

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)

2006

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 2006 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CROPLIFE AMERICA		D Employer identification number 53-0190293
		Number and street (or P O box if mail is not delivered to street address) 1156 15TH STREET, NW	Room/suite 400	E Telephone number 202-296-1585

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ N/A

G Website: ▶ WWW.CROPLIFEAMERICA.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

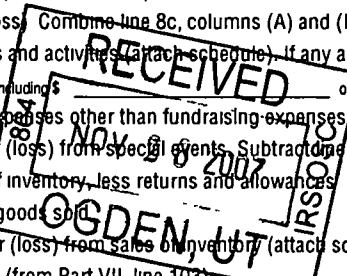
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 19,239,946.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		291,218.
	3	Membership dues and assessments	3		10,647,145.
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		342,138.
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
6c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶ _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		7,305,010.	8a		
		(B) Other	8b		
		7,389,823.	8b		
8c	Gain or (loss) (attach schedule)	8c			
8d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		-84,813.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11		654,435.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		11,850,123.	
Expenses	13	Program services (from line 44, column (B))	13		
	14	Management and general (from line 44, column (C))	14		
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		11,568,037.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		282,086.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,726,008.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		105,642.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		3,113,736.

SCANNED JAN 11 2008



Handwritten initials/signature

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 185,752 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	185,752.		STATEMENT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	1,527,972.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	99,559.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,215,347.			
27 Pension plan contributions not included on lines 25a, b, and c	540,656.			
28 Employee benefits not included on lines 25a - 27	489,778.			
29 Payroll taxes	210,720.			
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	793,490.			
33 Supplies	41,433.			
34 Telephone	70,413.			
35 Postage and shipping	94,526.			
36 Occupancy	587,860.			
37 Equipment rental and maintenance	153,240.			
38 Printing and publications				
39 Travel	311,957.			
40 Conferences, conventions, and meetings	608,923.			
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	125,257.			
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	3,511,154.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,568,037.			

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

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? ► <u>SEE STATEMENT 5</u>	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	172,701.	46	510,704.
	47 a Accounts receivable	47a 468,847.		
	b Less: allowance for doubtful accounts	47b 46,250.	573,886.	47c 422,597.
	48 a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		51c
	b Less allowance for doubtful accounts	51b		
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		151,218.	53 154,686.
	54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,834,866.	54a 5,030,239.
	b Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,971,026.	54b 1,989,045.
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 1,357,457.			
b Less: accumulated depreciation STMT 7	57b 1,186,766.	264,937.	57c 170,691.	
58 Other assets, including program-related investments (describe ▶ _____)		160.	58	
59 Total assets (must equal line 74). Add lines 45 through 58		7,969,044.	59 8,278,212.	
Liabilities	60 Accounts payable and accrued expenses	1,268,288.	60	712,109.
	61 Grants payable		61	
	62 Deferred revenue	93,646.	62	113,319.
	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 8)		3,881,102.	65 4,339,048.
66 Total liabilities. Add lines 60 through 65		5,243,036.	66 5,164,476.	
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	2,726,008.	67	3,113,736.
	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 and column (B) must equal line 21)		2,726,008.	73 3,113,736.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,969,044.	74 8,278,212.	

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	11,955,765.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		105,642.
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4		b	105,642.
c Subtract line b from line a		c	11,850,123.
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	11,850,123.

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

a Total expenses and losses per audited financial statements		a	11,568,037.
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): _____	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	11,568,037.
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	11,568,037.

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 10		1377847.	143,725.	6,400.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 30

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) 75b X

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 the organization? See the instructions for the definition of "related organization."
If "Yes," attach a statement that includes the information described in the instructions. 75c X

d Does the organization have a written conflict of interest policy? 75d X

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PATRICK DONNELLY 1156 15TH STREET, NW WASHINGTON, DC 20005	0.	53,060.	1,883.	0.
MERLYN NOLAN 1156 15TH STREET, NW WASHINGTON, DC 20005	0.	41,069.	3,547.	0.

Part VI Other Information (See the instructions.) Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
 b If "Yes," enter the name of the organization ▶ CROPLIFE FOUNDATION and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.

b Did the organization file Form 1120-POL for this year? 81b X

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?		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?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
	c Dues, assessments, and similar amounts from members	85c	10,647,145.
	d Section 162(e) lobbying and political expenditures	85d	2,116,944.
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	2,486,590.
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-369,646.
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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?		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 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 88b	X
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? If "Yes," attach a statement explaining each transaction		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶	0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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, 2006	90b	44
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 202-296-1585 Located at ▶ 1156 15TH STREET, NW, SUITE 400, 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)? 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.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 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 92 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MEETINGS AND CONFERENCES					291,218.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					10,647,145.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	342,138.	
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			18	-84,813.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a EXPENSE REIMBURSEMENTS			01	259,585.	
b OTHER INCOME			01	394,850.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		911,760.	10,938,363.
105 Total (add line 104, columns (B), (D), and (E))					11,850,123.

Note: Line 105 plus line 1e, 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.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 11

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	CROPLIFE FOUNDATION 1156 15TH STREET NW, RM 400 WASHINGTON, DC 20005	52-2306857	SEE STATEMENT 12	60,000.
b	----- ----- -----			
c	----- ----- -----			
Totals				60,000.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	CROPLIFE FOUNDATION 1156 15TH STREET NW, RM 400 WASHINGTON, DC 20005	52-2306857	SEE STATEMENT 13	228,552.
b	----- ----- -----			
c	----- ----- -----			
Totals				228,552.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		<input checked="" type="checkbox"/>

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.

Please Sign Here

Signature of officer: Kelley A. Wendt, CFO Date: 11/15/07

Type or print name and title: KELLY A. WENDT, CHIEF FINANCIAL OFFICER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11-14-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON LAMBERT & CO LLP
3110 FAIRVIEW PARK DRIVE, STE 800
FALLS CHURCH, VA 22042

EIN: Phone no: 703-842-1115

2006 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE FURNITURE AND EQUIPMENT	VARIABLES		.000	16	1272290.			1272290.	1003690.		119,374.
2	RESIDUAL IMPROVEMENTS	VARIABLES		.000	16	85,167.			85,167.	57,819.		5,883.
	* TOTAL 990 PAGE 2 DEPR					1357457.		0.	1357457.	1061509.	0.	125,257.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	7,305,010.	7,389,823.	0.	-84,813.
TO FORM 990, PART I, LINE 8	7,305,010.	7,389,823.	0.	-84,813.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	105,642.
TOTAL TO FORM 990, PART I, LINE 20	105,642.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	1,285,864.			
LOBBYISTS	942,930.			
ADVERTISING AND MEDIA RELATIONS	348,360.			
GRANT EXPENSES	0.			
DUES AND SUBSCRIPTIONS	133,399.			
BAD DEBT EXPENSE	64,243.			
OTHER EXPENSES	69,919.			
WEBSITE MAINTENANCE	770.			
INSURANCE AND TAXES	98,583.			
LEGISLATIVE TRACKING	7,190.			
PRESIDENT'S EXPENSE	28,986.			
MARKET AND OTHER RESEARCH	1,900.			
CONTINUING EDUCATION AND TRAINING	4,014.			
PROJECT EXPENSES	291,097.			
INTERNATIONAL DUES	233,899.			
TOTAL TO FM 990, LN 43	3,511,154.			

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SPONSORSHIP 2006 MASDA CONFERENCE 1156 15TH ST NW, STE 1020 WASHINGTON, DC 20005	1,000.
SPONSORSHIP ANDREW HEWITT-PRESENTATION IN OK PO BOX 17262 SOUTH LAKE TAHOE, CA 96151	2,299.
SPONSORSHIP APS - THE AMERICAN PHYTOPATHOLOGICAL SOCIETY 3340 PILOT KNOB RD ST. PAUL, MN 55121-2097	1,000.
SPONSORSHIP CAPITAL ASSOCIATES PO BOX 1085 HARRISBURG, PA 17108-1085	257.
SPONSORSHIP COUNCIL OF STATE GOVTS PO BOX 11910 LEXINGTON, KY 40578-1910	1,000.
SPONSORSHIP FRIENDS OF THE US NATIONAL ARBORETUM 3501 NEW YORK AVE. NE WASHINGTON, DC 20002	1,900.
SPONSORSHIP ILLINOIS FERTILIZER & CHEMICAL ASSN PO BOX 1326 BLOOMINGTON, IL 61704	4,000.
SPONSORSHIP LEGISLATIVE AGRICULTURAL CHAIRS 7700 EAST FIRST PLACE DENVER, CO 80230	5,000.
SPONSORSHIP MIDAMERICA CROPLIFE ASSN 11327 GRAVOIS RD #201 ST. LOUIS, MO 63126	5,000.

SPONSORSHIP MIDWESTERN LEGISLATIVE CONFERENCE 701 E. 22ND ST. #110 LOMBARD, IL 60148-5095	2,500.
SPONSORSHIP MINNESOTA AGRI-GROWTH COUNCIL 408 SAINT PETER ST. STE# 20 SKYWAY ST. PAUL, MN 55102	950.
SPONSORSHIP NASDA/NEASDA 1156 15TH ST NW, STE 1020 WASHINGTON, DC 20005	1,000.
SPONSORSHIP NASDA/WASDA NM DEPT OF AG, MSC 3189, BOX 30005 LAS CRUCES, NM 88003-8805	2,000.
SPONSORSHIP NASDA-NATIONAL ASSOC OF 1156 15TH ST NW, STE 1020 WASHINGTON, DC 20005	4,500.
SPONSORSHIP NORTH DAKOTA EDUCATION ASSN 410 E. THAYER AVE. BISMARCK, ND 58501	147.
SPONSORSHIP NUTRIENTS FOR LIFE FOUNDATION 820 FIRST ST. NE, STE#430 WASHINGTON, DC 20002	5,000.
SPONSORSHIP STATE GOV'T AFFAIRS COUNCIL #2007210 515 KING ST., STE#325 ALEXANDRIA, VA 22314	1,000.
SPONSORSHIP STATE GOV'T LEADERSHIP FOUNDATION 1400 K ST. NW, STE#450 WASHINGTON, DC 20005	3,500.
SPONSORSHIP WESTERN PLANT HEALTH ASSN 4460 DUCKHORN DR., STE#A SACRAMENTO, CA 95834	6,100.

CROPLIFE AMERICA

53-0190293

GRANT AGRIBUSINESS ASSN OF IOWA 900 DES MOINES ST. DES MOINES, IA 50309-5549	10,000.
GRANT AGRICULTURAL COUNCIL OF AMERICA, INC. 11020 KING ST., STE#205 OVERLAND PARK, KS 66210	500.
GRANT AMERICAN SOYBEAN ASSN 12125 WOODCREST EXECUTIVE DR., STE#100 ST. LOUIS, MO 63141-5009	15,000.
GRANT COMPETITIVE ENTERPRISE INSTITUTE 1001 CONNECTICUT AVE. NW, STE#1250 WASHINGTON, DC 20036	8,000.
GRANT COUNCIL OF STATE GOVERNMENTS PO BOX 11910 LEXINGTON, KY 40578-1910	327.
GRANT FAR WEST AGRIBUSINESS ASSN 111 E. MAGNESIUM RD., STE#C SPOKANE, WA 99208	1,000.
GRANT GEORGIA AGRIBUSINESS COUNCIL 1655 S. ELM ST., PO BOX 119 COMMERCE, GA 30529	2,000.
GRANT ILLINOIS FERTILIZER & CHEMICAL ASSN PO BOX 1326 BLOOMINGTON, IL 61704	2,500.
GRANT INDIANA PLANT FOOD & AG CHEM ASSN 135 V. PENNSYLVANIA ST., STE#1600 INDIANAPOLIS, IN 46204	4,500.
GRANT KANSAS AGRIBUSINESS RETAILERS ASSN 816 SW TYLER, PO BOX 1517 TOPEKA, KS 66617	2,500.

CROPLIFE AMERICA

53-0190293

GRANT MICHIGAN AGRI-BUSINESS ASSN 1501 NORTHSIDE SHORE DR., STE#A EAST LANSING, MI 48823	5,000.
GRANT MID AMERICA CROPLIFE ASSN 11327 GRAVOIS RD #201 ST. LOUIS, MO 63126	3,000.
GRANT MINNESOTA AGRI-GROWTH COUNCIL 408 SAINT PETER ST., STE# 20 SKYWAY ST. PAUL, MN 55102	785.
GRANT MINNESOTA CROP PROD RETAILERS 7500 FLYING CLOUD DR.#900, RM#204 EDEN PRAIRIE, MN 55344	3,500.
GRANT MISSOURI AG INDUSTRIES COUNCIL, INC. PO BOX 1728 JEFFERSON CITY, MO 65102	2,500.
GRANT MONTANA AGRICULTURAL BUSS ASSN 1806 CAPITOL STREET HELENA, MT 59601-4714	4,000.
GRANT NATIONAL ASSN OF FARM BROADCASTING PO BOX 500 PLATTE CITY, MO 64079	3,000.
GRANT NATIONAL ASSN OF WHEAT GROWERS 415 SECOND ST. NE, STE#300 WASHINGTON, DC 20002	10,000.
GRANT NATIONAL CORN GROWERS ASSN 632 CEPI DRIVE CHESTERFIELD, MO 63005	15,000.
GRANT NATIONAL COTTON COUNCIL 1521 NEW HAMPSHIRE AVE. NW WASHINGTON, DC 20036	15,000.

CROPLIFE AMERICA

53-0190293

GRANT NEBRASKA AGRI-BUSINESS ASSN. 1335 H STREET, STE#100 LINCOLN, NE 68508-3784	2,667.
GRANT NORTH DAKOTA AGRICULTURAL ASSN 415 38TH ST, STE#B FARGO, ND 58103	500.
GRANT OKLAHOMA AGRIBUSINESS RETAILERS ASSN 2309 N. TENTH ST., STE#E ENID, OK 73701	2,000.
GRANT PRODUCE FOR BETTER HEALTH FOUNDATION 5341 LIMESTONE RD. WILMINGTON, DE 19808	10,000.
GRANT PURDUE UNIVERSITY 22612 NETWORK PL. CHICAGO, IL 60673-1126	805.
GRANT SOUTH DAKOTA AGRI-BUSINESS ASSN 320 E. CAPITAL AVENUE PIERRE, SD 57501-2591	2,000.
GRANT WASHINGTON FRIENDS OF FARMS & FRST PO BOX 7644 OLYMPIA, WA 98507-7644	8,000.
GRANT WESTERN PLANT HEALTH ASSN 4460 DUCKHORN DR., STE#A SACRAMENTO, CA 95834	3,000.
RISE SPONSORSHIP WHO'S COOKING CATERING 2001 FAIRVIEW AVE. NE WASHINGTON, DC 20002	175.
RISE SPONSORSHIP RITZ CARLTON-ORLANDO PO BOX 402642 ATLANTA, GA 30384	340.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>185,752.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
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 6

<u>DESCRIPTION</u>	<u>COST/FMV</u>	<u>U.S. GOVERNMENT</u>	<u>STATE AND LOCAL GOV'T</u>	<u>TOTAL GOV'T SECURITIES</u>
US GOVERNMENT OBLIGATIONS	FMV	5,030,239.		5,030,239.
TOTAL TO FORM 990, LINE 54A, COL B		5,030,239.		5,030,239.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
OFFICE FURNITURE AND EQUIPMENT	1,272,290.	1,123,064.	149,226.
LEASEHOLD IMPROVEMENTS	85,167.	63,702.	21,465.
TOTAL TO FORM 990, PART IV, LN 57	1,357,457.	1,186,766.	170,691.

FORM 990 OTHER LIABILITIES STATEMENT 8

<u>DESCRIPTION</u>	<u>AMOUNT</u>
TASK FORCE LIABILITIES	1,202,666.
DEFERRED COMPENSATION	275,049.
ACCRUED PENSION	1,416,029.
DEFERRED RENT	211,796.
SUPPLEMENTAL EMPLOYEE PENSION	1,233,508.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,339,048.

FORM 990	OTHER SECURITIES	STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	
LIQUID ASSET FUNDS	FMV	1,451,074.	
SMITH BARNEY DEFERRED COMPENSATION	FMV	262,922.	
OTHER SECURITIES	FMV	275,049.	
TO FORM 990, LINE 54B, COL B		1,989,045.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY VROOM 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT AND CEO 40.00	517,215.	44,000.	1,307.
DOUGLAS NELSON 1156 15TH STREET, NW WASHINGTON, DC 20005	EVP AND GENERAL COUNSEL/SECRETARY 40.00	342,119.	44,000.	5,093.
ALLEN GREENWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	EVP GOVERNMENT AND PUBLIC AFFAIRS 40.00	62,685.	3,143.	0.
EDWARD A. JAMES 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT AND SECRETARY - RISE 40.00	280,011.	44,000.	0.
STANTON HOWELL 1156 15TH STREET, NW WASHINGTON, DC 20005	CHAIR - CROPLIFE 1.00	0.	0.	0.
VALDEMAR FISCHER 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE CHAIR - CROPLIFE 1.00	0.	0.	0.
MIKE MCCARTY 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE CHAIR - CROPLIFE 1.00	0.	0.	0.

ERIC WINTEMUTE 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE CHAIR - CROPLIFE 1.00	0.	0.	0.
CARL CASALE 1156 15TH STREET, NW WASHINGTON, DC 20005	IMMEDIATE PAST CHAIR - CROPLIFE 1.00	0.	0.	0.
MIKE FRANK 1156 15TH STREET, NW WASHINGTON, DC 20005	TREASURER 1.00	0.	0.	0.
STEVE BARWICK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. PETER T. BROMLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. LYNN BROOKHOUSER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. BILL BUCKNER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. NEAL BUTLER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. JOHN CHROSNIAK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE AND RISE 1.00	0.	0.	0.
MR. GREG CRAWFORD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. WILLIAM H. CULPEPPER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. STEVE GREENFIELD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
MR. MARCUS HELDT 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.

CROPLIFE AMERICA

53-0190293

JON JESSEN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
GREGORY JOHNSON 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
BILL LEWIS 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
RICHARD MARTIN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE AND RISE 1.00	0.	0.	0.
JOHN RABBY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
BARRY SANDERS 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
TREVOR THORLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
DAVID TRETTER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
ULRICH TROGELE 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
ROGER UNDERWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
DAN VRADENBURG 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
GREG WARREN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR - CROPLIFE 1.00	0.	0.	0.
ISLAM SIDDIQUI 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE PRESIDENT 40.00	175,817.	8,582.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,377,847.</u>	<u>143,725.</u>	<u>6,400.</u>

FORM 990 . PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
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.

FORM 990	DESCRIPTION OF TRANSFER PART XI, LINE 106	STATEMENT 12
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NAME OF CONTROLLED ENTITY

EMPLOYER ID

CROPLIFE FOUNDATION

52-2306857

DESCRIPTION OF TRANSFER

TRANSFER TO THE CROPLIFE FOUNDATION

FORM 990

DESCRIPTION OF TRANSFER
PART XI, LINE 107

STATEMENT 13

NAME OF CONTROLLED ENTITY

EMPLOYER ID

CROPLIFE FOUNDATION

52-2306857

DESCRIPTION OF TRANSFER

TRANSFER FROM THE CROPLIFE FOUNDATION

7007 0220 0803 0736 7619

FILE COPY

- 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. You must file original and one copy

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

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

• 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 is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**

5 For calendar year **2006**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY ITEMS TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Jingqi Wu, CPA* Title *Senior Manager* Date *8-7-07*

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 _____ Date _____

Director

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

Type or print	Name JOHNSON LAMBERT & CO. LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3110 FAIRVIEW PARK DRIVE, SUITE 800
	City or town, province or state, and country (including postal or ZIP code) FALLS CHURCH, VA 22042

7006 0100 0005 9850 3022

Form **8868**
(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

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

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

FILE COPY

Type or print	Name of Exempt Organization CROPLIFE AMERICA	Employer identification number 53-0190293
	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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** 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	3a	\$	
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	3b	\$	
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	3c	\$	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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2006)