

**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  
**2003**  
 Open to Public Inspection

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

**A For the 2003 calendar year, or tax year beginning** SEP 1, 2003 **and ending** DEC 31, 2003

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

**C Name of organization**  
 CROPLIFE AMERICA

**D Employer identification number**  
 53-0190293

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

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**Please use IRS label or print or type See Specific Instructions**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
1156 15TH STREET, NW 400  
 City or town, state or country, and ZIP + 4  
WASHINGTON, DC 20005

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

*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?  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 ▶

**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 ▶ 3,520,134.

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>			
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			<b>1d</b>	<u>0.</u>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<u>105,949.</u>
	<b>3</b> Membership dues and assessments			<b>3</b>	<u>3,251,138.</u>
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	
	<b>5</b> Dividends and interest from securities			<b>5</b>	<u>11,158.</u>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ _____)			<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
		<b>8b</b>			
		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<u>151,889.</u>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<u>3,520,134.</u>	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<u>5,443,318.</u>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<u>&lt;1,923,184.&gt;</u>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<u>5,439,151.</u>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<u>0.</u>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<u>3,515,967.</u>

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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 \$ _____ noncash \$ _____	22			
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	752,997.		
26	Other salaries and wages	26	314,774.		
27	Pension plan contributions	27	834,326.		
28	Other employee benefits	28	586,335.		
29	Payroll taxes	29	81,684.		
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	14,790.		
34	Telephone	34	14,769.		
35	Postage and shipping	35	31,838.		
36	Occupancy	36	156,678.		
37	Equipment rental and maintenance	37	46,112.		
38	Printing and publications	38			
39	Travel	39	111,227.		
40	Conferences, conventions, and meetings	40	440,416.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	1,046.		
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	2,056,326.		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	5,443,318.		

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	250.	45 88,104.	
	46 Savings and temporary cash investments	308,644.	46	
	47 a Accounts receivable	47a 259,542.		
	b Less allowance for doubtful accounts	47b	47c 259,542.	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	128,219.	53 36,238.	
	54 Investments - securities	STMT 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,713,931.	54 5,002,345.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 4	1,030,275.	56 878,363.	
57 a Land, buildings, and equipment basis	57a 1,091,235.			
b Less accumulated depreciation	STMT 5 57b 883,413.	181,075.	57c 207,822.	
58 Other assets (describe ► DEPOSITS)		4,275.	58 1,425.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		7,061,601.	59 6,473,839.	
Liabilities	60 Accounts payable and accrued expenses	402,516.	60 572,373.	
	61 Grants payable		61	
	62 Deferred revenue		62 1,736.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)		1,219,934.	65 2,383,763.
66 <b>Total liabilities</b> (add lines 60 through 65)		1,622,450.	66 2,957,872.	
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	5,439,151.	67 3,515,967.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		5,439,151.	73 3,515,967.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		7,061,601.	74 6,473,839.

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.

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b>		<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 3,520,134.	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> 5,443,318.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990		<b>b</b> Amounts included on line <b>a</b> 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>b</b> 0.	Add amounts on lines (1) through (4)	<b>b</b> 0.
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 3,520,134.	<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 5,443,318.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
(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)	<b>d</b> 0.	Add amounts on lines (1) and (2)	<b>d</b> 0.
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 3,520,134.	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 5,443,318.

<b>Part V List of Officers, Directors, Trustees, and Key Employees</b> (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 7		752,997.	0.	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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization <b>CROPLIFE FOUNDATION</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
c	Dues, assessments, and similar amounts from members <span style="float:right">85c 2,689,638.</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d 294,222.</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e 537,121.</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f &lt;242,899.&gt;</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
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? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
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? If "Yes," attach a statement explaining each transaction <span style="float:right">N/A</span>		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">N/A</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">N/A</span>		
90 a	List the states with which a copy of this return is filed <b>DISTRICT OF COLUMBIA</b>		
b	Number of employees employed in the pay period that includes March 12, 2003 <span style="float:right">90b 40</span>		
91	The books are in care of <b>THE ORGANIZATION</b> Telephone no <b>202-296-1585</b> Located at <b>1156 15TH STREET, NW WASHINGTON, DC</b> ZIP + 4 <b>20005</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92 N/A</span>		

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

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MEETINGS & CONFERENCES					58,103.
b MRL GRANT					47,846.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,251,138.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	11,158.	
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	151,889.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		163,047.	3,357,087.
105 Total (add line 104, columns (B), (D), and (E))					3,520,134.

**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 8

**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 8870 and Form 4720 (see instructions)

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

Date: \_\_\_\_\_ Type or print name and title: Jay J. Kroan President

Date: \_\_\_\_\_ Check if self: \_\_\_\_\_ 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								
	VARIABLE	VAR	10.00	16	1,025,225.		838,027.	844.	
2	LEASEHOLD IMPROVEMENTS								
	VARIABLE	VAR	10.00	16	66,010.		44,340.	202.	
	* TOTAL 990 PAGE 2 DEPR								
					1,091,235.	0.	882,367.	1,046.	

316261 05-01-03

# - Current year section 179 (D) - Asset disposed

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	85,848.			
STEWARDSHIP	109,076.			
INSURANCE AND TAXES	23,913.			
OTHER	1,164.			
PRES. CONTINGENCY	4,698.			
DUES & PERIODICALS	28,488.			
FQPA	194,689.			
INTELLECTUAL PROP.	29,448.			
ADVANCED SCIENCE	140,417.			
TIMELY REGISTRATION	60,258.			
FIFRA PREEMPTION	17,520.			
INT'L HARMONIZATION	69,022.			
CHILDREN'S HEALTH	167,499.			
BAD DEBT	50,199.			
LIT. & TM DEFENSE	<4,736.>			
CROPLIFE INT'L DUES	125,296.			
COMMITTEE	235,794.			
BOARD EXPENSE	94,759.			
CARES	10,710.			
GRANT EXPENSES	47,846.			
BIO-EXPENSES	355,780.			
WATER QUALITY	208,638.			
TOTAL TO FM 990, LN 43	2,056,326.			

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.



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FORM 990	GOVERNMENT SECURITIES	STATEMENT	3
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVT OBLIGATIONS	5,002,345.		5,002,345.
TOTAL TO FORM 990, LINE 54, COL B	5,002,345.		5,002,345.

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FORM 990	OTHER INVESTMENTS	STATEMENT	4
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DESCRIPTION	VALUATION METHOD	AMOUNT
LIQUID ASSET FUNDS	MARKET VALUE	768,403.
SMITH BARNEY DEFERRED COMP.	MARKET VALUE	109,960.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		878,363.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	1,025,225.	838,871.	186,354.
LEASEHOLD IMPROVEMENTS	66,010.	44,542.	21,468.
TOTAL TO FORM 990, PART IV, LN 57	1,091,235.	883,413.	207,822.

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FORM 990	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	AMOUNT
TASK FORCE LIABILITIES	881,221.
DEFERRED COMPENSATION	49,664.
ACCRUED PENSION	679,718.
DEFERRED RENT	84,811.
SUPPLEMENTAL EMPLOYEE PENSION	688,349.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,383,763.

FORM 990

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY J. VROOM WASHINGTON, DC	PRESIDENT & COO 35	122,093.	0.	0.
EDWARD JAMES WASHINGTON, DC	PRESIDENT, RISE 35	66,485.	0.	0.
PATRICIA GETTER WASHINGTON, DC	VP, COMMUNICATIONS 35	37,569.	0.	0.
DOUGLAS T. NELSON WASHINGTON, DC	VP/SEC./GEN. COUNSEL 35	66,831.	0.	0.
A. A. NOE WASHINGTON, DC	DIR. OF COMMUNICATIONS 35	47,322.	0.	0.
LAWRENCE NORTON WASHINGTON, DC	DIR. OF FINANCE 35	44,588.	0.	0.
RAY S. MCCALLISTER WASHINGTON, DC	VP, SCI & REG 35	42,952.	0.	0.
ISLAM SIDDIQUI WASHINGTON, DC	VP SCI AND REGULATORY AFFA 35	44,204.	0.	0.
ALFRED F. INGULLI WASHINGTON, DC	IMMEDIATE PAST CHAIR .25	0.	0.	0.
JON JESSEN WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
JOHN B. JUVENAL WASHINGTON, DC	DIRECTOR .25	0.	0.	0.

MICHAEL P. KELTY WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
PETER T. BROMLEY WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
EMIL LANSU WASHINGTON, DC	VICE-CHAIR .25	0.	0.	0.
RICHARD MARTIN WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
WILLIAM H. CULPEPPER WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
MIKE MCCARTY WASHINGTON, DC	VICE-CHAIR .25	0.	0.	0.
STEVE BARWICK WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
JIM BLOME WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
MOSHE GIVON WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
STEVE GREENFIELD WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
L. KENNEY CORDELL WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
MILTON STEELE WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
GREG CRAWFORD WASHINGTON, DC	DIRECTOR .25	0.	0.	0.

DAVID L. HATCHER WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
HERBERT B. TULLY WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
ERIC WINTEMUTE WASHINGTON, DC	VICE-CHAIR .25	0.	0.	0.
STANTON J. HOWELL WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
CARL CASALE WASHINGTON, DC	CHAIR .25	0.	0.	0.
TREVOR THORLEY WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
MICHAEL MACK WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
ROGER UNDERWOOD WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
WILLIAM C. WISDOM WASHINGTON, DC	DIRECTOR .25	0.	0.	0.
PATRICK DONNELLY WASHINGTON, DC	SR. VP & COO 35	68,000.	0.	0.
ANGELINA DUGGAN WASHINGTON, DC	SCI AND REG AFFAIRS LEADER 35	41,274.	0.	0.
TOM GILDING WASHINGTON, DC	SCI AND REG AFFAIRS LEADER 35	37,583.	0.	0.
ELIN PELTZ WASHINGTON, DC	FED GOV AFFAIRS DIR 35	36,388.	0.	0.

FRANK GASPERINI WASHINGTON, DC	DIR. STATE ISSUES RISE 35	34,667.	0.	0.
THOMAS HALL WASHINGTON, DC	SCI AND REG AFFAIRS LEADER 35	33,921.	0.	0.
JAMES SKILLEN WASHINGTON, DC	MGR. FORMULATOR ISSUES RIS 35	29,120.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		752,997.	0.	0.

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FORM 990      PART VIII - RELATIONSHIP OF ACTIVITIES TO      STATEMENT 8  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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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  **X**
- 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.**

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

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

- Form 990   
  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 6069

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

- 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2004.

5 For calendar year \_\_\_\_\_, or other tax year beginning SEP 1, 2003 and ending DEC 31, 2003.

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

7 State in detail why you need the extension  
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER ALL OF THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **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 \$ \_\_\_\_\_ **N/A**

**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 W Waldron Title CPA Date 8/10/04

**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 the 10-day grace period.
- We cannot consider this application because it was filed after the 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.

Type or print.  323832 05-01-03	<b>WILMA WALDRON</b> <b>6701 DEMOCRACY BLVD</b> <b>SUITE 600</b> <b>BETHESDA, MD 20817-7520</b>	Or a P.O. box number <b>E 600</b> g postal or ZIP code)
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# Application for Extension of Time to File an Exempt Organization Return

▶ 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  **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: 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)**

**Note: 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.

Type or print	Name of Exempt Organization	Employer identification number
	CROPLIFE AMERICA	53-0190293
	Number, street, and room or suite no. If a P.O. box, see instructions. 1156 15TH STREET, NW, NO. 400	
File by the due date for filing your return. See instructions	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 |

- 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-month, for 990-T corporation) extension of time until AUGUST 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning SEP 1, 2003, and ending DEC 31, 2003.

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

### 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 ▶ W. Zaldar Title ▶ CPA Date ▶ 5/7/04  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)