

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning and ending

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

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

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

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

F Accounting method: Cash Accrual
 Other (specify):

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.

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**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **13,991,688.**

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

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

Revenue		Expenses		Net Assets	
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	372,868.
3	Membership dues and assessments			3	10,524,868.
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	380,998.
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
7	Other investment income (describe _____)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		2,210,905.		8a	
b	Less cost or other basis and sales expenses	2,151,036.		8b	
c	Gain or (loss) (attach schedule)	59,869.		8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	59,869.
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			
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	502,049.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	11,840,652.
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	11,152,659.
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	687,993.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,113,736.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	76,483.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	3,878,212.

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>203,120</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 203,120.		STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a 2,039,102.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b 0.			
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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,228,571.			
27 Pension plan contributions not included on lines 25a, b, and c	27 601,584.			
28 Employee benefits not included on lines 25a - 27	28 344,901.			
29 Payroll taxes	29 237,337.			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 630,420.			
33 Supplies	33 42,739.			
34 Telephone	34 100,906.			
35 Postage and shipping	35 43,744.			
36 Occupancy	36 504,814.			
37 Equipment rental and maintenance	37 148,714.			
38 Printing and publications	38			
39 Travel	39 376,103.			
40 Conferences, conventions, and meetings	40 647,608.			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 120,352.			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 2,882,644.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,152,659.			

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? ► SEE STATEMENT 5	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	510,704.	46	342,234.
	47 a	Accounts receivable	47a 625,065.		
	b	Less: allowance for doubtful accounts	47b 44,250.	47c	580,815.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48c	
	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		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	154,686.	53	192,311.
	54 a	Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,030,239.	54a	3,540,396.
	b	Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,989,045.	54b	2,210,562.
	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 1,087,330.		
b	Less: accumulated depreciation STMT 7	57b 887,635.	57c	199,695.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)		58	0.	
59	Total assets (must equal line 74). Add lines 45 through 58	8,278,212.	59	7,066,263.	
Liabilities	60	Accounts payable and accrued expenses	712,109.	60	746,699.
	61	Grants payable		61	
	62	Deferred revenue	113,319.	62	25,165.
	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 <input type="checkbox"/> SEE STATEMENT 8)	4,339,048.	65	2,416,187.
66	Total liabilities. Add lines 60 through 65	5,164,476.	66	3,188,051.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	3,113,736.	67	3,878,212.
	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)	3,113,736.	73	3,878,212.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	8,278,212.	74	7,066,263.	

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements: 11,917,135. Row b: Amounts included on line a but not on Part I, line 12: 76,483. Row c: Subtract line b from line a: 11,840,652. Row d: Amounts included on Part I, line 12, but not on line a: 0. Row e: Total revenue (Part I, line 12). Add lines c and d: 11,840,652.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements: 11,152,659. Row b: Amounts included on line a but not on Part I, line 17: 0. Row c: Subtract line b from line a: 11,152,659. Row d: Amounts included on Part I, line 17, but not on line a: 0. Row e: Total expenses (Part I, line 17). Add lines c and d: 11,152,659.

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.)

Table with 5 columns: (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. Row 1: SEE STATEMENT 10, [blank], 3583056, 278,891, 5,710.

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

Table with 3 columns: Question, Yes, No. Rows 75a-75d regarding officers, directors, trustees, and conflict of interest policy.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

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

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows 76-81b regarding organizational changes, tax returns, liquidation, related organizations, and political expenditures.

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 <i>quid pro quo</i> 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?		
	N/A		
85 a	501(c)(4), (5), or (6). 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	10,585,368.
d	Section 162(e) lobbying and political expenditures	85d	2,400,368.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	2,400,368.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85g			
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
85h			
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	88a	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
89b			
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.
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		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, 2007	90b	36
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
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	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					372,868.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					10,524,868.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	380,998.	
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	59,869.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a EXPENSE REIMBURSEMENTS			01	188,211.	
b OTHER INCOME			01	313,838.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		942,916.	10,897,736.
105 Total (add line 104, columns (B), (D), and (E))					11,840,652.

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

(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

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

(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	163,317.
b			
c			
Totals			163,317.

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

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: *Jay Vroom* Date: 10/27/08
 Type or print name and title: JAY VROOM, PRESIDENT & CEO

Paid Preparer's Use Only
 Preparer's signature: *Charles J. ... CPA* Date: 10/15/08
 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON LAMBERT & CO. LLP, 3110 FAIRVIEW PARK DRIVE; SUITE 800, FALLS CHURCH, VIRGINIA 22042
 EIN: Phone no: 703-842-1115

2007 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	1025709.			1025709.	744,239.		114,062.
2	LEASEHOLD IMPROVEMENTS	VARIABLES		.000	16	61,621.			61,621.	23,044.		6,290.
	* TOTAL 990 PAGE 2 DEPR					1087330.		0.	1087330.	767,283.	0.	120,352.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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)
SALES OF INVESTMENTS	2,210,905.	2,151,036.	0.	59,869.
TO FORM 990, PART I, LINE 8	<u>2,210,905.</u>	<u>2,151,036.</u>	<u>0.</u>	<u>59,869.</u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	76,483.
TOTAL TO FORM 990, PART I, LINE 20	<u>76,483.</u>

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	1,111,760.			
LOBBYISTS	924,846.			
ADVERTISING AND MEDIA RELATIONS	286,324.			
DUES AND SUBSCRIPTIONS	206,284.			
BAD DEBT EXPENSE	21,483.			
OTHER EXPENSES	44,229.			
INSURANCE AND TAXES	93,704.			
LEGISLATIVE TRACKING	23,581.			
PRESIDENT'S EXPENSE	16,767.			
CONTINUING EDUCATION AND TRAINING	10,352.			
PROJECT EXPENSES	129,253.			
INTERNATIONAL DUES	14,061.			
TOTAL TO FM 990, LN 43	<u>2,882,644.</u>			

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 4

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 ILLINOIS FERTILIZER & CHEMICAL ASSN PO BOX 1326 BLOOMINGTON, IL 61704	7,000.
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	750.
SPONSORSHIP NASDA/WASDA NM DEPT OF AG, MSC 3189, BOX 30005 LAS CRUCES, NM 88003-8805	2,500.
SPONSORSHIP NASDA-NATIONAL ASSOC OF 1156 15TH ST NW, STE 1020 WASHINGTON, DC 20005	1,000.
SPONSORSHIP NORTH DAKOTA EDUCATION ASSN 410 E. THAYER AVE. BISMARCK, ND 58501	207.
SPONSORSHIP STATE GOV'T AFFAIRS COUNCIL #2007210 515 KING ST., STE#325 ALEXANDRIA, VA 22314	6,300.
SPONSORSHIP WESTERN PLANT HEALTH ASSN 4460 DUCKHORN DR., STE#A SACRAMENTO, CA 95834	5,000.

SPONSORSHIP AGRICULTURAL COUNCIL OF AMERICA, INC. 11020 KING ST., STE#205 OVERLAND PARK, KS 66210	1,000.
SPONSORSHIP AMERICAN SOYBEAN ASSN 12125 WOODCREST EXECUTIVE DR., STE#100 ST. LOUIS, MO 63141-5009	15,000.
SPONSORSHIP MICHIGAN AGRI-BUSINESS ASSN 1501 NORTHSIDE SHORE DR., STE#A EAST LANSING, MI 48823	10,000.
SPONSORSHIP MINNESOTA AGRI-GROWTH COUNCIL 408 SAINT PETER ST., STE# 20 SKYWAY ST. PAUL, MN 55102	3,500.
SPONSORSHIP NATIONAL ASSN OF FARM BROADCASTING PO BOX 500 PLATTE CITY, MO 64079	1,250.
SPONSORSHIP NATIONAL ASSN OF WHEAT GROWERS 415 SECOND ST. NE, STE#300 WASHINGTON, DC 20002	15,000.
SPONSORSHIP NATIONAL CORN GROWERS ASSN 632 CEPI DRIVE CHESTERFIELD, MO 63005	15,000.
SPONSORSHIP NATIONAL COTTON COUNCIL 1521 NEW HAMPSHIRE AVE. NW WASHINGTON, DC 20036	15,000.
SPONSORSHIP AAPO PO BOX 13091 LANSING, MI 48901-3091	1,000.
SPONSORSHIP CALIFORNIA SPECIALTY CROPS COUNCIL 4500 S. LASPINA SUITE 214 TULARE, CA 93274	1,000.

SPONSORSHIP CONGRESSIONAL SPORTSMAN'S FOUNDATION 110 NORTH CAROLINA AVENUE, SE WASHINGTON, DC 20003	3,500.
SPONSORSHIP COUNCIL OF GREAT LAKES INDUSTRIES 3600 GREEN COURT, SUITE 710 ANN ARBOR, MI 48105	5,000.
SPONSORSHIP CSG WEST 1107 NORTH STREET, SUITE 650 SACRAMENTO, CA 95814	2,500.
SPONSORSHIP CSG/ERC-NSAAS-NE SUMMIT 100 WALL ST. SUITE 20 NEW YORK CITY, NY 10005	1,237.
SPONSORSHIP DC LEGISLATIVE & REGULATORY SERVICE 1156 15TH ST NW, SUITE 525 WASHINGTON, DC 20005	6,566.
SPONSORSHIP DELAWARE - MARYLAND AGRIBUSINESS ASSOCIATION 11523 LYNCH ROAD LYNCH, MD 21678	10,000.
SPONSORSHIP DUCKS UNLIMITED 1301 PENNSYLVANIA AVE, SUITE 402 WASHINGTON, DC 20005	3,500.
SPONSORSHIP FLORIDA FERTILIZER & AGRICHEM PO BOX 926 WINTERHAVEN, FL 33883	4,500.
SPONSORSHIP GILMORE GLOBAL 101 SOUTHCENTER COURT, SUITE 100-E MORRISVILLE, NC 27560	6,842.
SPONSORSHIP HAWAII FARM BUREAU 2343 ROSE STREE HONOLULU, HI 96819	5,000.

SPONSORSHIP NATIONAL WILD TURKEY FEDERATION 770 AUGUSTA RD EDGEFIELD, SC 29824,1573	2,000.
SPONSORSHIP OREGONS FOR FOOD AND SHELTER 3415 COMMERCIAL ST SE, SUITE 100 SALEM, OR 97302-4668	11,000.
SPONSORSHIP RENAISSANCE PROVIDENCE HOTEL--NORTHEAST ISSUE SUMMIT 5 AVENUE OF THE ARTS PROVIDENCE, RI 29003	16,310.
SPONSORSHIP SCPA--SOUTHERN CROP PROTECTION ASSN 129 LEE ST SE DAWSON, GA 39842	5,000.
SPONSORSHIP SOUTH DAKOTA AGRI BUSINESS 320 EAST CAPITOL AVE PIERRE, SD 57501-2591	401.
SPONSORSHIP STATE AGRICULTURE & RURAL LEADERS 15287 47TH ST SE LEONARD, ND 58052	10,000.
SPONSORSHIP TEXAS GRAIN & FEEDS 1701 RIVER FUN FORT WORTH, TX 76107	4,000.
SPONSORSHIP THE FERTILIZER INSTITUTE 820 FIRST STREET NE WASHINGTON, DC 20002	1,000.
SPONSORSHIP OTHER MISCELLANEOUS VARIOUS WASHINGTON, DC 20005	757.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>203,120.</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

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	FMV	3,540,396.		3,540,396.
TOTAL TO FORM 990, LINE 54A, COL B		3,540,396.		3,540,396.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE AND EQUIPMENT	1,025,709.	858,301.	167,408.
LEASEHOLD IMPROVEMENTS	61,621.	29,334.	32,287.
TOTAL TO FORM 990, PART IV, LN 57	1,087,330.	887,635.	199,695.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
TASK FORCE LIABILITIES	1,202,666.	909,422.
DEFERRED COMPENSATION	275,049.	371,735.
ACCRUED PENSION	1,416,029.	959,238.
DEFERRED RENT	211,796.	175,792.
SUPPLEMENTAL EMPLOYEE PENSION	1,233,508.	0.
TOTAL TO FORM 990, PART IV, LINE 65	4,339,048.	2,416,187.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
LIQUID ASSET FUNDS	FMV	1,838,827.
DEFERRED COMPENSATION	FMV	371,735.
TO FORM 990, LINE 54B, COL B		2,210,562.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

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, CEO 40.00	1,725,350.	65,434.	1,723.
			Note 1	
DOUGLAS NELSON 1156 15TH STREET, NW WASHINGTON, DC 20005	EVP GENERAL COUNSEL/SECRETARY 40.00	955,014.	61,701.	3,987.
			Note 2	
ALLEN GREENWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	VP GOVERNMENT AFFAIRS 40.00	249,850.	32,431.	0.
EDWARD A. JAMES 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT - RISE 40.00	289,092.	61,557.	0.
KELLEY WENDT 1156 15TH STREET, NW WASHINGTON, DC 20005	CFO 40.00	159,750.	19,706.	0.
ISLAM SIDDIQUI 1156 15TH STREET, NW WASHINGTON, DC 20005	VP SCIENCE, REG. AFFAIRS 40.00	204,000.	38,062.	0.
STANTON HOWELL 1156 15TH STREET, NW WASHINGTON, DC 20005	IMMEDIATE PAST CHAIR 0.25	0.	0.	0.

Note 1: Compensation includes payout from Supplemental Employee Retirement Plan in 2007 totaling \$1,187,321
 Note 2: Compensation includes payout from Supplemental Employee Retirement Plan in 2007 totaling \$641,234

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BILL BUCKNER 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE CHAIR 0.25	0.	0.	0.
MIKE MCCARTY 1156 15TH STREET, NW WASHINGTON, DC 20005	VICE CHAIR 0.25	0.	0.	0.
ERIC WINTEMUTE 1156 15TH STREET, NW WASHINGTON, DC 20005	CHAIR 0.25	0.	0.	0.
CARL CASALE 1156 15TH STREET, NW WASHINGTON, DC 20005	IMMEDIATE PAST CHAIR 0.25	0.	0.	0.
PETER T. BROMLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	TREASURER 0.25	0.	0.	0.
STEVE BARWICK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
DAVID CASSIDY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JJ GROW 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
VERN HAWKINS 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MR. NEAL BUTLER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MR. JOHN CHROSNIAK 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MR. SEAN GARDNER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MR. WILLIAM H. CULPEPPER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.

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ROBERT SHOCKEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MR. MARCUS HELDT 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JON JESSEN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
GREGORY JOHNSON 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
BILL LEWIS 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
RICHARD MARTIN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JOHN RABBY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
JOHN JUVENAL 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
TREVOR THORLEY 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
DAVID TRETTER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ULRICH TROGELE, PH.D 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ROGER UNDERWOOD 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
DAVID VRADENBURG 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.

CROPLIFE AMERICA

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GREG WARREN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ANDREW LEE 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MICHAEL LUKEMIRE 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
MARTIN PETERSEN 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.
ROD SCHROEDER 1156 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.25	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

3,583,056.	278,891.	5,710.
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FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 11
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LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

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

FORM 990

DESCRIPTION OF TRANSFER
PART XI, LINE 107

STATEMENT 12

NAME OF CONTROLLED ENTITY

EMPLOYER ID

CROPLIFE FOUNDATION

52-2306857

DESCRIPTION OF TRANSFER

TRANSFER FROM THE CROPLIFE FOUNDATION FOR PAYMENT OF SHARED EMPLOYEES,
OFFICES SPACE & RELATED.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

A corporation 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 a corporation 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*.

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

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

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

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

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2007** 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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number		
	CROPLIFE AMERICA		53-0190293		
	Number, street, and room or suite no. If a P.O. box, see instructions. 1156 15TH STREET, NW, NO. 400		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, 2008**.

5 For calendar year **2007**, 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 NEEDED TO FILE COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	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  Title **Partner CPA** Date **8/13/08**