

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2004

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **CROPLIFE AMERICA**
 Number and street (or P.O. box if mail is not delivered to street address): **1156 15TH STREET, NW**
 Room/suite: **400**
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20005**

D Employer identification number: **53-0190293**

E Telephone number: **202-296-1585**

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.CROPLIFEAMERICA.ORG**

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,255,381.**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d			0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			310,011.
3	Membership dues and assessments	3			10,716,555.
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			101,552.
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c			
d	Gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			127,263.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,255,381.
13	Program services (from line 44, column (B))	13			
14	Management and general (from line 44, column (C))	14			
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17			11,407,045.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			<151,664.>
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,515,967.
20	Other changes in net assets or fund balances (attach explanation)	20			0.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,364,303.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$150,200 - noncash \$)	22 150,200.		STATEMENT 3	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 1,612,232.			
26	Other salaries and wages	26 2,104,819.			
27	Pension plan contributions	27 863,631.			
28	Other employee benefits	28 707,286.			
29	Payroll taxes	29 231,103.			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 35,662.			
34	Telephone	34 109,569.			
35	Postage and shipping	35 79,054.			
36	Occupancy	36 443,902.			
37	Equipment rental and maintenance	37 149,578.			
38	Printing and publications	38			
39	Travel	39 289,269.			
40	Conferences, conventions, and meetings	40 692,910.			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 92,603.			
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 1	43e 3,845,227.			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 11,407,045.			

Joint Costs. Check If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III: Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)

a	REPRESENT AGRICULTURAL CHEMICAL INDUSTRY AND PROMOTE EDUCATIONAL PROGRAMS THROUGHOUT THE MEMBERSHIP. (Grants and allocations \$)
b	RISE - PROVIDE EDUCATIONAL PROGRAMS TO ADDRESS KEY ISSUES AFFECTING THE SPECIALTY PESTICIDES INDUSTRY. (Grants and allocations \$)
c	ANNUAL MEETING AND CONFERENCE - PROVIDE EDUCATIONAL PROGRAMS ON A VARIETY OF TOPICS RELATED TO THE AGRICULTURAL CHEMICALS INDUSTRY. (Grants and allocations \$)
d	 (Grants and allocations \$)
e	Other program services (attach schedule) (Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	88,104.	250.
	46 Savings and temporary cash investments		122,704.
	47 a Accounts receivable	384,210.	
	b Less: allowance for doubtful accounts	259,542.	384,210.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	36,238.	94,882.
	54 Investments - securities	5,002,345.	4,632,484.
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other	878,363.	1,490,684.	
57 a Land, buildings, and equipment basis	1,130,010.		
b Less accumulated depreciation	207,822.	169,737.	
58 Other assets (describe ► DEPOSITS)	1,425.	1,425.	
59 Total assets (add lines 45 through 58) (must equal line 74)		6,473,839.	6,896,376.
Liabilities	60 Accounts payable and accrued expenses	572,373.	669,599.
	61 Grants payable		
	62 Deferred revenue	1,736.	5,500.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► SEE STATEMENT 7)	2,383,763.	2,856,974.
66 Total liabilities (add lines 60 through 65)		2,957,872.	3,532,073.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	3,515,967.	3,364,303.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,515,967.	3,364,303.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,473,839.	6,896,376.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	a 11,255,381.	a Total expenses and losses per audited financial statements	a 11,407,045.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments	\$	(1) Donated services and use of facilities	\$
(2) Donated services and use of facilities	\$	(2) Prior year adjustments reported on line 20, Form 990	\$
(3) Recoveries of prior year grants	\$	(3) Losses reported on line 20, Form 990	\$
(4) Other (specify)	\$	(4) Other (specify)	\$
Add amounts on lines (1) through (4)	b 0.	Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 11,255,381.	c Line a minus line b	c 11,407,045.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990	\$	(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify)	\$	(2) Other (specify)	\$
Add amounts on lines (1) and (2)	d 0.	Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 11,255,381.	e Total expenses per line 17, Form 990 (line c plus line d)	e 11,407,045.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		1612232.	81,057.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of

Located at 1156 15TH STREET, NW, WASHINGTON, DC ZIP + 4 20005

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MEETINGS & CONFERENCES					310,011.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					10,716,555.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	101,552.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER			01	127,263.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		228,815.	11,026,566.
105 Total (add line 104, columns (B), (D), and (E))					11,255,381.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8879 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief it is true,
all information of which preparer has any knowledge

Date: _____ Jay J. Vroom President
Type or print name and title

Date: 09/09/2005 Check if Preparer's SSN or PTIN

Asset Number	Description of property								
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
1	FURNITURE AND EQUIPMENT								
	VARIES	VAR	10.00	16	1,064,000.		823,330.	86,753.	
2	LEASEHOLD IMPROVEMENTS								
	VARIES	VAR	10.00	16	66,010.		44,340.	5,850.	
*	TOTAL 990 PAGE 2 DEPR								
					1,130,010.	0.	867,670.	92,603.	

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	1,612,085.			
LOBBYISTS	871,480.			
ADVERTISING AND MEDIA RELATIONS	390,338.			
GRANT EXPENSES	145,955.			
INTERNATIONAL DUES	290,474.			
SOFTWARE DEVELOPMENT COSTS	133,380.			
DUES AND SUBSCRIPTIONS	102,702.			
BAD DEBT	72,503.			
MARKET AND OTHER RESEARCH	68,253.			
INSURANCE AND TAXES	65,629.			
OTHER	38,899.			
WEBSITE MAINTENANCE	22,566.			
PRESIDENT'S EXPENSES	17,504.			
LEGISLATIVE TRACKING	7,750.			
CONTINUING EDUCATION AND TRAINING	5,709.			
TOTAL TO FM 990, LN 43	3,845,227.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO FOSTER THE INTERESTS OF THE GENERAL PUBLIC AND THE ASSOCIATION'S MEMBER COMPANIES BY PROMOTING INNOVATION AND THE ENVIRONMENTALLY SOUND USE OF CROP PROTECTION PRODUCTS FOR THE ECONOMICAL PRODUCTION OF SAFE, HIGH QUALITY, ABUNDANT FOOD, FIBER, AND OTHER CROPS.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	AMER. COUNCIL ON SCIENCE & HEALTH	NEW YORK, NY	NONE	25,000.
GRANT	NATIONAL CORN GROWERS ASSOC	CHESTERFIELD, MO	NONE	20,000.
GRANT	NATIONAL COTTON COUNCIL	WASHINGTON, DC	NONE	20,000.
GRANT	NATIONAL ASSOC OF WHEAT GROWERS	WASHINGTON, DC	NONE	20,000.
GRANT	AMERICAN SOYBEAN ASSOCIATION	ST. LOUIS, MO	NONE	20,000.
GRANT	FFAA BETTER GOVERNMENT	WINTER HAVEN, FL	NONE	200.
GRANT	MARYLAND GREEN INDUSTRY COUNCIL	BROOKLANDVILLE, MD	NONE	2,000.
GRANT	AGRIBUSINESS ASSOC OF IOWA	DES MOINES, IOWA	NONE	4,000.
GRANT	GEORGIA AGRIBUSINESS COUNCIL	COMMERCE, GA	NONE	4,000.
GRANT	WESTERN PLANT HEALTH ASSOC	SACRAMENTO, CA	NONE	6,000.
GRANT	IDAHO COUNCIL ON INDUSTRY & ENVIRON	BOISE, IDAHO	NONE	3,000.
GRANT	SOUTH CAROLINA FERTILIZER & AG ASSO	IRMO, SC	NONE	5,000.
GRANT	NEBRASKA AGRI-BUSINESS ASSOC	LINCOLN, NE	NONE	3,000.
GRANT	ILLINOIS FERTILIZER & CHEMICAL ASSO	BLOOMINGTON, IL	NONE	3,000.
GRANT	KANSAS AGRIBUSINESS RETAILERS ASSOC	TOPEKA, KANSAS	NONE	4,000.

GRANT	MID AMERICA CROPLIFE ASSOC	ST. LOUIS, MO	NONE	4,000.
GRANT	MONTANA AGRICULTURAL BUSINESS ASSOC	HELENA, MT	NONE	4,000.
GRANT	NORTH DAKOTA AGRICULTURAL ASSOC	FARGO, ND	NONE	500.
GRANT	SOUTH DAKOTA AGRI BUSINESS ASSOC	PIERRE, SD	NONE	2,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u><u>150,200.</u></u>

FORM 990	GOVERNMENT SECURITIES			STATEMENT	4
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
U.S. GOVT OBLIGATIONS	FMV	4,632,484.		4,632,484.	
TOTAL TO FORM 990, LINE 54, COL B		<u>4,632,484.</u>		<u>4,632,484.</u>	

FORM 990	OTHER INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD		AMOUNT	
LIQUID ASSET FUNDS	MARKET VALUE		1,377,361.	
SMITH BARNEY DEFERRED COMP.	MARKET VALUE		113,323.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			<u>1,490,684.</u>	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	1,064,000.	910,083.	153,917.
LEASEHOLD IMPROVEMENTS	66,010.	50,190.	15,820.
TOTAL TO FORM 990, PART IV, LN 57	1,130,010.	960,273.	169,737.

FORM 990	OTHER LIABILITIES	STATEMENT 7
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DESCRIPTION	AMOUNT
TASK FORCE LIABILITIES	812,375.
DEFERRED COMPENSATION	126,232.
ACCRUED PENSION	1,070,654.
DEFERRED RENT	138,799.
SUPPLEMENTAL EMPLOYEE PENSION	703,362.
DUE TO AFFILIATE	5,552.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,856,974.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JAY J. VROOM 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT & CEO 35	472,421.	18,769. 0.
PATRICK DONNELLY 1156 15TH STREET, NW WASHINGTON, DC 20005	EXEC VP & COO 35	275,200.	7,277. 0.
DOUGLAS T. NELSON 1156 15TH STREET, NW WASHINGTON, DC 20005	EXEC VP & GEN. COUNSEL 35	302,531.	14,644. 0.
EDWARD JAMES 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT, RISE 35	248,229.	14,384. 0.
MERLYN R. NOLAN 1156 15TH STREET, NW WASHINGTON, DC 20005	VP GOVT AFFAIRS 35	154,643.	9,668. 0.
ISLAM SIDDIQUI 1156 15TH STREET, NW WASHINGTON, DC 20005	VP SCI AND REGULATORY AFFA 35	159,208.	16,315. 0.
ALFRED F. INGULLI 1156 15TH STREET, NW WASHINGTON, DC 20005	IMMEDIATE PAST CHAIR .25	0.	0. 0.
CARL CASALE 1156 15TH STREET, NW WASHINGTON, DC 20005	CHAIR .25	0.	0. 0.
JON JESSEN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0. 0.
JOHN B. JUVENAL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0. 0.
MICHAEL P. KELTY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0. 0.

PETER T. BROMLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
EMIL LANSU 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
RICHARD MARTIN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
WILLIAM H. CULPEPPER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
MIKE MCCARTY 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE-CHAIR .25	0.	0.	0.
STEVE BARWICK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
JIM BLOME 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
MOSHE GIVON 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
STEVE GREENFIELD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
L. KENNEY CORDELL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
MILTON STEELE 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
GREG CRAWFORD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
DAVID L. HATCHER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.

HERBERT B. TULLY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
ERIC WINTEMUTE 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
STANTON J. HOWELL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
TREVOR THORLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
MICHAEL MACK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
ROGER UNDERWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
WILLIAM C. WISDOM 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR .25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>1,612,232.</u>	<u>81,057.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REGISTRATION FEES COLLECTED TO PROVIDE PROGRAMS FOR EDUCATIONAL CONFERENCES ON A VARIETY OF AGRICULTURAL CHEMICAL TOPICS.
94	DUES PAID BY MEMBERS USED IN REPRESENTING THE AGRICULTURAL CHEMICALS INDUSTRY AND SPECIALTY PESTICIDES INDUSTRY AND THE PROMOTION OF EDUCATIONAL PROGRAMS THROUGHOUT THE MEMBERSHIP.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II: Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form with fields: Name of Exempt Organization (CROPLIFE AMERICA), Employer identification number (53-0190293), Address (1156 15TH STREET, NW, NO. 400, WASHINGTON, DC 20005)

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (Sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 8069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of THE ORGANIZATION Telephone No. 202-296-1585 FAX No.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until NOVEMBER 15, 2005. For calendar year 2004, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE OF THE FORM 990.

8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. 8b. If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. 8c. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature: [Handwritten Signature] Title: CPA Date: 8/10/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form with fields: Name (RSM MCGLADREY INC.), Address (6701 DEMOCRACY BLVD., SUITE 600, BETHESDA, MD 20817)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization CROPLIFE AMERICA	Employer identification number 53-0190293
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1156 15TH STREET, NW, NO. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **202-296-1585** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2004** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.