

Return of Organization Exempt From Income Tax

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

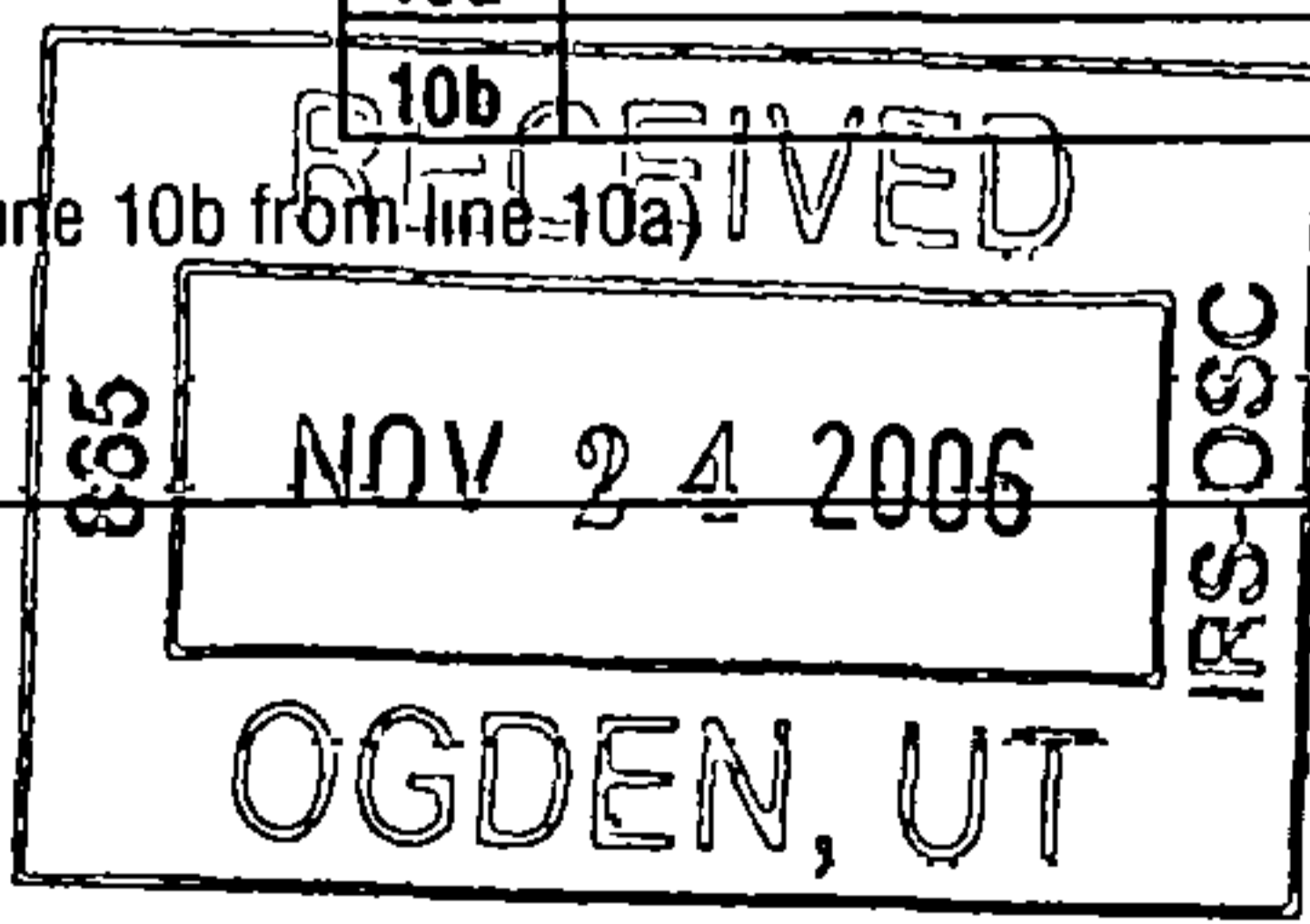
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section including: A For the 2005 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization (CROPLIFE AMERICA); D Employer identification number (53-0190293); E Telephone number (202-296-1585); F Accounting method (Accrual); G Website (WWW.CROPLIFEAMERICA.ORG); J Organization type (501(c)(6)); L Gross receipts (17,951,134); M Check if not required to attach Sch. B.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less: rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less: cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less: cost of goods sold, c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED DEC 26 2003 Revenue



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 \$ <u>156,310.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 156,310.		STATEMENT 5	
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 1,633,512.			
26 Other salaries and wages	26 2,473,590.			
27 Pension plan contributions	27 1,443,105.			
28 Other employee benefits	28 507,205.			
29 Payroll taxes	29 221,816.			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 722,500.			
33 Supplies	33 43,510.			
34 Telephone	34 56,138.			
35 Postage and shipping	35 73,178.			
36 Occupancy	36 563,699.			
37 Equipment rental and maintenance	37 146,795.			
38 Printing and publications	38			
39 Travel	39 345,929.			
40 Conferences, conventions, and meetings	40 679,217.			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 101,236.			
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 3,312,924.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 12,480,664.			

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 4

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a REPRESENT AGRICULTURAL CHEMICAL INDUSTRY AND PROMOTE EDUCATIONAL PROGRAMS THROUGHOUT THE MEMBERSHIP.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b RISE - PROVIDE EDUCATIONAL PROGRAMS TO ADDRESS KEY ISSUES AFFECTING THE SPECIALTY PESTICIDES INDUSTRY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c ANNUAL MEETING AND CONFERENCE - PROVIDE EDUCATIONAL PROGRAMS ON A VARIETY OF TOPICS RELATED TO THE AGRICULTURAL CHEMICALS INDUSTRY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets (See the instructions.)

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	250.
	46 Savings and temporary cash investments	122,704.	46	172,701.
	47 a Accounts receivable	573,886.		
	b Less: allowance for doubtful accounts		47c	573,886.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	94,882.	53	151,218.
	54 Investments - securities	4,632,484.	54	4,834,866.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other	1,490,684.	56	1,971,026.	
57 a Land, buildings, and equipment: basis	1,326,447.			
b Less: accumulated depreciation	1,061,510.	57c	264,937.	
58 Other assets (describe ► DEPOSITS)	1,425.	58	160.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,896,376.	59	7,969,044.	
Liabilities	60 Accounts payable and accrued expenses	669,599.	60	1,268,288.
	61 Grants payable		61	
	62 Deferred revenue	5,500.	62	93,646.
	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 10)	2,856,974.	65	3,881,102.
66 Total liabilities. Add lines 60 through 65)	3,532,073.	66	5,243,036.	
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	3,364,303.	67	2,726,008.
	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 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)	3,364,303.	73	2,726,008.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,896,376.	74	7,969,044.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	12,306,724.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	<46,860.>	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 11</u>	b4	464,355.	
	Add lines b1 through b4		b	417,495.
c	Subtract line b from line a		c	11,889,229.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	11,889,229.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	12,973,210.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SEE STATEMENT 12</u>	b4	492,546.	
	Add lines b1 through b4		b	492,546.
c	Subtract line b from line a		c	12,480,664.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	12,480,664.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(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 plans	(E) Expense account and other allowances
----- SEE STATEMENT 13 -----		1633512.	254,980.	8,476.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 29
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions)

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? If "Yes," attach a conformed copy of the changes
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? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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 CROPLIFE FOUNDATION and check whether it is [X] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions.) 81a 0.
81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued) Yes No

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? 82a 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) 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a X

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b X
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

c Dues, assessments, and similar amounts from members 85c 10,458,843.

d Section 162(e) lobbying and political expenditures 85d 2,275,898.

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 2,708,580.

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <432,682.>

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A

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? 85h N/A

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A

b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A

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? 88 X
If "Yes," complete Part IX

89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A

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? 89b N/A
If "Yes," attach a statement explaining each transaction

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A

d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A

90 a List the states with which a copy of this return is filed DC

b Number of employees employed in the pay period that includes March 12, 2005 90b 43

91 a The books are in care of THE ORGANIZATION Telephone no. 202-296-1585
Located at 1156 15TH STREET, NW, WASHINGTON, DC ZIP + 4 20005

b 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)? 91b X
If "Yes," enter the name of the foreign country N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country N/A

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 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
a MEETINGS & CONFERENCES
b
c
d
e
f Medicare/Medicaid payments
g Fees and contracts from government agencies
94 Membership dues and assessments
95 Interest on savings and temporary cash investments
96 Dividends and interest from securities
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 EXPENSE REIMBURSEMENTS
b OTHER INCOME
c
d
e

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include MEETINGS & CONFERENCES (335,156), MEMBERSHIP DUES (10,458,843), DIVIDENDS (221,577), EXPENSE REIMBURSEMENTS (721,276), and OTHER INCOME (202,406).

104 Subtotal (add columns (B), (D), and (E)) 0. 1,095,230. 10,793,999.
105 Total (add line 104, columns (B), (D), and (E)) 11,889,229.

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 the instructions)

Table with 2 columns: 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. Entry: SEE STATEMENT 14.

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

Table with 5 columns: (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. Entry: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Signature and title section: Signature of Officer, Date 11/7/06, Type or print name and title: JAY VROOM, PRESIDENT. Preparer's signature, Date OCT 05 2006, Preparer's SSN or PTIN P00369217, Firm's name RSM MCGLADREY INC., address 6701 DEMOCRACY BLVD., SUITE 600 BETHESDA, MD 20817, EIN 41-1944416, Phone no. (301) 897-3200.

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. Table 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 6069.

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, 2006. For calendar year 2005, 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.

State in detail why you need the extension INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE

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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, 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: [Signature] Title: ACCOUNTANT Date: 8/12/06

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

By: Director 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.

Name: WILMA WALDRON Number and street (include suite, room, or apt. no.) or a P.O. box number: 6701 DEMOCRACY BLVD., STE 600 City or town, province or state, and country (including postal or ZIP code): BETHESDA, MD 20817-7520

523832 05-01-05

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 ▶
 - 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, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2005** 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.

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	1,241,280.		910,083.	93,608.
2	LEASEHOLD IMPROVEMENTS							
	VARIABLE	VAR	10.00	16	85,167.		50,191.	7,628.
* TOTAL 990 PAGE 2 DEPR					1,326,447.	0.	960,274.	101,236.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALES OF SECURITIES	6,011,876.	6,061,905.	0.	<50,029.>	
TO FORM 990, PART I, LINE 8	6,011,876.	6,061,905.	0.	<50,029.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVESTMENTS				<46,860.>
TOTAL TO FORM 990, PART I, LINE 20				<46,860.>

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PROFESSIONAL FEES	966,184.					
LOBBYISTS	1,158,070.					
ADVERTISING AND MEDIA RELATIONS	353,122.					
GRANT EXPENSES	52,178.					
INTERNATIONAL DUES	355,134.					
SOFTWARE DEVELOPMENT COSTS	0.					
DUES AND SUBSCRIPTIONS	138,222.					
BAD DEBT	105,146.					
MARKET AND OTHER RESEARCH	19,199.					
INSURANCE AND TAXES	32,276.					
OTHER	41,474.					
WEBSITE MAINTENANCE	33,812.					
PRESIDENT'S EXPENSES	21,798.					
LEGISLATIVE TRACKING	30,451.					
CONTINUING EDUCATION AND TRAINING	5,858.					
TOTAL TO FM 990, LN 43	3,312,924.					

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAY J. VROOM	488,819.			488,819.
A. PROGRAM SERVICES	488,819.			488,819.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PATRICK DONNELLY	260,453.			260,453.
A. PROGRAM SERVICES	260,453.			260,453.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DOUGLAS T. NELSON	265,345.			265,345.
A. PROGRAM SERVICES	265,345.			265,345.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EDWARD JAMES	261,110.			261,110.
A. PROGRAM SERVICES	261,110.			261,110.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MERLYN R. NOLAN	195,191.			195,191.
A. PROGRAM SERVICES	195,191.			195,191.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ISLAM SIDDIQUI	162,594.			162,594.
A. PROGRAM SERVICES	162,594.			162,594.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				1,633,512.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,633,512.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	AGRIBUSINESS ASSOC OF IOWA	DES MOINES, IOWA 50309	NONE	2,000.
GRANT	AGRICULTURE COUNCIL OF AMERICA	OVERLAND PARK, KS 66210	NONE	500.
GRANT	AMERICAN SOYBEAN ASSOCIATION	ST. LOUIS, MO 63141	NONE	15,000.
GRANT	COMPETITIVE ENTERPRISE INSTITUTE	WASHINGTON, DC 20036	NONE	2,500.
GRANT	DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE	WASHINGTON, DC 20036	NONE	12,000.
GRANT	ILLINOIS FERTILIZER & CHEMICAL ASSO	BLOOMINGTON, IL 61704	NONE	1,500.
GRANT	MICHIGAN AGRIBUSINESS ASSOCIATION	EAST LANSING, MICHIGAN 48823	NONE	4,000.
GRANT	MONTANA AGRICULTURAL BUSINESS ASSOC	HELENA, MT 59601	NONE	6,000.
GRANT	NATIONAL ASSOCIATION OF WHEAT GROWERS	WASHINGTON, DC 20002	NONE	20,000.
GRANT	NATIONAL CORN GROWERS ASSOC	CHESTERFIELD, MO 63005	NONE	15,000.
GRANT	NATIONAL COTTON COUNCIL	WASHINGTON, DC 20036	NONE	15,000.
GRANT	NEBRASKA AGRI-BUSINESS ASSOC	LINCOLN, NE 68508	NONE	1,500.
GRANT	OKLAHOMA AGRIBUSINESS RETAILERS ASSN.	ENID, OK 73701	NONE	3,500.

GRANT	OREGONIANS FOR FOOD AND SHELTER	SALEM, OR 97302	NONE	5,000.
GRANT	PRODUCE FOR BETTER HEALTH	WILMINGTON, DE 19808	NONE	10,000.
GRANT	PURDUE PESTICIDES PROGRAM	WEST LAFAYETTE, IN	NONE	15,000.
GRANT	SOUTH DAKOTA AGRI-BUSINESS ASSOC.	PIERRE, SOUTH DAKOTA 57501	NONE	500.
GRANT	SOUTHERN CROP PROTECTION ASSOCIATION	DAWSON, GA 39842	NONE	5,000.
GRANT	TRUSTEES OF BOSTON UNIVERSITY	BOSTON, MA 02118	NONE	11,810.
GRANT	WESTERN PLANT HEALTH ASSOCIATION	SACRAMENTO, CA 95814	NONE	8,500.
GRANT	WIFE, WOMEN INVOLVED IN FARM ECONOMICS	SHORTER, AL 36075	NONE	2,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				156,310.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
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	GOVERNMENT SECURITIES	STATEMENT	7
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVT OBLIGATIONS	FMV	4,834,866.		4,834,866.
TOTAL TO FORM 990, LINE 54, COL B		4,834,866.		4,834,866.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
LIQUID ASSET FUNDS	MARKET VALUE	1,526,115.
SMITH BARNEY DEFERRED COMP.	MARKET VALUE	251,294.
OTHER SECURITIES	MARKET VALUE	193,617.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,971,026.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	1,241,280.	1,003,691.	237,589.
LEASEHOLD IMPROVEMENTS	85,167.	57,819.	27,348.
TOTAL TO FORM 990, PART IV, LN 57	1,326,447.	1,061,510.	264,937.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
TASK FORCE LIABILITIES	977,409.
DEFERRED COMPENSATION	193,617.
ACCRUED PENSION	1,624,113.
DEFERRED RENT	181,226.
SUPPLEMENTAL EMPLOYEE PENSION	904,737.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,881,102.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
INCOME OF AFFILIATED ORGANIZATIONS SHOWN ON CONSOLIDATED FORM 990	464,355.
TOTAL TO FORM 990, PART IV-A	464,355.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
EXPENSES OF AFFILIATED ORGANIZATIONS SHOWN ON CONSOLIDATED FORM 990	492,546.
TOTAL TO FORM 990, PART IV-B	492,546.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY J. VROOM 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT & CEO 40.00	488,819.	59,807.	981.
PATRICK DONNELLY 1156 15TH STREET, NW WASHINGTON, DC 20005	EXEC VP & COO 40.00	260,453.	21,219.	2,507.
DOUGLAS T. NELSON 1156 15TH STREET, NW WASHINGTON, DC 20005	EXEC VP & GEN. COUNSEL 40.00	265,345.	58,271.	4,988.
EDWARD JAMES 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT, RISE 40.00	261,110.	57,946.	0.
MERLYN R. NOLAN 1156 15TH STREET, NW WASHINGTON, DC 20005	VP GOVT AFFAIRS 40.00	195,191.	24,431.	0.

ISLAM SIDDIQUI 1156 15TH STREET, NW WASHINGTON, DC 20005	VP SCI AND REGULATORY AFFA 40.00	162,594.	33,306.	0.
ALFRED F. INGULLI 1156 15TH STREET, NW WASHINGTON, DC 20005	IMMEDIATE PAST CHAIR 0.25	0.	0.	0.
CARL CASALE 1156 15TH STREET, NW WASHINGTON, DC 20005	CHAIR 0.25	0.	0.	0.
JON JESSEN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JOHN B. JUVENAL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MICHAEL P. KELTY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
PETER T. BROMLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JAMES C. COLLINS, JR. 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
RICHARD MARTIN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
WILLIAM H. CULPEPPER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MIKE MCCARTY 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE-CHAIR 0.25	0.	0.	0.
STEVE BARWICK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JIM BLOME 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.

VALDEMAR FISCHER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
STEVE GREENFIELD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
L. KENNEY CORDELL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MARCUS MEADOWS-SMITH 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
GREG CRAWFORD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
DAVID L. HATCHER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
HERBERT B. TULLY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ERIC WINTEMUTE 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE-CHAIR 0.25	0.	0.	0.
STANTON J. HOWELL 1156 15TH STREET, NW WASHINGTON, DC 20005	TREASURER 0.25	0.	0.	0.
TREVOR THORLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MICHAEL MACK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ROGER UNDERWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
WILLIAM C. WISDOM 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE-CHAIR 0.25	0.	0.	0.

ELIN D. MILLER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JOHN C. RABBY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
DR. M. ESMAIL ZIRKPARVAR 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,633,512.</u>	<u>254,980.</u>	<u>8,476.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14
 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.