

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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)

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

A For the 2001 calendar year, or tax year beginning 2001, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: DONALD DANFORTH PLANT SCIENCE CENTER. D Employer identification number: 31-1584621. E Telephone number. F Accounting method: Cash, Accrual.

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

G Web site

J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes [X] No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [X] No.

I Enter 4-digit GEN

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 8,490,575

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets or fund balances at beginning/end of year.

SCANNED NOV 26 2002

Handwritten stamp: COBEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

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. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	591,899.	419,379	172,520	
26 Other salaries and wages	5,156,712.	3,653,689.	1,503,023	
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	981,282	695,268.	286,014	
34 Telephone				
35 Postage and shipping				
36 Occupancy	1,772,533.	1,255,894	516,639.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	406,163	287,779.	118,384	
40 Conferences, conventions, and meetings	322,245	228,320	93,925	
41 Interest				
42 Depreciation depletion etc (attach schedule)	486,457.	344,670	141,787.	
43 Other expenses not covered above (itemize) STMT 3	43a 1,391,459.	985,891.	405,568	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	11,108,750.	7,870,890	3,237,860.	

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a PLANT SCIENCE RESEARCH	(Grants and allocations \$ _____)	7,870,890
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		7,870,890

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A) Beginning of year		(B) End of year
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash - non-interest-bearing	3,401,463	45	963,335
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a	39,527,589	
	b Less allowance for doubtful accounts	48b	48,889,707	48c
	49 Grants receivable		592,383	49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		341,211	50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		12,901	53
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)		48,599,428	56
	57a Land, buildings, and equipment basis	57a	84,583,775	
	b Less accumulated depreciation (attach schedule)	57b	784,219	57c
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		143,806,778	59	
Liabilities	60 Accounts payable and accrued expenses	3,983,490	60	2,479,383
	61 Grants payable		61	
	62 Deferred revenue	133,092	62	139,310
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)			65
	66 Total liabilities (add lines 60 through 65)		4,116,582	66
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	72,541,531	67	111,175,889
	68 Temporarily restricted	67,148,665	68	27,444,460
	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)		139,690,196	73
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		143,806,778	74

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.

Part VI Other Information (See Specific Instructions on page 27)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, expenditures, and tax status.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

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) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,502,071	
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	-20,938	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,481,133	
105 Total (add line 104, columns (B), (D), and (E))					1,481,133

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

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)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(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)

Please Sign

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.

Signature of officer: Edward A. Davis Date: 11/14/02

CONTROLLER

Date: 11/8/02 Check if self-prepared: Preparer's SSN or PTIN (See Gen. Inst. W): 201-66-5675

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information - (See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number

31-1584621

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>DR JEFFREY SKOLNICK</u> 975 N WARSON RD ST LOUIS, MO 63132	MEMBER 40	284,428	10,500	1,054.
<u>KEVIN SCULLY</u> 975 N WARSON RD. ST LOUIS, MO 63132	INFORMATION OFFICER 40	175,006.	7,000	1,192.
<u>CLAUDE FAUQUET</u> 975 N WARSON RD. ST. LOUIS, MO 63132	DIRECTOR 40	165,381	6,400.	1,478.
<u>KAREL SCHUBERT</u> 975 N. WARSON RD ST. LOUIS, MO 63132	VP TECH MGMT 40	132,754.	10,500	NONE
<u>HAROLD DAVIES</u> 975 N. WARSON RD ST LOUIS, MO 63132	CONTROLLER 40	124,588.	6,229	1,038.
Total number of other employees paid over \$50,000	▶ 18			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NICHOLAS GRIMSHAW & PARTNERS</u> LONDON W1P-6LR ENGLAND	ARCHITECTS	336,500
<u>HELLMUTH, OBATA, & KASSABAUM</u> ST LOUIS, MO 63102	ARCHITECTS	394,474
<u>KKR & COMPANY</u> NORTHBROOK, IL 60062	CONSULTING	111,235.
<u>LILLIE & COMPANY</u> ST LOUIS, MO 63146	IND CONTRACTOR	367,840
<u>LANDMARK CONTRACT MANAGEMENT</u> CHESTERFIELD, MO 63017	CONSTRUCTION MGMT	492,008.
Total number of others receiving over \$50,000 for professional services	▶ 5	

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and annuity plans. Includes sub-questions 2a-e and STMT 11/12 references.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [X] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1 contains 'SEE STATEMENT 13'.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. NOT APPLICABLE

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check a if the organization belongs to an affiliated group
- Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body STMT 14	X		< 30,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			< 30,000

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Name of organization

Employer identification number

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number
31-1584621

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____	<u>100,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	_____	<u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>	_____	<u>26,187</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>	_____	<u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	_____	<u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>7</u>	_____	<u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12		50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
13		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization **DONALD DANFORTH PLANT SCIENCE CENTER** Employer identification number **31-1584621**

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16		6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17		866,425	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
18		1,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization: **DONALD DANFORTH PLANT SCIENCE CENTER**
 Employer identification number: **31-1584621**

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK	26,187.	12/24/2001
16	CHARITABLE REMAINDER TRUST HOLDING PUBLICLY TRADED SECURITIES	866,425	04/20/2001

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

AMORTIZATION OF DISCOUNT ON
CONTRIBUTIONS RECEIVABLE

2,097,594.

TOTAL

2,097,594.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON CRUT	69,554.
DISCOUNT ON CONTRIBUTIONS RECEIVABLE	479,712.
TOTAL	549,266.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INDEPENDENT CONTRACTOR FEES	856,365.	606,761.	249,604.
PROFESSIONAL SERVICES	111,515.	79,012.	32,503.
RECRUITING	114,561.	81,170.	33,391.
OTHER	191,271.	135,521.	55,750.
MOVING	117,747.	83,427.	34,320.
TOTALS	1,391,459.	985,891.	405,568.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE CENTER'S PURPOSE IS TO PROMOTE RESEARCH IN THE PLANT SCIENCES, TO PROVIDE PRACTICAL APPLICATIONS OF NEW TECHNOLOGY, AND TO PROVIDE EDUCATIONAL OPPORTUNITIES TO GRADUATE AND POST-DOCTORAL STUDENTS.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

AMORTIZATION OF DISCOUNT ON
CONTRIBUTIONS RECEIVABLE

2,097,594.

TOTAL

2,097,594.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION

AMOUNT

DISCOUNT ON CONTRIBUTIONS
RECEIVABLE

479,712.

TOTAL

479,712.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON CHARITABLE
REMAINDER TRUST

69,554 .

TOTAL

69,554 .
=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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DR. WILLIAM H. DANFORTH DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	CHAIRMAN AS NEEDED			
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DR. BRUCE M. ALBERTS DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
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DR. ALFONSO ROMO GARZA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
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DR. ALEX MCCALLA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
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MR. WALTER METCALFE DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
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DR. PETER H. RAVEN DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
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DR. P. ROY VAGELOS	AS NEEDED			
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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63105				
MR. HENDRIK A. VERFAILLIE DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
DR. RICHARD L. WALLACE DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
DR. MARK S. WRIGHTON DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
DR. USHA BARWALE ZEHR DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
MR. JOHN F. MCDONNELL DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
MR. DAVID KEMPER DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD	AS NEEDED			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ST. LOUIS, MO 63132				
DR. MARTIN JISCHKE DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	AS NEEDED			
DR. ROGER N. BEACHY DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	PRESIDENT FULL TIME	361,464.	10,500.	3,109.
MR. SAM FIORELLO DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	VP OF ADMIN. FULL TIME	230,435.	10,500.	1,049.
	GRAND TOTALS	591,899.	21,000.	4,158.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B
=====

THROUGH AN EMPLOYMENT AGREEMENT WITH ONE OF ITS KEY EMPLOYEES, THE CENTER ISSUED A NON-INTEREST BEARING PROMISSORY NOTE IN THE ORIGINAL AMOUNT OF \$450,000 DUE AT THE EARLIER OF THE DATE OF SALE OF THE EMPLOYEE'S OTHER HOME, WHICH IS USED AS SECURITY FOR THIS PROMISSORY NOTE; TWO YEARS FROM THE DATE OF TERMINATION OF THE EMPLOYMENT AGREEMENT, OR AUGUST 31, 2048.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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REIMBURSED TRAVEL EXPENSES AND HONORARIA FOR BOARD MEMBERS

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME(S) OF SUPPORTED ORGANIZATION(S)	BOX NUMBER FROM PART IV
PURDUE UNIVERSITY	06
UNIVERSITY OF ILLINOIS-URBANA/CHAMPAIGN	06
UNIVERSITY OF MISSOURI-COLUMBIA	06
WASHINGTON UNIVERSITY	06
MISSOURI BOTANICAL GARDENS	11A

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS
=====

IN REGARDS TO LINES B AND G THE FOLLOWING INFORMATION APPLIES:
A PUBLIC AFFARIS EMPLOYEE SPENDS LESS THAN 25% OF HIS TIME IN CONTACT
WITH VARIOUS LEGISLATORS TO PROVIDE EDUCATION AND INFORMATION REGARDING
THE DONALD DANFORTH PLANT SCIENCE CENTER AND ITS EXEMPT PURPOSE AND
PROGRAM SERVICES.