mexican, to design and launch their respective Business to Business (B2B) Cotton LEADS membership campaigns by labeling their eco-line products made with U.S. cotton. Forty-four technical education workshops were held in 2019 with over 1,271 attendees. These individuals were from 128 major brands and retailers. The purpose of these workshops was to provide detailed technical information and

training on relevant topics important for cotton. The GSCM division continued to develop the CottonWorks (TM) website, a marketing tool and educational resource

(www cottonworks com) It is the leading innovative education and information resource for current and emerging textile industry professionals who are actively seeking connections to cotton In 2019, Cotton Incorporated added two new nonwovens courses and new content on cotton biodegradability. Additionally, cotton fabrics from Cotton Incorporated's FABRICAST (TM) collection were digitized and added to the updated FABRICAST (TM) collection page, bringing the total number of digitally searchable fabrics to 1,027 Two new brochures were added microfiber biodegradability in aquatic environments and NATURAL STRETCH (TM) technology. Staff also implemented a new resource on the site to learn more about cotton production terms. In 2019, there were 32,108 registered users, 183,479 sessions, and 1,028,067 page views. The GSCM division is responsible for coordinating messaging to the trade. In 2019, consistent messaging and imagery was implemented throughout, including tradeshows, tradeshow promotional items and outlets, and other publications. New messaging was created for 2019 placement to highlight "the circular economycombination technologies." Trade advertisements were placed in industry publications, in print and digitally. A new campaign highlighting the improvements in sustainability, innovation, and technology was developed for the 2020 year. Several brands and retailers that have adopted multiple cotton technologies in 2019 have expanded the product offering into other categories.

A significant U.S. online retailer is continuing their STORM COTTON (TM) and STORM DENIM (TM) technologies for men's and women's apparel. Several competing retailers have adopted the TOUGH COTTON (TM) technology on girls' leggings. A large children's brand has adopted the TransDRY (R) technology on a cloth diaper that will be sold through multiple large retail stores and online. A women's sportswear brand has adopted the TransDRY (R) technology on a performance tank top. An online retailer has

adopted TransDRY (R) technology on ladies' performance underwear. The GSCM Nonwovens Marketing team successfully completed new license agreements in the following countries Belgium, Canada, China, Colombia, France, Germany, Indonesia, Korea, Spain, South Africa, Switzerland, Ukraine, United Arab Emirates, UK and the U.S. The

pads Trademarks included Seal of Cotton, natural (TM), enhanced (TM), and Cotton LEADS Product markets expanding the use of cotton in the second half of 2019 included, global nonwovens roll goods, feminine hygiene, wipes, baby care, skin care, air filtration masks, baby diapers, adult care pads and hospital cleansing gloves

product markets included nonwoven roll goods, feminine hygiene tampons, pads and liners, wipes and skin care masks, air filtration masks, baby diapers, and adult care

an international conference

Form 990, Part III, Line 4c: Research and Development Research and Development is comprised of the Fiber Competition division and the Product Development and Implementation division. Fiber Competition had twelve outside research projects for 2019 with the renewal of seven projects and the initiation of five new projects. The top priority for 2019 was dealing with contamination issues. The other key priority was the Fiber of the Future effort, which involves improving fiber length uniformity and fineness. Product Evaluation Laboratory (PEL) activities continued to focus on normal day-to-day testing. Routine testing on two high volume instrument (HVI) inter-lab evaluations involved twelve proficiency sets, and the lab also provided testing for the USDA-AMS on ten sets of calibration cotton using both HVI models. A total of nine proficiency tests for fabric and one proficiency test for varn was also run during the year. Testing services were active for all areas of research and implementation for both Agricultural and Environmental Research and Product Development and Implementation divisions. The lab is continuing to learn and tweak the new version of LogBook software, a specialized system used by the PEL for all data collection and reporting to meet the lab's specific needs. The Cotton Management System (CMS) Product Development team continues to support MILLNet (TM) software products, with the primary focus on updates and enhancements for the latest version. The latest version of MILLNet (TM) software is being used for all new licensee installations. All but two existing users have been converted to the latest version with plans to convert the final two in early 2020. The CMS Technical Service and Marketing teams assisted customers 3.135 times by phone, e-mail, text, face-to-face and the Internet Yearly service visits were completed for licensees located in Canada, China, Colombia, El Salvador, Guatemala, Honduras, Korea, Mexico, Nicaragua, Peru, Philippines, Thailand, the U.S. and Vietnam. Marketing visits were made to prospective clients in Colombia, El Salvador, Guatemala, Indonesia, Korea, Mexico, Peru, the U.S. and Vietnam. Three new MILLNet (TM) software licenses were signed and installed. The Product Development and Implementation (PDI) Division has accomplished many achievements within the top-three strategies set forth in 2019 Contamination, Sustainability and Innovation. To address contamination, a cotton twine sample was developed, and tests were identified to evaluate baseline performance of current cotton wrap material. In addition, a large contamination trial was completed in Germany in coordination with the equipment manufacturer and industry partners. The new detection technology removes and quantifies debris found at the mill level during processing. A completed technical report then compared current contamination detection and removal technologies with the advanced technologies used during the Germany trial As traceability has risen to the forefront of the cotton industry, PDI provided technical support to Cotton Council International (CCI) to investigate Oritain's Traceability Technology by processing upland cotton, from two different states, to produce yarn and fabric samples for evaluation. In the area of sustainability, the microfiber biodegradation project examined the impact of dyes and finishes on cotton's ability to degrade in aquatic environments. An effort to transform waste cotton into chemical intermediaries was achieved with the cotton-to-sugar project. The project realized significant process improvements, whereby chemicals and energy were reduced without sacrificing efficiency. Two outside research projects, saw promising results, examined methods transforming waste cotton into high value materials, such as nanocellulose and carbon fiber. Synthetic fleece-alternative fabrics, of cotton and wool, continued to be a highlight, as were 100% cotton thermal knits. A focus on sustainability was maintained in bottom-weight offerings, further reducing waste in selvedge denim, through reducing chemical inputs of dyeing through catatonically treated woven fabrics and in mechanical fabric finishing. Lasers were also used reducing chemical inputs by creating a variation on traditionally condured concepts. The Life Cycle Analysis (LCA) was expanded to include Ultra Touch (TM) denim insulation, evaluating how it compares to the traditional fiberglass product. Product Development and Implementation continues to develop innovative products. Novel yarns were developed using newly purchased AgTek Multi-function winders. The novelty yarns were then used in FABRICAST (TM) collections, enhancing the design's aesthetic through embroidery Developments were also initiated using the new Muratec III 870 Vortex Spinner (MVS), obtained in 2018. In an effort for MVS yarn to better compete with ring spun yarn, research trials focused on improving strength and softness of the yarns. Multiple nonwoven prototypes were developed with a wide range of forming and bonding technologies using recycled or reclaimed cotton. Five FABRICAST (TM) collections were released this year focusing on sustainability, performance, and activewear. This included fiber selection, construction, and finish application. Different blends and blend levels were developed to produce lighter weights with a reduced absorbent capacity Rounding out the collection were fabrics with dual-finish technologies, fabrics with unique surface design, fabrics with conductive yarns for e-textiles, and even prototypes for shoe uppers New technologies continue to be released by PDI A new Sweat Hiding (TM) technology, for lightweight woven fabrics, was launched enabling materials, such as dress shirts, to absorb water but not appear wet on the surface. Another new development, labeled QuickDRY (TM) technology, was run on 100% cotton sheeting in partnership with a U.S. mill, with the aim of reducing energy in the consumer-use phase. This non-formaldehyde flame retardant technology is still under development and new chemistries are being evaluated. Two dual-technology finishes were introduced through the FABRICAST (TM) collection at the Outdoor Retailer (OR) show in August Fabrics treated with TransDRY + TOUGH COTTON (TM) technology and STORM COTTON (TM) + TOUGH COTTON (TM) technology were the first requested by several retailers. Work continues to increase cotton fiber in 3D printing and injection molding. By increasing the cotton fiber content in molding technologies, the performance can be enhanced while displacing synthetics. After receiving a notice of allowance, the PUREPRESS (TM) technology patent has moved forward. Strong interest has developed around PUREPRESS (TM) technology over the course of 2019, with six-mills becoming suppliers running 13-separate trials. One supplier increased its production to include 34-styles treated with PUREPRESS (TM) technology. The TOUGH COTTON (TM) technology continues to be implemented by major brands as well. With interest from additional mills in the U.S. and Asia to become suppliers. The implementation of STORM COTTON (TM) technology continues, but with emphasis on a non-fluorine formula With the assistance of the Product Evaluation Lab (PEL), a total of 317 projects with over 900 samples were processed for technology licensing. This was in addition to technical service, analytical work, internal research, and support for fabric development. In June, PDI traveled to Barcelona, Spain, attending the International Textile Machinery Association (ITMA) Show which occurs every four years. The team focused on new technologies surrounding cotton development in spinning, contamination detection, knitting & weaving, dyeing & finishing, printing, sustainability and emerging technologies. Six reports were prepared to share PDI's insights within Cotton Incorporated and the cotton industry Various activities were done to amplify cotton's research in the LCA, such as participating in industry meetings, presenting at several international conferences, as well as authoring a position paper on LCA implementation. Product Integrity participated in an international standards organization (ISO) conference contributing to work screening for GMOs in textiles, advancing the consumer-facing dashboard used for the Higg Index, and chairing numerous committees and working groups within both SAC, AATCC, and ANSI organizations throughout the year. In addition, the results of a non-formaldehyde finish development were presented at

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|                               | organizations<br>below dotted<br>line) |  | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| J Berrye Worsham              | 40 0                                   |  |                       |    |              |                              |        |                      |                      |  |
| President & CEO               |  |  |                       | Х  |              |                              |        | 660,983              | 0                    | 156,200                                      |
| President & CEO               | 0 0                                    |  |                       |    |              |                              |        |                      |                      |  |
| Mark Messura                  | 40 0                                   |  |                       |    |              |                              |        |                      |                      |  |
|                               |  |  |                       |    | ×            |                              |        | 313,614              | 0                    | 115,388                                      |
| Sr VP, Global Supp Chain Mktg | 0 0                                    |  |                       |    |              |                              |        |                      |                      |  |
| Kater Hake                    | 40 0                                   |  |                       |    |              |                              |        |                      |                      |  |
|                               |  |  |                       |    | X            |                              |        | 299,615              | 0                    | 104,037                                      |
| VP Agricult/Envir Research    | 0 0                                    |  |                       |    |              |                              |        |                      |                      |  |
| David Byrd                    | 40 0                                   |  |                       |    |              |                              |        |                      |                      |  |
|                               |  |  |                       | X  |              |                              |        | 293,127              | 0                    | 94,089                                       |
| Senior Vice President & CFO   | 0.0                                    |  | l                     | 1  | 1            | 1                            |        | l                    |                      |  |

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| VP Agrıcult/Envır Research  | 0 0  |
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| David Byrd                  | 40 0 |
| Senior Vice President & CFO | 0 0  |
| Kımberly S Kıtchıngs        | 40 0 |
| Sr VP, Consumer Marketing   | 0.0  |

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John Morgans

Mike Shen

Mary Ankey

Vikki Martin

Jesse Daystar

VP Admin and Assist to Preside

VP Product Dev & Implement

VP Product Dev & Implement

VP, Chief Sustainability Offcr

VP, Fiber Competition

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|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |      | key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Hideyuki Kikumori<br>Director, Technical Marketing | 40 0  |                                   |                       |      |              | х                   |        | 221,380              | 0                    | 19,065                                       |  |
| Chui Kwan<br>Assoc Dir, Global Supp Chain          | 40 0<br>0 0   |                                   |                       |      |              | х                   |        | 184,565              | 0                    | 4,504  |  |
| Jonathan Isbell<br>Board Member                    | 1 0   | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |
| Basil Thompson Board Member                        | 10  | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |

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| Jonathan Isbell | 1 0 |
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| Board Member    | 0 0 |
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| Board Member    | 0 0 |
| Charles Speake  | 1 0 |
| Board Member    | 0.0 |

Andrew Wendland

Board Member

Phil Vandiver

Board Member

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Dean Rovey

John Newby

Art Heiden

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| Lyall Pacheco<br>Board Member    | 1 0   | ×   |                       |         |              |                     |        | 0                    | 0                    | 0  |
| Timothy Smith<br>Board Member    | 1 0   | х   |                       |         |              |                     |        | o                    | 0                    | 0  |
| Herrick Norcross<br>Board Member | 1 0   | Х   |                       |         |              |                     |        | 0                    | 0                    | 0  |
| Jason Felton                     | 1 0   | Х   |                       |         |              |                     |        | 0                    | 0                    | 0  |

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| Herrick Norcross |
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| Jason Felton     |
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| Nathan Reed      |

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Terry Pollard

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Peter Michael

Board Member

Joseph Nunes

Board Member

Earl Stiles

Jesse Flye

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and Independent Contractors

Board Member

Charles Mathis

Board Member

Darren Hembree

Board Member

Phillip Murray

Board Member

Board Member

Board Member

Ronald Lee

Jeremy Gay

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| Stephen Wilbur<br>Board Member | 1 0   | ×   |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Joaquin Toledo<br>Board Member | 1 0   | Х   |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Jerry Davis<br>Board Member    | 1 0   | Х   |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Lewie Joe Smith                | 1 0   |     |                       |         |              |                              |        |                      |                      |  |

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| Lewie Joe Smith | 1 0 |     |  |  |   |  |
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| Board Member    | 0 0 |     |  |  |   |  |
| Hugh Dollar     | 1 0 |     |  |  |   |  |

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| Joseph Jimmerson<br>Board Member | 1 0   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| John Ruark<br>Board Member       | 1 0   | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Henry Davis<br>Board Member      | 1 0   | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Wendell Sumner                   | 1 0   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |

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Johnny Crawford

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Stephen Logan

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Monte Thom

Clint Webb

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and Independent Contractors

Board Member

Lawrence Long

Board Member

Thomas Hayes

Board Member

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Gregg Mayberry

Board Member

Allen Below

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| Jason Condrey | 1 0   | l                                 |                       |         |              |                     |        |                      |                      |  |  |
| Board Member  | 0 0   | ×                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |  |
| Larry Sayes   | 1 0   | l                                 |                       |         |              |                     |        |                      |                      |  |  |
| Board Member  | 0 0   | ×                                 |                       |         |              |                     |        |                      | 0                    | 0  |  |
| Coley Bailey  | 1 0   | l                                 |                       |         |              |                     |        |                      |                      |  |  |
| Board Member  | 0 0   | ×                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |  |
| Bryan Jones   | 1 0   |                                   |                       |         |              |                     |        |                      |                      |  |  |
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| Coley Bailey     | 1 0 | × |  |  | 0 |  |
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|                                 | any hours   |                                   |                       |         |              | ustee)                       |        | organization         | organizations        | from the                                     |
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|                                 | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Steven Droke                    | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Board Member                    | 0 0   |                                   |                       |         |              |                              |        |                      |                      |  |
| Jeremy Gonzales<br>Board Member | 1 0   | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Andrew Burleson<br>Board Member | 1 0   | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Donny Lassiter                  | 1 0   | X                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |

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Board Member Robert Fleming

Board Member

Henry McLaurin

Board Member

Marshall Newton

Board Member

Board Member

Harry Schroeder

Board Member

Ryan Robbins

Board Member

Steven Clay

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

Board Member

Board Member

Robert Walker

Board Member

Board Member

Board Member

Albert Andel

Tom Wade

Rose Fullen

|                                 | any hours   | and                               | a dır                 | recto   | or/tr        | ustee)                       | )      | organization         | organizations        | from the                                     |
|---------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                                 | for related<br>organizations<br>below dotted<br>line) | individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Samuel Vinyard<br>Board Member  | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Malcolm Calhoun<br>Board Member | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Douglas Jarrell<br>Board Member | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Kendall Wannamaker              | 1 0   |                                   |                       |         |              |                              |        |                      |                      |  |

| Douglas Jarrell    | 10  |   |  |  | _ |  |
|--------------------|-----|---|--|--|---|--|
| Board Member       | 0 0 | ^ |  |  |   |  |
| Kendall Wannamaker | 1 0 | × |  |  | 0 |  |
| Board Member       | 0 0 | ^ |  |  |   |  |
| Jonathan Berry     | 1 0 | V |  |  |   |  |
| Decad Members      |     | × |  |  | ľ |  |

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| Kendall Wannamaker | 1 0 | × |  |  | 0 | 0 | l |
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| Board Member       | 0 0 |   |  |  | Ŭ |   |   |
| Jonathan Berry     | 1 0 | × |  |  | 0 | 0 |   |
| Board Member       | 0 0 | ^ |  |  |   | Ŭ |   |
| Link Carlton       | 1 0 |   |  |  |   |   |   |

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

|                              | any hours   |   |                       |    |              | ustee)                       |        | organization         | organizations        | from the                                     |  |
|------------------------------|---|---|-----------------------|----|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                              | for related<br>organizations<br>below dotted<br>line) |   | Institutional Trustee | 10 | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Harold May<br>Board Member   | 10  | × |                       |    |              |                              |        | 0                    | 0                    | 0  |  |
| Lloyd Arthur<br>Board Member | 10  | × |                       |    |              |                              |        | 0                    | 0                    | 0  |  |
| Jonathan James               | 0 0   |   |                       |    |              |                              |        |                      |                      |  |  |

|                | 0   |   |  |  |   |  |
|----------------|-----|---|--|--|---|--|
| Lloyd Arthur   | 1 0 | × |  |  | 0 |  |
| Board Member   | 0 0 | × |  |  | 0 |  |
| Jonathan James | 1 0 | × |  |  | 0 |  |
| Board Member   | 0 0 | ` |  |  | 9 |  |
| James Massey   | 1 0 | × |  |  | 0 |  |
| Board Member   | 0.0 |   |  |  | Ĭ |  |

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and Independent Contractors

Robert Englert

Board Member

Board Member

Board Member

Joshua Birdwell

Board Member

Dahlen Hancock

Board Member

Board Member

Stacy Smith

Jacob Gerik

Ralph Kellermeier

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

|                                  | l 6   |                                   |                       |         |              |                              |        | 1111 2/1000          | (14, 24,000          | overnumetion and                             |  |
|----------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                                  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Craig Heinrich<br>Board Member   | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Robert Coker<br>Board Member     | 1 0   | x                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Michael Patschke<br>Board Member | 1 0   | x                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Brady Mimms                      | 1 0   | X                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |

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| Michael Patschke |  |
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| Board Member     |  |
| Brady Mımms      |  |
| Board Member     |  |
| Mark Howard      |  |

Board Member

Board Member

Jeremy Brown

Board Member

Brent Nelson

Board Member

Frank Bezner

Board Member

Board Member

James Page

Travis Mires

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

|                               | any hours   |   |                       |  |              |                     |        | organization         | organizations        | from the                                     |  |
|-------------------------------|---|---|-----------------------|--|--------------|---------------------|--------|----------------------|----------------------|--|--|
|                               | for related<br>organizations<br>below dotted<br>line) |   | Institutional Trustee |  | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| John McDowell<br>Board Member | 1 0   | Х |                       |  |              |                     |        | 0                    | 0                    | 0  |  |
| Glen Phipps<br>Board Member   | 10  | х |                       |  |              |                     |        | 0                    | 0                    | 0  |  |
| Johnie Reed                   | 1 0   | Х |                       |  |              |                     |        | 0                    | 0                    | 0  |  |

| board Member      | 0 0 |   |  |  |   |  |
|-------------------|-----|---|--|--|---|--|
| Glen Phipps       | 1 0 | ¥ |  |  | 0 |  |
| Board Member      | 0 0 | ^ |  |  | 0 |  |
| Johnie Reed       | 1 0 | v |  |  | 0 |  |
| Board Member      | 0 0 | × |  |  | 0 |  |
| Eric Seidenberger | 1 0 | × |  |  | 0 |  |

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and Independent Contractors

Board Member

Board Member

Board Member

Board Member

Martin Stoerner

Board Member

Board Member

Lacy Vardeman

Board Member

David Carter

Alfred Pennington

Sam Sparks

Allan Fuchs

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

|                                | any hours   | and                               | a dır                 | recto   | r/tr         | ustee)                       | )      | organization         | organizations        | from the                                     |  |
|--------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                                | for related<br>organizations<br>below dotted<br>line) | individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Rex Kennedy<br>Board Member    | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Mark Wright<br>Board Member    | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| Justin Corzine<br>Board Member | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
|                                | 1.0   |                                   |                       | 1       |              |                              |        |                      |                      |  |  |

| Board Member   | 0 0 |     |  |  |  |
|----------------|-----|-----|--|--|--|
| Justin Corzine | 1 0 | ×   |  |  |  |
| Board Member   | 0 0 | , , |  |  |  |
| Philip Edwards | 1 0 | ×   |  |  |  |
| Board Member   | 0 0 |     |  |  |  |

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James Ferguson

Board Member

Bernard Jordan

James Johnson

Secretary

Treasurer

Marvin Beyer

Van Murphy

Vice Chair

Chair

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493253008150

OMB No 1545-0047

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

Internal Revenue Service

Department of the Treasury

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

|            | me of the organization   |  | Employer identification number                    |  |  |  |  |  |
|------------|--|--|---|--|--|--|--|--|
| Coti       | ton Incorporated   |  | 62-0786018  |  |  |  |  |  |
| Pa         | organizations Maintaining Donor Advis  |  | r Accounts.                                       |  |  |  |  |  |
|            | Complete if the organization answered "Ye  | (a) Donor advised funds                        | (b) Funds and other accounts                      |  |  |  |  |  |
| 1          | Total number at end of year  | (a) polici davisca idilas                      | (b) Failes and other accounts                     |  |  |  |  |  |
| 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 advisor   |  |   |  |  |  |  |  |
|            | organization's property, subject to the organization's ex  |  | ☐ Yes ☐ No  |  |  |  |  |  |
| 6          | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?   |  |   |  |  |  |  |  |
| Pa         | rt III Conservation Easements.   |  |   |  |  |  |  |  |
|            | Complete if the organization answered "Ye  |  |   |  |  |  |  |  |
| 1          | Purpose(s) of conservation easements held by the organ   | nization (check all that apply)                |   |  |  |  |  |  |
|            | Preservation of land for public use (e g , recreation  | or education)                                  | historically important land area                  |  |  |  |  |  |
|            | Protection of natural habitat  | Preservation of a c                            | certified historic structure                      |  |  |  |  |  |
|            | Preservation of open space   |  |   |  |  |  |  |  |
| 2          | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year   | qualified conservation contribution in the for | rm of a conservation  Held at the End of the Year |  |  |  |  |  |
| а          | Total number of conservation easements   |  | 2a  |  |  |  |  |  |
| b          | Total acreage restricted by conservation easements   |  | 2b  |  |  |  |  |  |
| c          | Number of conservation easements on a certified historic   | structure included in (a)                      | 2c  |  |  |  |  |  |
| d          | Number of conservation easements included in (c) acqui structure listed in the National Register   | red after 7/25/06, and not on a historic       | 2d  |  |  |  |  |  |
| 3          | Number of conservation easements modified, transferre tax year ▶   | d, released, extinguished, or terminated by    | the organization during the                       |  |  |  |  |  |
| 4          | Number of states where property subject to conservatio   | n easement is located ►                        |   |  |  |  |  |  |
| 5          | Does the organization have a written policy regarding th<br>and enforcement of the conservation easements it holds   |  | of violations,  Yes No                            |  |  |  |  |  |
| 6          | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing co | onservation easements during the year             |  |  |  |  |  |
| 7          | Amount of expenses incurred in monitoring, inspecting,  \$ \\$   | handling of violations, and enforcing conserv  | vation easements during the year                  |  |  |  |  |  |
| 8          | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?  | above satisfy the requirements of section 1    | 70(h)(4)(B)(ı)                                    |  |  |  |  |  |
| 9          | In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the  |  | nse statement, and                                |  |  |  |  |  |
| Par        | the organization's accounting for conservation easement TIII Organizations Maintaining Collections   |  | er Similar Assets.                                |  |  |  |  |  |
|            | Complete if the organization answered "Ye  | · · · · · · · · · · · · · · · · · · ·          |   |  |  |  |  |  |
| 1a         | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan | public exhibition, education, or research in f |   |  |  |  |  |  |
| b          | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items                    |  |   |  |  |  |  |  |
| (          | i) Revenue included on Form 990, Part VIII, line 1   |  | <b>▶</b> \$                                       |  |  |  |  |  |
| <b>(</b> i | i)Assets included in Form 990, Part X  |  | <b>►</b> \$                                       |  |  |  |  |  |
| 2          | If the organization received or held works of art, historic following amounts required to be reported under SFAS 1   |  | ncial gain, provide the                           |  |  |  |  |  |
| а          | Revenue included on Form 990, Part VIII, line 1  |  | <b>▶</b> \$                                       |  |  |  |  |  |
| Ь          | Assets included in Form 990, Part X  |  | <b>▶</b> \$                                       |  |  |  |  |  |

**d** Equipment .

| Sche   | edule D (Form 990) 201                                     | 9  |                       |              |             |            |              |               |                   | Pag                |
|--------|--|--|-----------------------|--------------|-------------|------------|--------------|---------------|-------------------|--------------------|
| Par    | t IIII Organizatio   | ns Maintaining Col                                     | lections of Art,      | Histori      | cal Trea    | sures, c   | r Other      | Similar A     | sets (d           | continued)         |
| 3      | Using the organization items (check all that a             | n's acquisition, accessio<br>apply)                    | n, and other records  | s, check     | any of the  | following  | that are a   | significant i | ise of its        | collection         |
| а      | Public exhibition  | n  |                       | d            | ☐ Lo        | an or excl | nange prog   | ırams         |                   |                    |
| b      | ☐ Scholarly resea  | rch  |                       | e            | □ ot        | her        |              |               |                   |                    |
| c      | Preservation for   | r future generations                                   |                       |              |             |            |              |               |                   |                    |
| 4      | Provide a description<br>Part XIII                         | of the organization's col                              | lections and explain  | how the      | ey further  | the organ  | ızatıon's e: | xempt purpo   | se in             |                    |
| 5      | <i>y</i> , .   | he organization solicit o<br>alse funds rather than to |                       |              |             |            |              | nılar         | ☐ Ye              | s 🗆 No             |
| Pa     |  | l <b>Custodial Arrange</b><br>the organization ansv    |                       | rm 990       | , Part IV   | line 9, d  | or reporte   | ed an amou    | ınt on F          | Form 990, Part     |
| 1a     | Is the organization ar<br>included on Form 990             | agent, trustee, custodi<br>, Part X?                   | an or other Interme   | dıary for    | contributi  | ons or oth | ner assets   | not           | ☐ <b>Y</b> e      | s 🗆 No             |
| ь      | If "Yes " explain the a                                    | arrangement in Part XIII                               | and complete the f    | ollowina     | table       |            |              | Α             | mount             |                    |
| c      | Beginning balance  | sgeene in i die XIII                                   | complete the l        | <b>J</b> iig |             |            | 1c           |               |                   |                    |
| d      | Additions during the y                                     | /ear   |                       |              |             |            | 1d           |               |                   |                    |
| е      | Distributions during th                                    | he year  |                       |              |             |            | 1e           |               |                   |                    |
| f      | Ending balance   |  |                       |              |             |            | 1f           |               |                   |                    |
| 2a     | Did the organization i                                     | nclude an amount on Fo                                 | orm 990, Part X, line | 21, for      | escrow or   | custodial  | account lia  | ability?      | ☐ Ye              | s 🗆 No             |
| b      | _  | ırrangement ın Part XIII                               |                       |              |             |            |              | •             | _                 |                    |
|        | rt V Endowmen  | _  |                       |              |             |            |              |               |                   |                    |
|        | Complete If t  | the organization ansv                                  |                       |              |             |            |              |               |                   |                    |
| 4 _    | Danimara of ware balan                                     |  | (a) Current year      | <b>(b)</b> P | rior year   | (c) Two    | years back   | (d) Three ye  | ars back          | (e) Four years bac |
|        | Beginning of year balar<br>Contributions                   | ice  |                       |              |             | +          |              |               | $\longrightarrow$ |                    |
|        |  | re gains and losses                                    |                       |              |             | +          |              |               | $\longrightarrow$ |                    |
|        | Net investment earning                                     |  |                       |              |             | -          |              |               | $\longrightarrow$ |                    |
|        | Grants or scholarships Other expenditures for and programs | facilities   |                       |              |             |            |              |               |                   |                    |
| f      | Administrative expense                                     |  |                       |              |             |            |              |               |                   |                    |
|        | End of year balance .                                      |  |                       |              |             | <u> </u>   |              |               |                   |                    |
| 2      | •  | percentage of the curre                                | ent vear end balance  | e (line 10   | r. column   | (a)) held  | as           |               |                   |                    |
| -<br>а | Board designated or o                                      | •  | erre year erre barane | c (c 2;      | g, co.a     | (4))       | 45           |               |                   |                    |
| b      | Permanent endowmer   | nt ▶   |                       |              |             |            |              |               |                   |                    |
| c      | Temporarily restricted                                     | d endowment <b>&gt;</b>                                |                       |              |             |            |              |               |                   |                    |
|        | , ,  | nes 2a, 2b, and 2c shou                                | ıld equal 100%        |              |             |            |              |               |                   |                    |
| 3а     | Are there endowment organization by                        | funds not in the posses                                | ssion of the organiza | ition that   | t are held  | and admii  | nistered fo  | r the         |                   | Yes No             |
|        | (i) unrelated organiza                                     | ations   |                       |              |             |            |              |               |                   | a(i)               |
|        | (ii) related organizati                                    |  |                       |              |             |            |              |               |                   | n(ii)              |
| b<br>⊿ |  | the related organization                               | •                     |              |             |            |              |               | 3                 | 3b                 |
| 4      |  | the intended uses of the                               |                       | owment f     | ипаѕ        |            |              |               |                   |                    |
| rai    |  | <b>ings, and Equipme</b> :<br>the organization ansv    |                       | rm 990       | . Part IV   | line 11a   | a. See Foi   | rm 990. Pa    | rt X. lır         | ne 10.             |
|        | Description of property                                    | (a) Cost or ot   | ner basis (b) Cos     |              | basis (othe |            | cumulated o  |               |                   | d) Book value      |
|        |  | (investme  | ent)                  |              |             |            |              |               |                   |                    |
| 1a     | Land   |  |                       |              |             |            |              |               |                   |                    |
| b      | Buildings  |  |                       |              |             |            |              |               |                   |                    |
| c      | Leasehold improvemen                                       | ts   |                       |              | 4,167,7     | 95         |              | 2,934,046     |                   | 1,233,             |

15,914,565

1,206,538

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

2,135,213

3,898,026

529,064

13,779,352

677,474

|   | Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category | (b)           | C 111 |                    | od of valuation                  |
|---|---|---------------|-------|--------------------|----------------------------------|
|   | (including name of security)  | Book<br>value |       |                    | f-year market value              |
| (1) Financia                              | ıl derivatives  | Value         |       |                    |                                  |
| ( <b>2)</b> Closely-<br>( <b>3)</b> Other | held equity interests   |               |       |                    |                                  |
|   |   |               |       |                    |                                  |
| (A)                                       |   |               |       |                    |                                  |
| (B)                                       |   |               |       |                    |                                  |
| (C)                                       |   |               |       |                    |                                  |
| (D)                                       |   |               |       |                    |                                  |
| (E)                                       |   |               |       |                    |                                  |
| (F)                                       |   |               |       |                    |                                  |
| (G)                                       |   |               |       |                    |                                  |
|   |   |               |       |                    |                                  |
| (H)                                       |   |               |       |                    |                                  |
|   | n (b) must equal Form 990, Part X, col (B) line 12 )  | •             |       |                    |                                  |
| Part VIII                                 | <b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form 990,      | Part IV, lın  | e 110 | c. See Form 990,   | Part X, line 13.                 |
|   | (a) Description of investment   | ,             |       | (b) Book value     | (c) Method of valuation          |
|   |   |               |       |                    | Cost or end-of-year market value |
| (1)                                       |   |               |       |                    |                                  |
| (2)                                       |   |               |       |                    |                                  |
| (3)                                       |   |               |       |                    |                                  |
| (4)                                       |   |               |       |                    |                                  |
|   |   |               |       |                    |                                  |
| (5)                                       |   |               |       |                    |                                  |
| (6)                                       |   |               |       |                    |                                  |
| (7)                                       |   |               |       |                    |                                  |
| (8)                                       |   |               |       |                    |                                  |
| (9)                                       |   |               |       |                    |                                  |
| Fotal (Colum                              | n (b) must equal Form 990, Part X, col (B) line 13 )  |               |       |                    |                                  |
| Part IX                                   | Other Assets.   |               |       | •                  |                                  |
|   | Complete if the organization answered 'Yes' on Form 990, F  (a) Description                       | Part IV, line | 11d   | . See Form 990, Pa | (b) Book value                   |
| (1)                                       | (a) seed place.   |               |       |                    | (5) Book Fulled                  |
| (2)                                       |   |               |       |                    |                                  |
| (3)                                       |   |               |       |                    |                                  |
|   |   |               |       |                    |                                  |
| (4)                                       |   |               |       |                    |                                  |
| (5)                                       |   |               |       |                    |                                  |
| (6)                                       |   |               |       |                    |                                  |
| (7)                                       |   |               |       |                    |                                  |
| (8)                                       |   |               |       |                    |                                  |
| (9)                                       |   |               |       |                    |                                  |
|   | (1)   |               |       |                    |                                  |
|   | omn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.                        |               | •     |                    | · •                              |
|   | Complete if the organization answered 'Yes' on Form 990, F  | art IV, line  | 11e   | or 11f.See Form    |                                  |
| 1.  | (a) Description of liability income taxes   |               |       |                    | (b) Book value                   |
| (3)                                       | income taxes  |               |       |                    |                                  |
| (4)                                       |   |               |       |                    |                                  |
| (5)                                       |   |               |       |                    |                                  |
|   |   |               |       |                    |                                  |
| (6)                                       |   |               |       |                    |                                  |
| (7)                                       |   |               |       |                    |                                  |
| (8)                                       |   |               |       |                    |                                  |
|   |   |               |       |                    | +                                |
| (9)                                       |   |               |       |                    |                                  |
| (9)<br>Fotal. (Colum                      | n (b) must equal Form 990, Part X, col (B) line 25 )  |               |       | •                  | 3,980,215                        |

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Part XI

2

b

c d

e 3

b

d

3 4

4

Schedule D (Form 990) 2019

Page 4

3,247,719

79,988,476

3,247,719

80,582,821

Schedule D (Form 990) 2019

### Add lines **4a** and **4b** . . . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 79,988,476 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 83,830,540 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 3.247,719 2b 2c c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

4a

4b

2d

3.247.719

2e

3

2e

3

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 80.582.821 Supplemental Information

Part XIII XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part Return Reference Explanation

See Additional Data Table

| Page <b>5</b> |                      | chedule D (Form 990) 2019   |           |
|---------------|----------------------|-----------------------------|-----------|
|               | ormation (continued) | Part XIII Supplemental Info | Part XIII |
|               | Explanation          | Return Reference            | Re        |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |
|               |                      |                             |           |

Schedule D (Form 990) 2019

# **Additional Data**

# Software ID:

Software Version:

**EIN:** 62-0786018

Name: Cotton Incorporated

# Supplemental Information Return Reference

| Return Reference           | Explanation  |
|----------------------------|--|
| SCHEDULE D, PART X, LINE 2 | The Company is exempt from Federal income taxes under Section 501(c)(6) of the Internal Revenue Code, except for any unrelated business income. The Company is required to file a Return of Organization Exempt from Income Tax ("Form 990") with the Internal Revenue Service ("IRS") annually. For the year ended December 31, 2019, there was no unrelated business income earned. For the year ended December 31, 2018, the Company was required to file an Exempt Organization Business Income Tax Return ("Form 990-T") with the IRS for unrelated business income tax associated with certain fringe benefits and recorded an income tax provision for Federal income taxes of \$8,146. The applicable tax law that placed unrelated business income tax on the Company for the year ended December 31, 2018 was repealed retroactively in December 2019. The Company will file an amended Federal return as a result. This amended return will encompass the tax paid for the year ended December 31, 2018 and estimate diaxes paid in 2019, for a combined value of \$15,935. The Company is also exempt from state income taxes with the exception for any unrelated business income. For the year ended December 31, 2019, there was no unrelated business income earned. For the year ended December 31, 2018, the Company recorded an income tax provision for state income taxes of \$373 as a result of certain fringe benefits. The applicable tax law that placed unrelated business state income tax on the Company for the year ended December 31, 2018 was repealed retro actively in December 2019. The Company will file an amended state return as a result. This amended return will encompass the tax paid for the year-ending December 31, 2018 and estimated taxes paid in 2019, for a combined value of \$1,200. The Company accounts for uncertainty in income taxes using a recognition threshold of more-likely than-not to be sustained upon examination by the appropriate taxing authority. Measurement of uncertainty occurs if the recognition threshold has been met. The Company's tax retur |

|        | EDULE F S  | tatement of                         | ited States   | OMB No 1545-0047                        |   |  |  |  |  |  |  |
|--------|--|-------------------------------------|---|---|---|--|--|--|--|--|--|
| For    | m 990)   | Complete if the organi              |   | 2019                                    |   |  |  |  |  |  |  |
| nterna | nent of the Treasury<br>I Revenue Service  | ► Go to www.irs.                    | nformation.   | Open to Public<br>Inspection            |   |  |  |  |  |  |  |
|        | of the organization<br>Incorporated  |                                     |   |   | Employer id   | lentification number                   |  |  |  |  |  |
| 201101 | Tillcorporated   |                                     |   |   | 62-0786018  |  |  |  |  |  |  |
| Pai    | <b>General Informa</b> Form 990, Part IV   |                                     | Outside the U   | Jnited States. Comple                   | ete if the organization   | n answered "Yes" on                    |  |  |  |  |  |
| 1      | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and |                                     |   |   |   |  |  |  |  |  |  |
|        | other assistance, the gran   | tees' eligibility for th            | ne grants or assi   | stance, and the selection               | criteria used   |  |  |  |  |  |  |
|        | to award the grants or ass   | sistance?                           |   |   |   | ☐ Yes ☐ No                             |  |  |  |  |  |
| 2      | For grantmakers. Descri<br>outside the United States   | be in Part V the org                | anızatıon's proce   | edures for monitoring the               | use of its grants and   | other assistance                       |  |  |  |  |  |
| 3      | Activites per Region (The fo   | ollowing Part I, line 3             | table can be dupl   | icated if additional space is           | needed )  |  |  |  |  |  |  |
|        | (a) Region   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the | fundraising, program                    | (e) If activity listed in (d)<br>program service, describ<br>specific type of<br>service(s) in the region | e for and investments<br>in the region |  |  |  |  |  |
|        |  |                                     | region  | I · · · · · · · · · · · · · · · · · · · |   |  |  |  |  |  |  |
|        | See Add'l Data   |                                     | region  | region)                                 |   |  |  |  |  |  |  |
|        | See Add'l Data   |                                     | region  | I · · · · · · · · · · · · · · · · · · · |   |  |  |  |  |  |  |
|        | See Add'l Data   |                                     | region  | I · · · · · · · · · · · · · · · · · · · |   |  |  |  |  |  |  |
|        | See Add'l Data   |                                     | region  | I · · · · · · · · · · · · · · · · · · · |   |  |  |  |  |  |  |
|        | See Add'l Data   |                                     |   | region)                                 |   |  |  |  |  |  |  |
| Ь      | See Add'l Data  Sub-total  Total from continuation shee  | ts to                               | region  | region)                                 |   | 8,731,146                              |  |  |  |  |  |

|                             |                    | onal space is i          |                                     | ( ) ) ( )                          | (5) 4   6                              | ( ) 5                                       | (1.) 14 11 1 6  |
|-----------------------------|--------------------|--------------------------|-------------------------------------|------------------------------------|--|---|---|
| Гуре of grant or assistance | ( <b>b)</b> Region | (c) Number of recipients | ( <b>d)</b> Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
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|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |
|                             |                    |                          |                                     |                                    |  |   |   |

Page **3** 

| Sche | dule F (Form 990) 2019  |       | Page <b>4</b> |
|------|---|-------|---------------|
| Par  | t IV Foreign Forms  |       |               |
| 1    | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes   | <b>☑</b> No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | □Yes  | <b>☑</b> No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the   |       |               |
|      | organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign<br>Corporations (see Instructions for Form 5471)   | Yes   | <b>☑</b> No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | Yes   | <b>☑</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships   |       |               |
|      | (see Instructions for Form 8865)  | ☐ Yes | <b>✓</b> No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)  | Yes   | <b>☑</b> No   |

| Schedule F (Form 990) 2019 |                            |  |  |  |  |
|----------------------------|----------------------------|--|--|--|--|
| Part V                     | amounts of investments vs. | uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;<br>expenditures per region); Part II, line 1 (accounting method); Part III (accounting<br>nn (c) (estimated number of recipients), as applicable. Also complete this part to provide |  |  |  |
|                            | ReturnReference            | Explanation  |  |  |  |
|                            |                            |  |  |  |  |
|                            |                            |  |  |  |  |
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|                            |                            |  |  |  |  |
| •                          |                            |  |  |  |  |

Schedule F (Form 990) 2019

## **Additional Data**

## Software ID: Software Version:

-0786018

| (a) Region | (b) Number of  | (c) Number of | (d) Activities conducte  |
|------------|----------------|---------------|--------------------------|
|            | offices in the | employees or  | ın region (by type) (ı e |
|            | region         | agents in     | fundraising, program     |
|            |                | region        | services, grants to      |

(e) If activity listed in (d) is a program service, describe specific type of

service(s) in region

INFORMATION SUPPORT

Agricultural Research

(f) Total expenditures for region

> 5,598,930 175,180

Form 990 Schedule F Part I - Activities Outside The United States

East Asia and the Pacific

Central America and the

Carıbbean

| EIN:  | 62- |
|-------|-----|
| Namoi | Cot |

Cotton Incorporated

recipients located in the region)

19 Program Services

1 Program Services

onducted

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 5 Program Services 944.821 Information Support Europe (Including Iceland and 2 Program Services Information Support 1,900,814 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) South America Information Support 111.401 0 Program Services

DLN: 93493253008150 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Cotton Incorporated 62-0786018 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 1 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(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 . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

| Schedule I (Form 990) 2019                                  |             |                          |                                 |                   |                            |   |           | Page <b>2</b>                         |
|---|-------------|--------------------------|---------------------------------|-------------------|----------------------------|---|-----------|---------------------------------------|
| Part III Grants and Other As: Part III can be duplica:      |             |                          | uals. Complete if the orga      | anızatıon answere | d "Yes" on Fo              | rm 990, Part IV, line 22                    |           | •                                     |
| (a) Type of grant or assistan                               | nce         | (b) Number o             | f <b>(c)</b> Amoun<br>cash grai |                   | Amount of<br>sh assistance | (e) Method of valuation FMV, appraisal, oth |           | (f) Description of noncash assistance |
| (1)<br>SUPPORT FOR STUDENTS IN<br>BREEDING/GENETICS STUDIES |             | 7                        | 300,263                         |                   |                            |   |           |                                       |
| (2)   |             |                          |                                 |                   |                            |   |           |                                       |
| (3)   |             |                          |                                 |                   |                            |   |           |                                       |
| (4)   |             |                          |                                 |                   |                            |   |           |                                       |
| (5)   |             |                          |                                 |                   |                            |   |           |                                       |
| (6)   |             |                          |                                 |                   |                            |   |           |                                       |
| (7)   |             |                          |                                 |                   |                            |   |           | _                                     |
| Part IV Supplemental 1                                      | Informatio  | <b>n.</b> Provide the in | nformation required in          | Part I, line 2; P | art III, colur             | mn (b); and any other                       | additiona | al information.                       |
| Return Reference  | Explanation | on                       |                                 |                   |                            |   |           |                                       |
| COURDING F DART FINE 2                                      | EVDI ANATI  | ON CRANTS ARE O          | VEDCEEN BY OUR ACRICL           | ILTUDAL AND END   | /IDONIMENTAL               | DECEARCH EMPLOYEES                          | THECE EN  | ADLOVECC MONITOR THE DROCDECC OF      |

Schedule I (Form 990) 2019

| efil                     | e GRAPHIC pi                                | rint - DO NOT PROCESS   | As Filed Dat             | a -   | DLN: 934                | 9325           | 3008       | 150      |  |  |
|--------------------------|---|---|--------------------------|---|-------------------------|----------------|------------|----------|--|--|
| Schedule J<br>(Form 990) |   | Co  | mpensat                  | ion Information   | ОМ                      | B No           | 1545-0     | 0047     |  |  |
|                          |   | For certain Office  | hest                     |   |                         |                |            |          |  |  |
|                          |   | ► Complete if the orga  | , line 23.               | 2019  |                         |                |            |          |  |  |
| D                        |   |   | ▶ Attach                 | n to Form 990.<br>· instructions and the latest inform  |                         | Open to Public |            |          |  |  |
| •                        | tment of the Treasury<br>al Revenue Service | Go to www.ns.got  | 7 <u>71 01111990</u> 101 | mistructions and the latest mion  |                         | Insp           | ectio      | n        |  |  |
|                          | me of the organization Incorporated         | ation   |                          |   | Employer identificat    | ion nu         | ımber      |          |  |  |
|                          |   |   |                          |   | 62-0786018              |                |            |          |  |  |
| Pa                       | rt I Questi                                 | ons Regarding Compensat   | ion                      |   |                         |                |            |          |  |  |
| 1a                       |   |   |                          | f the following to or for a person liste<br>by relevant information regarding the                               |                         |                | Yes        | No_      |  |  |
|                          |   | s or charter travel   | to provide an            | Housing allowance or residence for  |                         |                |            | Ì        |  |  |
|                          |   | companions  |                          | Payments for business use of perso  | •                       |                |            | Ì        |  |  |
|                          | _   | nification and gross-up payments                                      |                          | Health or social club dues or initiati  |                         |                |            | İ        |  |  |
|                          | Discretion                                  | nary spending account   |                          | Personal services (e g , maid, chau   | ffeur, chef)            |                |            | Ì        |  |  |
| b                        |   |   |                          | follow a written policy regarding pay   |                         | 41.            | V          | ĺ        |  |  |
| 2                        |   | •   |                          | or allowing expenses incurred by all  | aiii                    | 1b<br>2        | Yes<br>Yes |          |  |  |
|                          |   |   |                          | r, regarding the items checked on Lii   | ne 1a?                  |                |            |          |  |  |
| 3                        | organization's C                            | EO/Executive Director Check all                                       | that apply Do            | ed to establish the compensation of t<br>not check any boxes for methods<br>CEO/Executive Director, but explain |                         |                |            |          |  |  |
|                          | <b>✓</b> Compens                            | ation committee   |                          | Written employment contract   |                         |                |            | İ        |  |  |
|                          | ✓ Independ                                  | ent compensation consultant   |                          | Compensation survey or study  |                         |                |            | İ        |  |  |
|                          | ☐ Form 990                                  | of other organizations  | Ш                        | Approval by the board or compensa   | ation committee         |                |            | Ì        |  |  |
| 4                        | During the year related organiza            |   | 90, Part VII, Se         | ection A, line 1a, with respect to the f  | iling organization or a |                |            | ĺ        |  |  |
| а                        | Receive a sever                             | ance payment or change-of-cont  | rol payment?             |   |                         | 4a             |            | No       |  |  |
| b                        | Participate in, o                           | r receive payment from, a supple                                      | mental nonqual           | lified retirement plan?   |                         | 4b             | Yes        |          |  |  |
| c                        |   | r receive payment from, an equit                                      |                          | _   |                         | 4c             |            | No       |  |  |
|                          | If "Yes" to any o                           | of lines 4a-c, list the persons and                                   | provide the app          | olicable amounts for each item in Par   | τ 111                   |                |            | Ì        |  |  |
|                          | Only 501(c)(3                               | ), 501(c)(4), and 501(c)(29)  | organizations            | must complete lines 5-9.  |                         |                |            | Ì        |  |  |
| 5                        |   | ed on Form 990, Part VII, Sectior<br>ontingent on the revenues of     |                          | the organization pay or accrue any  |                         |                |            | l        |  |  |
| а                        | The organization                            | n?  |                          |   |                         | 5a             |            | <u> </u> |  |  |
| b                        | Any related orga                            |   |                          |   |                         | 5b             |            |          |  |  |
|                          | ·   | 5a or 5b, describe in Part III  |                          |   |                         |                |            | Ì        |  |  |
| 6                        |   | ed on Form 990, Part VII, Sectior<br>ontingent on the net earnings of | ı A, line 1a, did        | the organization pay or accrue any  |                         |                |            | ĺ        |  |  |
| a                        | The organization                            |   |                          |   |                         | 6a             |            |          |  |  |
| b                        | Any related orga                            | anization?<br>6a or 6b, describe in Part III                          |                          |   |                         | 6b             |            |          |  |  |
| 7                        | •   | •   | ı Δ line 1a did          | the organization provide any nonfixe  | d                       |                |            | i        |  |  |
| •                        |   | escribed in lines 5 and 6? If "Yes,                                   |                          |   | u<br>                   | 7              |            |          |  |  |
| 8                        |   |   |                          | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," d                                     | escribe                 |                |            |          |  |  |
| 9                        | If "Yes" on line 53 4958-6(c)?              | 8, dıd the organızatıon also follov                                   | v the rebuttable         | presumption procedure described in  | Regulations section     | 9              |            |          |  |  |
| For F                    | Panerwork Redu                              | uction Act Notice, see the Inst                                       | ructions for Fo          | orm 990. Cat No 5   | 50053T Schedule J       | (Form          | 990)       | 2019     |  |  |

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

| (A) Name and Title        | <br>(B) Brea             | cdown of W-2 and/c                        | or 1099-MISC                              | and other                | (D) Nontaxable<br>benefits | (E) Total of columns | (F)<br>Compensation in                                    |
|---------------------------|--------------------------|---|---|--------------------------|----------------------------|----------------------|---|
|                           | (i) Base<br>compensation | (ii)<br>Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | deferred<br>compensation |                            | (B)(ı)-(D)           | column (B)<br>reported as<br>deferred on prio<br>Form 990 |
| See Additional Data Table |                          |   |   |                          |                            |                      |   |
|                           |                          |   |   |                          |                            |                      |   |
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|                           |                          |   |   |                          |                            |                      |   |
|                           |                          |   |   |                          |                            |                      |   |
|                           |                          |   |   |                          |                            | Schedule J (Fo       | orm 990) 2019   |

| Schedule J (Form 990) 2019   | chedule J (Form 990) 2019   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Part III Supplemental Inform   | Part III Supplemental Information   |  |  |  |  |  |
| 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 Also complete this part for any additional information |   |  |  |  |  |  |
| Return Reference   | Explanation   |  |  |  |  |  |
|  | The company provides for business class tickets for all employees on select international trips, which include first-class tickets when domestic travel is involved on those itineraries. Tax gross-up payments are made for select executives to reimburse medical expenses. |  |  |  |  |  |
| SCHEDULE J, PART I, LINE 4   | J Berrye Worsham participates in a SERP and had contributions of \$50,000 in 2019   |  |  |  |  |  |
|  | Schedule 1 (Form 990) 2019  |  |  |  |  |  |

1David Byrd

2John Morgans

Preside 3Kater Hake

Senior Vice President & CFO

VP Admin and Assist to

VP Agricult/Envir Research

Sr VP, Consumer Marketing

Sr VP, Global Supp Chain

4Kimberly S Kitchings

5Mark Messura

6Mike Shen

7Chui Kwan

Chain

Offcr

VP Product Dev & Implement

Assoc Dir, Global Supp

8Hıdeyukı Kıkumorı

Director, Technical Marketing

VP Product Dev & Implement

10Jesse Daystar

11Vıkkı Martın

VP, Chief Sustainability

VP. Fiber Competition

9Mary Ankey

Mktg

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Software ID: **Software Version:** 

245,810

214,122

246,434

210,669

258,348

191,612

140,643

131,482

165,429

182,616

172,327

**EIN:** 62-0786018

Name: Cotton Incorporated

24,006

14,746

32,632

18,410

28,783

20,366

34,078

78,978

12,855

5,314

11,376

| (A) Name and Title | (B) Breakdown         | of W-2 and/or 1099-MIS | r 1099-MISC compensation (C) Retire |                | (D) Nontaxable | ſ |
|--------------------|-----------------------|------------------------|-------------------------------------|----------------|----------------|---|
|                    | (i) Base Compensation | (ii)                   | (iii)                               | other deferred | benefits       | ĺ |

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

|                                      |      | (i) base compensation | Bonus & incentive compensation | Other reportable compensation | compensation |        |  |
|--------------------------------------|------|-----------------------|--------------------------------|-------------------------------|--------------|--------|--|
| 1) Berrye Worsham<br>President & CEO | (1)  | 526,040               | 70,000                         |                               |              | 42,645 |  |
|                                      | (11) | 0                     | 0                              | 0                             | 0            | 0      |  |

23.311

22,631

20,549

22,298

26,483

17,661

9,844

10,920

16,682

16,917

15,467

24,630

23,203

27,901

32,866

42,068

12,951

2,207

11,350

31,970

12,424

23,548

69,459

51,082

76,136

49,067

73,320

34,489

2,297

7,715

39,708

24,997

36,127

(E) Total of columns

(B)(i)-(D)

817,183

387.216

325,784

403,652

333,310

429,002

277,079

189,069

240,445

266,644

242,268

258,845

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

0

| efile GRAPHIC   | print - DO NOT PROCESS As Filed Data -  | DLN:  | 93493253008150                                    |
|---|---|---|---|
| SCHEDULE<br>(Form 990 or 99<br>EZ)  | Complete to provide information for responses to specific question for provide any additional information  Attach to Form 990 or 990-EZ.  | ons on  | OMB No 1545-0047  2019  Open to Public Inspection |
| Name Betherofgani<br>Cotton Incorporated<br>990 Schedule O                  | ation Supplemental Information  | Employer identif  | fication number                                   |
| Return<br>Reference   | Explanation   |   |   |
| FORM 990,<br>PART I, LINE 1<br>DESCRIPTION<br>OF<br>ORGANIZATION<br>MISSION | COTTON INCORPORATED, FUNDED BY U.S. GROWERS OF UPLAND COTTON AN OTTON TEXTILE PRODUCTS, IS THE RESEARCH AND MARKETING COMPANY RITHE PROGRAM IS DESIGNED AND OPERATED TO IMPROVE THE DEMAND FOR FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES OTHER PROGRAM ultural research AND CORPORATE SERVICES FORM 990, PART VI, SECTION A, LITHE DEMAND TO THE DEMAND OF THE DEMAND. | EPRESENTING UI<br>AND PROFITABIL<br>SERVICES INCLU<br>NE 4 EXPLANATI<br>ernance C | PLAND COTTON<br>ITY OF COTTON<br>IDE agric        |

Return Explanation
Reference

| FORM 990,  | EXPLANATION THE FORM 990 IS REVIEWED IN DETAIL WITH THE COMPANY'S AUDIT COMMITTEE AFTER C  |
|------------|--|
| PART VI,   | OMPLETION AT THE AUGUST BOARD OF DIRECTORS MEETING FOR APPROVAL PRIOR TO FILING SUBSEQUEN  |
| SECTION B, | T TO REVIEW, THE CHAIRMAN OF THE AUDIT COMMITTEE WILL INFORM THE COMPLETE BOARD OF DIRECTO |
| LINE 11B   | RS OF THE PROCEEDINGS AND OUTCOME  |

Return Explanation
Reference

LINE 12C

FORM 990, EXPLANATION ALL DIRECTORS ARE REQUESTED TO ATTEST THAT THEY ARE FREE OF ANY CONFLICTS OF PART VI, SECTION B.

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15

Return Explanation
Reference

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

Return Explanation

| Reference |  |
|-----------|--|
| FORM 990, | EXPLANATION THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE |
| PART XII, | AUDIT OF THE FINANCIAL STATEMENTS  |

LINE 2C

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493253008150 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Cotton Incorporated 62-0786018 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) Name, address, and EIN (if applicable) of disregarded entity Total income Direct controlling Legal domicile (state Primary activity

| ,                     |                               | , ,             | or foreign         | country)           |           |           | ,                  | e                         | ntity                 |
|---|-------------------------------|-----------------|--------------------|--------------------|-----------|-----------|--------------------|---------------------------|-----------------------|
|   |                               |                 |                    |                    |           |           |                    |                           |                       |
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|   |                               |                 |                    |                    |           |           |                    |                           |                       |
| Part II Identification of Related Tax-Exempt Organizations. | Complete if th                | ie organization | answered           | "Yes" on F         | orm 990   | , Part IV | , line 34 bec      | ause it had one o         | r more                |
| related tax-exempt organizations during the tax year.       |                               |                 |                    |                    |           |           |                    |                           |                       |
| (a) Name, address, and EIN of related organization          | <b>(b)</b><br>Primary activit | y Legal dom     | :)<br>icile (state | (d)<br>Exempt Code | e section |           | e)<br>irity status | (f)<br>Direct controlling | (g)<br>Section 512(b) |

or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)Trolinder Trust Fund Cotton biotec NC 501(c)(3) LINE 11c NA No 6399 Weston Parkway Cary, NC 27513 30-6017258 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2019

|  |  | 1 763                      | 1 (-5 1                                       | (4)                                    | 1 /->   | 1 10            | 1 (=)                                    |       |              | /:·  | 1 4                   | 、 I             | (1.)                                 |
|--|--|----------------------------|---|--|---|-----------------|--|-------|--------------|--|-----------------------|-----------------|--------------------------------------|
| (a) Name, address, and EIN of related organization   |  | (b)<br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(relate unrelated, excluded fror tax under sections 512 | d, total income | (g)<br>Share of<br>end-of-year<br>assets |       |              | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | Gene<br>mana<br>parti | ral or Figing ( | (k)<br>Percenta <u>c</u><br>ownershi |
|  |  |                            |   |  | 514)  |                 |  |       |              |  | <b>V</b>              | <b>N</b> .      |                                      |
|  |  |                            |   |  |   |                 |  | Yes   | No           |  | Yes                   | NO              |                                      |
|  |  |                            |   |  |   |                 | 1  |       |              |  |                       |                 |                                      |
|  |  |                            |   |  |   |                 |  |       |              |  |                       |                 |                                      |
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|  |  |                            |   |  |   |                 |  |       |              |  |                       |                 |                                      |
| J Identification of Related Organiza because it had one or more related or (a)  Name, address, and EIN of related organization |  | a corporation              |   | st during th                           | (d) controlling Ty  | (e)             | (f) Share of total                       | Share | (g) of end-o | (I<br>of- Perce  | , line  i)  ntage     | Sec             | (ı)<br>tion 512<br>) contro          |
| related organization   |  | (state                     | or foreign<br>untry)                          |  | endry   | or trust)       | income                                   |       | assets       | OWITE  | чэшр                  |                 | entity?                              |
|  |  |                            | .,,   |  |   |                 |  |       |              |  |                       | 1               | 55 144                               |
|  |  |                            |   |  |   |                 |  |       |              |  |                       |                 |                                      |
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|  |  |                            |   |  |   |                 |  |       |              |  |                       |                 |                                      |

| Schedule R (Form 990) 2019  |            |        |    |  |  |  |  |  |  |  |  |  |
|---|------------|--------|----|--|--|--|--|--|--|--|--|--|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                |            |        |    |  |  |  |  |  |  |  |  |  |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |            |        |    |  |  |  |  |  |  |  |  |  |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |        |    |  |  |  |  |  |  |  |  |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |            |        |    |  |  |  |  |  |  |  |  |  |
| b Gift, grant, or capital contribution to related organization(s)   |            |        |    |  |  |  |  |  |  |  |  |  |
| c Gift, grant, or capital contribution from related organization(s)   |            |        |    |  |  |  |  |  |  |  |  |  |
| d Loans or loan guarantees to or for related organization(s)  | 1d         |        | No |  |  |  |  |  |  |  |  |  |
| e Loans or loan guarantees by related organization(s)   | 1e         |        | No |  |  |  |  |  |  |  |  |  |
| f Dividends from related organization(s)  | 1f         |        | No |  |  |  |  |  |  |  |  |  |
| g Sale of assets to related organization(s)   | <b>1</b> g | $\Box$ | No |  |  |  |  |  |  |  |  |  |
| h Purchase of assets from related organization(s)   | 1h         |        | No |  |  |  |  |  |  |  |  |  |
| i Exchange of assets with related organization(s)   | 1i         |        | No |  |  |  |  |  |  |  |  |  |
| $\mathbf{j}$ Lease of facilities, equipment, or other assets to related organization(s)   | <b>1</b> j |        | No |  |  |  |  |  |  |  |  |  |
| k Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |        | No |  |  |  |  |  |  |  |  |  |
| I Performance of services or membership or fundraising solicitations for related organization(s)  | 11         | Yes    |    |  |  |  |  |  |  |  |  |  |

| f Dividends from related organization(s)   | 1f         |  | No |  |  |  |  |  |  |  |
|--|------------|--|----|--|--|--|--|--|--|--|
| g Sale of assets to related organization(s)  | <b>1</b> g |  | No |  |  |  |  |  |  |  |
| h Purchase of assets from related organization(s)  | 1h         |  | No |  |  |  |  |  |  |  |
| i Exchange of assets with related organization(s)  | 1i         |  | No |  |  |  |  |  |  |  |
| j Lease of facilities, equipment, or other assets to related organization(s)                     | 1j         |  | No |  |  |  |  |  |  |  |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         |  | No |  |  |  |  |  |  |  |
| I Performance of services or membership or fundraising solicitations for related organization(s) |            |  |    |  |  |  |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         |  | No |  |  |  |  |  |  |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         |  | No |  |  |  |  |  |  |  |
| o Sharing of paid employees with related organization(s)   | 10         |  | No |  |  |  |  |  |  |  |
| p Reimbursement paid to related organization(s) for expenses                                     | <b>1</b> p |  | No |  |  |  |  |  |  |  |
| a Reimbursement hald by related organization(s) for expenses                                     | <b>1</b> q |  | No |  |  |  |  |  |  |  |

| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                             |   |                        |  | 1k          | No  |  |  |  |  |  |
|---|---|------------------------|--|-------------|-----|--|--|--|--|--|
| I Performance of services or membership or fundraising solicitations for related organization(s) $\ldots$         |   |                        |  | 1l Ye       | es  |  |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)                   |   |                        |  |             |     |  |  |  |  |  |
| f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                 |   |                        |  | 1n          | No  |  |  |  |  |  |
| o Sharing of paid employees with related organization(s)  |   |                        |  | 10          | No  |  |  |  |  |  |
|   |   |                        |  |             |     |  |  |  |  |  |
| p Reimbursement paid to related organization(s) for expenses  |   |                        |  | <b>1</b> p  | No  |  |  |  |  |  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses   |   |                        |  | <b>1</b> q  | No  |  |  |  |  |  |
|   |   |                        |  |             |     |  |  |  |  |  |
| r Other transfer of cash or property to related organization(s)   |   |                        |  | 1r          | No  |  |  |  |  |  |
| f s Other transfer of cash or property from related organization(s)   |   |                        |  | 1s          | No  |  |  |  |  |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered r                   | elationships and trai  | nsaction thresholds                    |             |     |  |  |  |  |  |
|   |   |                        |  |             |     |  |  |  |  |  |
| (a)<br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | <b>(d)</b><br>Method of determining ar | nount invol | ved |  |  |  |  |  |
|   |   |                        |  |             |     |  |  |  |  |  |

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

| Provide the following information for each entity taxed as a partner was not a related organization. See instructions regarding exclusion | rship through w<br>n for certain inv | hich the o<br>estment p                       | rganization co<br>partnerships   | nduc | ted more thar  | five perc | ent of its acti   | vities (measui | red b       | oy total assets                                 | or gross r | rever   | nue) that  |  |   |  |                                       |
|---|--------------------------------------|---|--|------|--|-----------|---|----------------|-------------|---|------------|---|--|--|---|--|---------------------------------------|
| (a)<br>Name, address, and EIN of entity   | (b)<br>Primary activity              | (c) Legal domicile (state or foreign country) | income section total end-of-year allocations? amount in box 20 unrelated, organizations? excluded from tax under lend-of-year assets allocations? amount in box 20 of Schedule K-1 (Form 1065) |      | Legal     Predominant     Are all partners     Share of total     Share of end of end-of-year     Disproprtionate     C       domicile (state or (state or foreign unrelated, organizations?     501(c)(3)     Income assets     and of end-of-year     allocations?     o       ocountry)     excluded from     o     o     o |           | Are all partners section total solutions?  Share of total end-of-year assets  Solutions?  Share of total end-of-year assets  Share of total end-of-year allocations?  Of Schedule K-1 |                | end-of-year | amount in box ma<br>20 pa<br>of Schedule<br>K-1 |            | Code V-UBI Gen amount in box mai 20 pai of Schedule K-1 | V-UBI General of<br>t in box managin<br>.0 partner<br>nedule<br>-1 |  | (j)<br>General or<br>managing<br>partner? |  | <b>(k)</b><br>Percentage<br>ownership |
|   |                                      |   | 514)   | Yes  | No   |           |   | Yes            | No          |   | Yes        | No  |  |  |   |  |                                       |
|   |                                      |   |  |      |  |           |   |                |             |   |            |   |  |  |   |  |                                       |
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|   |                                      |   |  |      |  |           |   |                |             |   |            |   |  |  |   |  |                                       |
|   |                                      |   |  |      |  |           |   |                |             | Schedul   | e R (Form  | 1 99  | 0) 2019  |  |   |  |                                       |

| Schedule R (Fo   | chedule R (Form 990) 2019 |   |  |  |  |  |  |  |
|------------------|---------------------------|---|--|--|--|--|--|--|
| Part VII         | Supplemental Information  |   |  |  |  |  |  |  |
|                  | Provide additional infor  | rmation for responses to questions on Schedule R (see instructions) |  |  |  |  |  |  |
| Return Reference |                           | Explanation   |  |  |  |  |  |  |
|                  |                           |   |  |  |  |  |  |  |