Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

2017	
Open to Public	
Inspection	

ΑI	For th	e 2017 calendar year, or tax year beginning	and	lending	_						
В	Check if	C Name of organization			D Employe	r identification	on number				
•	applicab	° Cotton Research & Prom	otion Defense								
	Addre	Address Council									
	Name	20-062	2729								
	Initial	Doing business as Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephon						
_	Final	D O BOY 2995	invoice to street dedicas;	110011/June	Literaphon	901-27	4-9030				
L	return termii		ZID or foreign postal gods	l	1005040						
_	ated Amen	City or town, state or province, country, and Cordova, TN 38088									
<u> </u>	return Appli		Chaoler		7	a group returr					
	tion pendi	F Name and address of principal officer 160		4!	1	ordinates?	Yes X No				
	-	555 Philan Circle, Lemo			H ' '	bordinates include					
		empt status 501(c)(3) X 501(c) (6)		or			(see instructions)				
		te: ► N/A		1		exemption nu					
			ssociation Other >	<u>L Year</u>	of formation	2004 M Sta	ate of legal domicile ${ m TN}$				
P	art I	Summary		<u> </u>							
d)	1	Briefly describe the organization's mission or most									
Governance	1	promotion activities conce	erning cotton by	<u>r assis</u>	sting in	ı the d	efense				
rna	2	Check this box If the organization disco	ntinued its operations or dispos	sed of more	than 25% of r	ts net assets					
Še	3	Number of voting members of the governing body	(Part VI, line 1a)			3	7				
		Number of independent voting members of the go	verning body (Part VI, line 1b)		1	4	7				
رە دى		Total number of individuals employed in calendar y			Ì	5	0				
2018 ctivities	6	Total number of volunteers (estimate if necessary)		12	/,	6	0				
₹	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12	W. F. F.	153	7a	0.				
¢. ĕ		Net unrelated business taxable income from Form		الم المسترياء	1831	7b	0.				
c —		TVEL BINGLACED DUSINESS LEXABLE INCOME NOM TOM	330 1, 1110 54	30 5/1/2	Prior Yea		Current Year				
Ĺ		Contributions and grants (Bart VIII, June 1h)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30 -	///	0.	0.				
JEC Pue	8	Contributions and grants (Part VIII, line 1h)	1:31 OC,		1,,,	0.	0.				
e _	9	Program service revenue (Part VIII, line 2g)	1.11	13 m		141.	263910.				
רן בן: Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	$\mathcal{F}_{Z_{Z_{Z}}}$ \vdash		0.					
SCANNED Rev	וו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, ,	· • · · · ·	170		0.				
<u>ک</u> _	12	Total revenue - add lines 8 through 11 (must equal			1/2	141.	263910.				
Κ	13	Grants and similar amounts paid (Part IX, column (· ·	<u> </u>		0.	0.				
\mathcal{S}	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.				
ž.	16a	Professional fundraising fees (Part IX, column (A), I	ne 11e)	_		0.	0.				
Expe	. b	Total fundraising expenses (Part IX, column (D), line	e 25) >	<u> </u>							
ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			508.	70934.				
	18	Total expenses Add lines 13-17 (must equal Part II	K, column (A), line 25)			508.	70934.				
		Revenue less expenses Subtract line 18 from line	12		102	633.	192976.				
- 5d	3			Be	ginning of Curr	ent Year	End of Year				
ets	20	Total assets (Part X, line 16)				862.	6156012.				
Assets or	21	Total liabilities (Part X, line 26)				0.	0.				
Net	-	Net assets or fund balances Subtract line 21 from	line 20		5290	862.	6156012.				
	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the	hest of my kno	wledge and belief it is				
		et, and complete. Declaration of preparer (other than office				-	widage and boildi, it is				
1100,	, corre	it, and completes declaration of preparer (other than office	i j is basso on an information of wi	iicii preparei	nas any knowie	10-19-	10				
		Signature of officer			Date	10-17-	/6				
Sigi		Drew Davis, Assistant	Troaduror								
Her	e	Type or print name and title	reasurer								
				Tr	Date	Check	PTIN				
		Print/Type preparer's name	Preparer's signature	'	Jaic	if Clieck	FIIN				
Paid					<u> </u>	self employed					
-	parer	Firm's name			Firm	s EIN 🕨					
Use											
			······································		Phor	ie no.					
<u>May</u>	the If	RS discuss this return with the preparer shown abo	ve? (see instructions)				Yes No				
	01 11-2			ons.			Form 990 (2017)				

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To assist in research in promotion activities concerning cotton by
	assisting in the defense of the constitutionality of the Cotton
	Research and Promotion Act of 1966 and the research and promotion
	activities carried out in accordance with that act.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$) (Revenue \$)
4h	(Code) (Expenses \$) (Revenue \$)
4b	(Code) (Expenses \$) (Revenue \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
•	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2017)

Cotton Research & Promotion Defense

20-0622729

Form 990 (2017) Council
Part IV Checklist of Required Schedules

			res	IAO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l	•
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	· ·	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		Х
_	Schedule D, Parts XI and XII	12a		<u> </u>
В	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
~	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19	000	X
		Form	990	(2017

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			7,7
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	000	:	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ų -	A family member of a current or former officer, director, trustee, or key employee? If 'yes,' complete Schedule L, Part IV	28ს		- 11
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
-	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	[<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (20171

Form :	990 (2017) Council 20-06227	729	Pa	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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)?	4a		X
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	70		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		•
	if "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year	70		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization receive any lunius, directly of indirectly, to pay premiums on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8	-	
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter		_	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	s the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b_

Council Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_X_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		$\frac{x}{x}$
14	Did the organization have a written document retention and destruction policy?	14		^
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$
O	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		160		J
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	\dashv	
D				
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allahla		
	for public inspection. Indicate how you made these available. Check all that apply	عان مان	•	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
.5	statements available to the public during the tax year		٠	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Drew Davis - 901-274-9030			
	7193 Goodlett Farms Pkwy, Cordova, TN 38016			

732006 11-28-17

Page 7

PartiVII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization	n nor any related	orga	nıza	tion	con	nper	sat	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				эпе	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	T T I I		tor/trustee)		from	from related	other	
	(list any hours for	firecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 9 0	stee			salec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		ake	iad in		(and related
	below	Idual	tution	1	l di	est co	ier			organizations
	line)	Indiv	list.	Officer	Key	Highest compensated employee	Former			
(1) Ted Sheely	0.00									
Chairman		X		Х		<u>L</u> .		0.	0.	0.
(2) Aaron Barcellos	0.00]								
		X				L		0.	0.	0.
(3) Dahlen Hancock	0.00									
<u> </u>		Х				l		0.	0.	0.
(4) Jon Hardwick	0.00									
Secretary/Treasurer		X		Х				0.	0.	0.
(5) James Sanford	0.00									
		Х			L_	<u> </u>		0.	0.	0.
(6) Craig Shook	0.00				1					
		X					<u> </u>	0.	0.	0.
(7) Mike Sturdivant, Jr	0.00									
		Х	_	ļ				0.	0.	0.
(8) Drew Davis	0.00							_	_	_
Assistant Treasurer			_	X			L	0.	0.	0.
				ļ						
			_	ļ			ļ			<u> </u>
			L.			_				
			_			<u> </u>			- "	
		ļ								
		<u> </u>				_				
		ļ					<u> </u>			
		<u> </u>	.	<u> </u>	<u> </u>	<u> </u>	ļ			
·	ļ	1								
		_	<u> </u>	<u> </u>			_			
		<u> </u>		<u> </u>		_	_			
		l							i	
				L						

Part VII Section A. Officers, Directors, Tru (A)	(B)	Ţ			C)		<u></u>	(D)	(E)	- '-	(F)	
Name and title	Average P			Pos	ition			Reportable	Reportable		Estimat	ed
,	hours per	box	, unle	ss pe	rson ı	than o	n an	compensation	compensatio	n	amoun	
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	ed oth		r
	(list any	ctor						the	organizations	s	compens	ation
	hours for	a die				E E		organization	(W-2/1099-MIS	C)	from t	ne
	related	stee o	ruste	Ì		eusa		(W·2/1099-MISC)			organıza	tion
	organizations	a tru	onal t		loyee	E					and rela	
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	in in				organizat	ions
	11110,	Ĕ	Ë	5	<u>\$</u>	호 등	윤					-
		ł										
	-	 										
		1				ŀ						
					_	<u> </u>						
		-		İ				1		Ì		
		ļ			-	├	┝					
		1										
		-	_		_	 	┢					
		1										
							L					
		<u> </u>		<u> </u>	-		_					
		{										
1b Sub-total	1			1	1	1	•	0.		0.		0.
c Total from continuation sheets to Part V	II, Section A						· •	0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									`			1 0
0 0 1 1										ſ	Yes	No
3 Did the organization list any former office		ıstee	э, ке	y en	npio	yee,	or r	nignest compensated en	npioyee on	ł		X
line 1a? If "Yes," complete Schedule J for										- 1	3	\vdash^{Δ}
4 For any individual listed on line 1a, is the s									ne organization	ŀ		Х
and related organizations greater than \$15Did any person listed on line 1a receive or	-								hual for convene	ŀ	4	<u> </u>
rendered to the organization? If "Yes," col					-		nate	organization or individ	idal loi services	}	5	X
Section B. Independent Contractors	Holete Scheool	2.0.10	JI SI	16.77.1	JEIS	OII .						
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of comp	ensat	ion from	
the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin	the organization's tax ye	ear			
(A)				_				(B)		^	(C)	_
Name and busines	s address	NC	ONE	<u>. </u>			\dashv	Description of s	ervices		ompensation)f1
· · · · · · · · · · · · · · · · · · ·		_					十					
							_					
							\dashv				_	
2 Total number of independent contractors (including but n	ot lin	nitec	d to	thos	e he	L ted	above) who received mo	ore than			
\$100,000 of compensation from the organ					os							
Trongott or bompondation from the organ								·•-			Form 990	10017

Cotton Research & Promotion Defense Council

Forn	n 990	(2017) Counc	cil				20-0622	729 Page 9
	rt VI		nue				 :	
		 Сфеск if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
				a •	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ra u	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c					
ar /	c	d Related organizations	1d					-
3,6	€	Government grants (contribu	tions) 1e	_				
tion S	f	All other contributions, gifts, gra	nts, and					
혈		similar amounts not included abo	ove 1f					
o orti	9	Noncash contributions included in lines	s 1a-1f \$					
<u>೧</u> 💆	<u> </u>	Total. Add lines 1a-1f		<u> </u>	-			
				Business Code				
e e	2 a			-				
e v	b	· · · · · · · · · · · · · · · · · · ·						
E S	C							
gra Re	d							
Program Service Revenue	e f	All other program service rev	enue				•	
_		Total. Add lines 2a-2f	ende					
_	3	Investment income (including	dividends, intere	st. and				
		other similar amounts)	, arridondo, intoro	>	114993.	114993.		
	4	Income from investment of ta	ax-exempt bond p	roceeds				
	5	Royalties		•				
		,	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						•
	. ا							
	ا	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1820350.					
	b	Less cost or other basis						
		and sales expenses	1671433.		:			
	c	Gain or (loss)	148917.	į				
	d	Net gain or (loss)			148917.			148917.
e e	8 a	Gross income from fundraising	ng events (not					
nue		including \$	of					
leve		contributions reported on line	e 1c) See					
er F		Part IV, line 18	а					
Other Revenue		Less direct expenses	b					
		: Net income or (loss) from fund	=	_				
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gan	=	<u> </u>				
	10 a	Gross sales of inventory, less						
		and allowances	а					
		Less cost of goods sold	b o of concenters					•
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code			12-17-	
	11 a			Dusiness Code				
	ii a							
	c				-	-		· · · · · · · · · · · · · · · · · · ·
		All other revenue						<u></u> _
	-	Total. Add lines 11a-11d		•				
ı	-	Total revenue See instructions			263910.	114993.	0.	148917.

Form 990 (2017) Council Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	· · · · · · · · · · · · · · · · · · ·			
3	Grants and other assistance to foreign]
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				`
9	Other employee benefits				
10	Payroll taxes		_		
11	Fees for services (non-employees)				
а	Management				
b	Legal '		,		
С	Accounting	2820.			
d	, ,				
е	Professional fundraising services See Part IV, line 17	3.6001			
f	Investment management fees	36981.			
g	Other (If line 11g amount exceeds 10% of line 25,				•
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	236.			
13	Office expenses	230.			
14	Information technology	"*			
15	Royalties				
16	Occupancy	30897.			
17 18	Travel	30037.			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			•	
22	Depreciation, depletion, and amortization			-	
23	Insurance				,
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					
b			·		
c d				 	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	. 70934.			
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 Inf following SOP 98-2 (ASC 958-720)				
				-	5 000 (0047)

Council 20-0622729 Page 11 Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 7437. 5486. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 R Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 5283425. 6150526. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 5290862. 6156012. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5290862. 6156012. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28

> 6156012. Form 990 (2017)

6156012.

29

30

31

32

33

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

5290862.

5290862.

29

30

31

32

33

34

	11 990 (2017)CO di1911		002272		<u>age</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		263	
2	Total expenses (must equal Part IX, column (A), line 25)	2			934.
3	Revenue less expenses Subtract line 2 from line 1	3		1929	976.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2908	
5	Net unrealized gains (losses) on investments	5		6723	<u> 174.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	1560	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>	_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	la	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	<u> </u>		
	review, or compilation of its financial statements and selection of an independent accountant?		_2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		 _
	Act and OMB Circular A-133?		 	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь	1

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

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

Name of the organization

Cotton Research & Promotion Defense Council

Employer identification number 20-0622729

Form 990, Part I, Line 1, Description of Organization Mission:
of the constitutionality of the Cotton Research and Promotion Act of
1966 and the research and promotion activities carried out in
accordance with that act.
Form 990, Part VI, Section A, line 8b:
N/A - There are no committees other than the governing body.
Form 990, Part VI, Section B, line 11b:
Return was reviewed by the President and Secretary/Treasurer.
Form 990, Part VI, Section C, Line 19: Documents are available upon request via U.S. mail.
-