

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type.
 See Specific Instructions.

C Name of organization
CROPLIFE AMERICA
 Doing Business As
 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

D Employer identification number
53-0190293

E Telephone number
202-296-1596

G Gross receipts \$ **18,895,809.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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

K Form of organization: Corporation Trust Association Other ▶

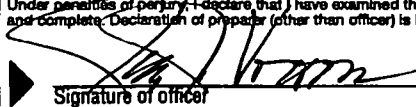
L Year of formation: **1934** **M State of legal domicile:** **DE**

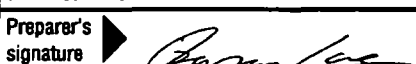
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FOSTER THE INTERESTS OF THE GENERAL PUBLIC AND THE ASSOCIATION'S MEMBER COMPANIES BY PROMOTING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of employees (Part V, line 2a)	5	47
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	11,028,303.	12,827,734.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	323,876.	184,345.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	733,667.	273,182.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,085,846.	13,285,261.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	290,103.	274,652.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,256,311.	5,713,317.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,816,112.	6,437,400.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,362,526.	12,425,369.
	19	Revenue less expenses. Subtract line 18 from line 12	<276,680.>	859,892.
	20	Total assets (Part X, line 16)	Beginning of Current Year 7,532,942.	End of Year 8,955,870.
	21	Total liabilities (Part X, line 26)	4,067,978.	4,842,152.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,464,964.	4,113,718.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  Date: **11/5/2010**
JAY VROOM, PRESIDENT & CEO
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: **11/5/10** Check if self-employed: Preparer's identifying number (see instructions): **P01059941**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **JOHNSON LAMBERT & CO. LLP**
700 SPRING FOREST ROAD, SUITE 115
RALEIGH, NC 27609 EIN ▶ **52-1446779** Phone no. ▶ **919-719-6400**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED DEC 08 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
CROPLIFE AMERICA REALIZES ITS VISION BY ADVOCATING FOR AND PROMOTING
THE RESPONSIBLE USE OF INNOVATIVE, SAFE AND ENVIRONMENTALLY SOUND CROP
PROTECTION TECHNOLOGIES THAT PROTECT PUBLIC HEALTH AND ARE ESSENTIAL
TO THE GLOBAL PRODUCTION OF SAFE, AFFORDABLE AND SUSTAINABLE FOOD,

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

MEMBER SERVICES - COMPANIES GAIN EFFICIENCIES AND EFFECTIVENESS BY
WORKING COLLECTIVELY WITH THE ASSOCIATION FOR LEGISLATIVE REGULATORY
ADVOCACY, LEGAL SUPPORT AND KEY AUDIENCE OUTREACH. CLA ALSO PROVIDES
VALUE TO ITS MEMBERS BY HELPING TO IDENTIFY EMERGING
REGULATORY/POLITICAL TRENDS, BUILDING INDUSTRY CONSENSUS AROUND
CRITICAL ISSUES, DESIGNING COMMUNICATION CAMPAIGNS THAT SPEAK TO THE
POSITIVES OF OUR INDUSTRY, DEVELOPING STRONG INDUSTRY STEWARDSHIP
PROGRAMS, AND HONORING GOOD ASSOCIATION GOVERNANCE PRACTICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

RISE (RESPONSIBLE INDUSTRY FOR A SOUND ENVIRONMENT) REPRESENTS
PRODUCERS AND SUPPLIERS OF SPECIALTY PESTICIDES AND FERTILIZERS AND
SERVES AS A RESOURCE AND ADVOCATE ON PESTICIDES AND FERTILIZERS AND
PROVIDES CURRENT AND ACCURATE INFORMATION ON ISSUES AND RESEARCH
AFFECTING THE INDUSTRY. RISE ALSO MONITORS LEGISLATIVE AND REGULATORY
ISSUES IN WASHINGTON, DC AND AT THE STATE LEVEL.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

ANNUAL MEETING - PROVIDE EDUCATIONAL PROGRAMS AND UPDATES ON A VARIETY
OF TOPICS RELATED TO THE AGRICULTURAL ENVIRONMENT AS IT RELATES TO THE
CHEMICAL, FERTILIZER, PESTICIDE, AND HERBICIDE INDUSTRY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

Part V Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part V Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-296-1596**
1156 15TH STREET, NW, SUITE 400, WASHINGTON, DC 20005

Part V Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAY VROOM PRESIDENT & CEO	40.00	X		X			576,282.	0.	67,878.	
BILL BUCKNER CHAIRMAN	0.30	X		X			0.	0.	0.	
JOHN CHROSNIAK VICE CHAIR	0.30	X		X			0.	0.	0.	
VERN HAWKINS VICE CHAIR	0.30	X		X			0.	0.	0.	
DAN VRADENBURG VICE CHAIR	0.30	X		X			0.	0.	0.	
JOHN RABBY TREASURER	0.30	X		X			0.	0.	0.	
ULRICH TROGELE TREASURER - 2ND HALF	0.30	X		X			0.	0.	0.	
ERIC WINTEMUTE IMMEDIATE PAST CHAIR	0.30	X					0.	0.	0.	
NEAL BUTLER DIRECTOR	0.30	X					0.	0.	0.	
JULI JESSEN DIRECTOR	0.30	X					0.	0.	0.	
WILLIAM H. CULPEPPER DIRECTOR	0.30	X					0.	0.	0.	
ROBERT SHOCKEY DIRECTOR	0.30	X					0.	0.	0.	
GREGORY MCDANIEL DIRECTOR	0.30	X					0.	0.	0.	
NEVIN MCDOUGALL DIRECTOR	0.30	X					0.	0.	0.	
GREGORY JOHNSON DIRECTOR	0.30	X					0.	0.	0.	
BILL LEWIS DIRECTOR	0.30	X					0.	0.	0.	
RICHARD MARTIN DIRECTOR	0.30	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CASSIDY DIRECTOR	0.30	X						0.	0.	0.
JOHN JUVENAL DIRECTOR	0.30	X						0.	0.	0.
STANTON HOWELL DIRECTOR	0.30	X						0.	0.	0.
DAVID TRETTER DIRECTOR	0.30	X						0.	0.	0.
JIM BLOME DIRECTOR	0.30	X						0.	0.	0.
ROGER UNDERWOOD DIRECTOR	0.30	X						0.	0.	0.
ANDREW LEE DIRECTOR	0.30	X						0.	0.	0.
MARCUS MEADOWS-SMITH DIRECTOR	0.30	X						0.	0.	0.
MARTIN PETERSEN DIRECTOR	0.30	X						0.	0.	0.
ROD SCHROEDER DIRECTOR	0.30	X						0.	0.	0.
1b Total								3,105,283.	0.	498,691.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CROWELL MORING PO BOX 75509, BALTIMORE, MD 21275	LOBBYING	404,226.
LATHAM & WATKINS, LLP, 555 ELEVENTH STREET, NW, WASHINGTON, DC 20004	LEGAL	348,860.
FLEISHMAN HILLARD, INC., 1615 L STREET, NW, SUITE 1000, WASHINGTON, DC 20036	PUBLIC RELATIONS	333,494.
CHARLTON RESEARCH COMPANY, 13017 WISTERIA DRIVE, SUITE 452, GERMANTOWN, MD 20874	BENEFITS RESEARCH	242,106.
DAVID KASZOWICZ, 1776 I STREET, NW, FLOOR 9, WASHINGTON, DC 20006	IT SERVICES	165,760.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 111000	11849626.	11849626.		
	b MEETINGS AND CONFERENC	900099	380,494.	380,494.		
	c DEBUG THE MYTHS CAMPAI	900099	308,448.	308,448.		
	d TARIFF REDUCTION	900099	160,000.	160,000.		
	e TASK FORCE INCOME	900099	129,166.	129,166.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		12827734.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		141,151.			141,151.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	5653742.			
	b Less: cost or other basis and sales expenses		5610548.			
	c Gain or (loss)		43,194.			
	d Net gain or (loss)		43,194.			43,194.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a REIMBURSEMENTS	900099	225,983.			225,983.	
b OTHER INCOME	900099	47,199.			47,199.	
c						
d All other revenue						
e Total. Add lines 11a-11d		273,182.				
12 Total revenue. See instructions.		13285261.	12827734.	0.	457,527.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	274,652.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,768,777.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,979,945.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	206,120.			
9 Other employee benefits	527,896.			
10 Payroll taxes	230,579.			
11 Fees for services (non-employees):				
a Management				
b Legal	670,017.			
c Accounting	264,617.			
d Lobbying	1,058,523.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	62,918.			
g Other	613,008.			
12 Advertising and promotion	163,700.			
13 Office expenses	411,980.			
14 Information technology	172,908.			
15 Royalties				
16 Occupancy	575,266.			
17 Travel	393,631.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755,679.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,785.			
23 Insurance	31,981.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DEBUG THE MYTHS CAMPAIG	369,688.			
b PROJECT EXPENSES	365,484.			
c DUES AND SUBSCRIPTIONS	231,075.			
d REAL ESTATE & PERSONAL	69,935.			
e OTHER EXPENSES	67,823.			
f All other expenses	67,382.			
25 Total functional expenses. Add lines 1 through 24f	12,425,369.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	249.	1	250.
	2	Savings and temporary cash investments	704,676.	2	3,226,184.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	222,113.	4	244,666.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	322,995.	9	263,114.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,134,237.		
	10b	Less: accumulated depreciation	844,527.	10c	289,710.
	11	Investments - publicly traded securities	4,210,321.	11	4,362,818.
	12	Investments - other securities. See Part IV, line 11	1,505,198.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	398,451.	15	569,128.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,532,942.	16	8,955,870.	
Liabilities	17	Accounts payable and accrued expenses	463,372.	17	918,049.
	18	Grants payable		18	
	19	Deferred revenue	145,104.	19	595,521.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,459,502.	25	3,328,582.
	26	Total liabilities. Add lines 17 through 25	4,067,978.	26	4,842,152.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,464,964.	27	4,113,718.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,464,964.	33	4,113,718.
34	Total liabilities and net assets/fund balances	7,532,942.	34	8,955,870.	

Part X Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**



If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CROPLIFE AMERICA	Employer identification number 53-0190293
---	---

Part A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part I-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	11,849,626.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	2,574,924.
b Carryover from last year	2b	
c Total	2c	2,574,924.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,574,924.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CROPLIFE AMERICA

Employer identification number

53-0190293

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?		

- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		117,793.	50,329.	67,464.
d Equipment		1,016,444.	794,198.	222,246.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				289,710.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DEFERRED COMPENSATION	537,076.
RELATED PARTY RECEIVABLE	32,052.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	569,128.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
TASK FORCE LIABILITIES	487,343.
DEFERRED COMPENSATION	537,076.
ACCRUED PENSION	1,892,246.
DEFERRED RENT	168,269.
SUPPLEMENTAL EMPLOYEE RETENTION PLAN	243,648.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,328,582.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part X Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,285,261.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,425,369.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	859,892.
4	Net unrealized gains (losses) on investments	4	<101,300.>
5	Donated services and use of facilities	5	<109,838.>
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<211,138.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	648,754.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	13,183,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<101,300.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	<101,300.>
3	Subtract line 2e from line 1	3	13,285,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,285,261.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,535,207.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	109,838.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	109,838.
3	Subtract line 2e from line 1	3	12,425,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,425,369.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **CROPLIFE AMERICA** Employer identification number **53-0190293**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	MEMBERSHIP DUES PAYMENT TO CROPLIFE INTERNATIONAL.		26,610.
Totals	0	0			26,610.

53-0190293

CROPLIFE AMERICA

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶▶

3 Enter total number of other organizations or entities. ▶▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009



Name of the organization

CROPLIFE AMERICA

Employer identification number
53-0190293

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA FERTILIZER AND AGRICHEMICAL ASSOCIATION, INC. - PO BOX 9326 - WINTERHAVEN, FL 33883	59-0245380	501(C)(5)	5,000.	0.			COMMUNICATION ON PESTICIDE REGISTRATION FEES.
WASHINGTON FRIENDS OF FARMS AND FORESTS - PO BOX 7644 - OLYMPIA, WA 98507	91-1453960	501(C)(6)	5,000.	0.			SPRAY DRIFT-HIGH TECH ORCHARD SPRAYER CALIBRATION INSTRUMENT.
INTERNATIONAL SOCIETY OF REGULATORY TOXICOLOGY AND PHARMACOLOGY - 6546 BELLEVIEW STREET - COLUMBIA, MD 21046	52-1339083	501(C)(3)	20,000.	0.			EDUCATIONAL-SCREENING RESULTS ON ENDOCRINE STUDIES.
AGRI-BUSINESS ASSOCIATION OF IOWA 900 DES MOINES STREET DES MOINES, IA 50309	42-1388322	501(C)(6)	5,750.	0.			REDEFINE COALITION FOR AGRICULTURE SUPPORTERS IN IOWA.
KANSAS AGRIBUSINESS RETAILERS ASSOCIATION - 816 SW TYLER STREET - TOPEKA, KS 66612	48-0989398	501(C)(6)	5,000.	0.			EDUCATION OF LEGISLATORS ON IMPORTANCE OF PESTICIDE INDUSTRY TO KANSAS.
NASDA 1156 15TH ST NW, STE 1020 WASHINGTON, DC 20005	52-0845105	501(C)(6)	9,750.	0.			MEETING SPONSORSHIP.

2 Enter total number of section 501(c)(3) and government organizations **5.**

3 Enter total number of other organizations **17.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT REQUESTS TO CROPLIFE AMERICA AND RISE ARE SPECIFIC TO A PROJECT/SPONSORSHIP IN NATURE WITH A STATED TIME LINE.

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization
CROPLIFE AMERICA
 Employer identification number
53-0190293

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MID AMERICA CROP LIFE ASSOCIATION 11327 GRAVOIS RD, SUITE 201 ST LOUIS, MO 63126	42-1169461	501(C)(6)	5,000.	0.			WATER ISSUES AND GREAT LAKES RESTORATION STRATEGIES.		
MICHIGAN AGRIBUSINESS ASSOCIATION 1501 NORTH SHORE DRIVE EAST LANSING, MI 48823	38-2027120	501(C)(6)	10,000.	0.			EDUCATION OF LEGISLATORS ON AGRICULTURAL INDUSTRY.		
WESTERN PLANT HEALTH ASSOCIATION 4460 DUCKHORN DR., STE#A SACRAMENTO, CA 95834	94-1452953	501(C)(6)	5,000.	0.			WESTERN REGIONAL ALLIANCE SPONSORSHIP.		
SOUTHERN CROP PROTECTION ASSOCIATION - PO BOX 7000 - DAWSON, GA 39842	58-0848709	501(C)(6)	6,000.	0.			STATE ISSUES SUMMIT.		
AMERICAN SOYBEAN ASSN 12125 WOODCREST EXECUTIVE DR., STE# ST LOUIS, MO 63141	42-0688064	501(C)(5)	15,000.	0.			PROMOTE POLICY DEVELOPMENT IN AGRICULTURE ON BEHALF OF SOYBEAN PRODUCERS.		
MINNESOTA FARM BUREAU FEDERATION PO BOX 64370 ST PAUL, MN 55164	41-0417230	501(C)(5)	18,000.	0.			GLI STANDARDS DEVELOPMENT PROJECT AND AQUATIC LIFE CRITERIA METHODOLOGY.		
REBUILDING TOGETHER, INC. 1899 L STREET, NW, STE, 1000 WASHINGTON, DC 20036	52-1585880	501(C)(3)	17,000.	0.			IMPROVING HOMES AND LIVES OF LOW INCOME HOME OWNERS.		
STATE AGRICULTURAL & RURAL LEADERS 15287 47TH ST., SE LEONARD, ND 58052	20-4400600	501(C)(3)	10,000.	0.			AGRICULTURAL CHAIRS MEETING.		

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number
53-0190293

CROPLIFE AMERICA

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF WHEAT GROWERS - 415 SECOND ST. NE, STE#300 - WASHINGTON, DC 20002	48-0668648	501(C)(6)	15,000.	0.			PROMOTE BENEFITS OF WHEAT INDUSTRY AT STATE AND NATIONAL LEVELS THROUGH RESEARCH AND TECHNOLOGY.
NATIONAL ASSOCIATION OF CORN GROWERS - 632 CEPI DRIVE - CHESTERFIELD, MO 63005	42-0897662	501(C)(5)	15,000.	0.			EDUCATION EXPOSURE OF NEW LEGISLATORS TO AGRICULTURE AND INDUSTRY.
NATIONAL COTTON COUNCIL OF AMERICA 1521 NEW HAMPSHIRE AVE. NW WASHINGTON, DC 20036	62-6046706	501(C)(6)	15,000.	0.			EDUCATIONAL PROGRAMS RELATED TO INTERESTS OF COTTON GROWERS.
THE HEARTLAND INSTITUTE 19 SOUTH LASALLE, STE. 903 CHICAGO, IL 60603	36-3309812	501(C)(3)	10,000.	0.			PESTICIDE EDUCATION ACTIVITIES ON AQUATICS.
MONTANA AGRICULTURAL BUSINESS ASSOCIATION - 1806 CAPITAL ST. - HELENA, MT 59601	81-0390283	501(C)(6)	5,000.	0.			NATIONAL AND INTERNATIONAL HARMONIZATION AND WATER QUALITY DISCUSSIONS.
OREGONIANS FOR FOOD AND SHELTER 3415 COMMERCIAL ST., SE, SUITE 100 SALEM, OR 97302	93-0775640	501(C)(6)	5,000.	0.			USE REPORTING, WATER, ENVIRONMENTAL EXPOSURE, DRIFT.
CROPLIFE FOUNDATION 1156 15TH ST NW, STE 400 WASHINGTON, DC 20005	52-2306857	501(C)(3)	16,569.	0.			EPA POSTER PROJECT, GENERAL OPERATIONS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CROPLIFE AMERICA

Employer identification number

53-0190293

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a	X	
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAY VROOM	(i) 461,128.	(ii) 111,823.	(iii) 3,331.	46,000.	21,878.	644,160.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DOUGLAS T. NELSON	(i) 295,973.	(ii) 55,051.	(iii) 6,056.	46,000.	17,269.	420,349.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ALLEN B. GREENWOOD	(i) 227,206.	(ii) 43,169.	(iii) 533.	24,877.	19,475.	315,260.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
EDWARD A. JAMES	(i) 261,955.	(ii) 50,295.	(iii) 2,283.	46,000.	17,269.	377,802.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ISLAM SIDDIQUI	(i) 193,752.	(ii) 27,609.	(iii) 4,189.	20,753.	16,522.	262,825.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
WILLIAM F. KUCKUCK	(i) 227,625.	(ii) 43,704.	(iii) 1,564.	16,411.	19,692.	308,996.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ALLAN NOE	(i) 113,477.	(ii) 11,915.	(iii) 75,109.	9,929.	17,583.	228,013.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
REX RUNYON	(i) 153,750.	(ii) 20,295.	(iii) 2,283.	14,466.	20,578.	211,372.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RAY MCALLISTER	(i) 161,460.	(ii) 23,008.	(iii) 882.	17,297.	14,970.	217,617.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JEFFREY CASE	(i) 128,794.	(ii) 18,353.	(iii) 1,290.	13,797.	16,870.	179,104.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LEONARD GIANESSI	(i) 118,569.	(ii) 10,078.	(iii) 1,980.	12,361.	16,640.	159,628.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: SENIOR EXECUTIVES HAVE EMPLOYMENT CONTRACTS WHICH ALLOW FOR SPOUSAL TRAVEL FOR CERTAIN TRIPS AND SOCIAL CLUB DUES PAYMENTS ON THEIR BEHALF.

PART I, LINE 4A: ALLAN NOE, VICE PRESIDENT OF SPECIAL PROJECTS, RECEIVED \$71,412 IN SEVERANCE PAYMENTS DURING TAX YEAR 2009.

PART I, LINE 4B: CROPLIFE AMERICA MAINTAINS A 457(B) PLAN AVAILABLE TO ALL EXECUTIVES. CROPLIFE AMERICA DOES NOT MATCH/CONTRIBUTE ANYTHING TO THIS PLAN. THE FOLLOWING ARE THE CURRENT PARTICIPANTS:

JAY VROOM	\$16,500
RAY MCALLISTER	\$22,000
ISI SIDDIQUI	\$22,000
DOUG NELSON	\$16,500

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

CROPLIFE AMERICA

Employer Identification number

53-0190293

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY ALLISON DIRECTOR	0.30	X					0.	0.	0.	
STEVE BARWICK DIRECTOR	0.30	X					0.	0.	0.	
MIKE MCCARTY DIRECTOR	0.30	X					0.	0.	0.	
DAVID SWIHART DIRECTOR	0.30	X					0.	0.	0.	
GLEN STITH DIRECTOR	0.30	X					0.	0.	0.	
STEVE GULLICKSON DIRECTOR	0.30	X					0.	0.	0.	
J.J. GROW DIRECTOR	0.30	X					0.	0.	0.	
TREVOR THORLEY DIRECTOR	0.30	X					0.	0.	0.	
DOUGLAS T. NELSON EVP GENERAL COUNSEL/SECR	40.00			X			357,080.	0.	63,269.	
ALLEN B. GREENWOOD EVP GOVERNMENT RELATIONS	40.00			X			270,908.	0.	44,352.	
EDWARD A. JAMES PRESIDENT OF RISE	40.00			X			314,533.	0.	63,269.	
ISLAM SIDDIQUI VP SCIENCE, REG. AFFAIRS	40.00			X			225,550.	0.	37,275.	
WILLIAM F. KUCKUCK EXECUTIVE VP AND COO	40.00			X			272,893.	0.	36,103.	
ALLAN NOE VP OF SPECIAL PROJECTS	40.00			X			200,501.	0.	27,512.	
REX RUNYON VP OF MEDIA RELATIONS &	40.00			X			176,328.	0.	35,044.	
RAY MCALLISTER SR DIRECTOR OF REGULATOR	40.00					X	185,350.	0.	32,267.	
JEFFREY CASE SR DIRECTOR OF GOVERNMEN	40.00					X	148,437.	0.	30,667.	
JAMES SKILLEN DIRECTOR OF REGULATORY A	40.00					X	121,409.	0.	18,849.	
DEE ANN STAATS DIRECTOR OF ENVIRONMENTA	40.00					X	125,385.	0.	13,205.	
LEONARD GIANESSI DIRECTOR OF CPRI	40.00					X	130,627.	0.	29,001.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CROPLIFE AMERICA

Employer identification number

53-0190293

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FIBER, AND RENEWABLE ENERGY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRADE/TARIFF PROGRAM, DEBUG THE MYTHS CAMPAIGN

FORM 990, PART VI, SECTION A, LINE 6: CROPLIFE AMERICA IS A 501(C)(6)

ASSOCIATION AND IS SUPPORTED BY ITS MEMBERS WITH VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ACTIVE MEMBERS ELECT THE

MEMBERS OF THE GOVERNING BODY BY FORM OF PROXY & BALLOT.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP BODY MAY VOTE ON ANY

MEASURE SENT FOR ITS APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS ELECTRONICALLY

PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE

INTERNAL REVENUE SERVICE. IT IS NOT PRESENTED TO THE BOARD OF DIRECTORS AT

THIS TIME.

FORM 990, PART VI, SECTION B, LINE 12C: THE WRITTEN CONFLICT OF INTEREST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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**POLICY STATES THAT ANY PERSONAL INFLUENCE OVER PURCHASES, CONTRACTS,
LEASES, MEMBERSHIPS, ETC. ARE TO BE DISCLOSED TO CROPLIFE MANAGEMENT IF ONE
SUSPECTS POTENTIAL CONFLICTS. MEMBERS WITH WILL ABSTAIN FROM VOTING OR
RESIGN THEIR POSITION IN THE CASE OF A BROAD CONFLICT.**

**FORM 990, PART VI, SECTION B, LINE 15: PERFORMANCE REVIEWS ARE CONDUCTED
ANNUALLY AND SALARIES ARE COMPARED EVERY OTHER YEAR TO OUTSIDE COMPENSATION
STUDIES. THE CEO OF CROPLIFE AMERICA APPROVES THE OTHER EXECUTIVE AND
STAFF SALARIES AND THE CHAIRMAN OF THE BOARD GIVES FINAL APPROVAL OF THE
CEO'S SALARY. THE CEO'S COMPENSATION WAS LAST REVIEWED IN NOVEMBER 2009.**

**FORM 990, PART VI, SECTION C, LINE 19: THE CROPLIFE AMERICA WEBSITE IS A
CONDUIT FOR MUCH OF THE GOVERNING INFORMATION, INCLUDING THE ANNUAL REPORT.**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

CROPLIFE AMERICA

Employer identification number
53-0190293

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CROPLIFE FOUNDATION - 52-2306857 1156 15TH STREET NW, SUITE 400 WASHINGTON, DC 20005	CONDUCT RESEARCH, GIVE EDUCATIONAL SEMINARS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	CROPLIFE AMERICA
CROPLIFE AMERICA POLITICAL ACTION COMMITTEE - 52-1773466, 1156 15TH STREET NW, SUITE 400, WASHINGTON, DC 20005	CROPLIFE PAC SUPPORTS CANDIDATES FOR ELECTED OFFICE AND IS REGULATED BY	DELAWARE	527(F)(3)		CROPLIFE AMERICA

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

CROPLIFE AMERICA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	CROPLIFE FOUNDATION	N	81,287.
(2)	CROPLIFE FOUNDATION	P	236,374.
(3)			
(4)			
(5)			
(6)			

