

Return of Organization Exempt From Income Tax

2004

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 2004 calendar year, or tax year beginning 2004, 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. Address: 975 NORTH WARSON ROAD, SAINT LOUIS, MO 63132

D Employer identification number: 31-1584621. E Telephone number: () - . F Accounting method: Accrual

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

H(c) Are all affiliates included? Yes No

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

I Group Exemption Number

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

G Website: WWW.DANFORTHCENTER.ORG

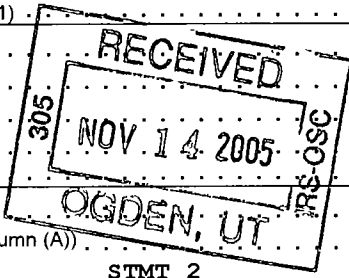
J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: 41,958,797

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, investment income, sales of assets, special events, and total revenue/expenses.



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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

SCANNED DEC 01 2005

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 page 22 of the instructions)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Benefits paid, Compensation of officers, etc., and Total functional expenses.

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 [x] 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 page 25 of the instructions.)

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)

Table for Program Service Accomplishments with columns for description and Program Service Expenses. Row a: PLANT SCIENCE RESEARCH, EDUCATION & TRAINING. Total: 15,164,157.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	659,598.	45	1,033,922.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable	15,794,037.	48a	
	b	Less allowance for doubtful accounts		48b	48c
	49	Grants receivable	461,579.	49	930,945.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	2,002,123.
	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	455,371.	53	591,594.
	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)	20,272,990.	56	29,352,778.	
57a	Land, buildings, and equipment basis	89,542,224.	57a		
b	Less accumulated depreciation (attach schedule)		57b	57c	
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	120,517,500.	59	128,496,979.	
Liabilities	60	Accounts payable and accrued expenses	802,027.	60	981,767.
	61	Grants payable		61	
	62	Deferred revenue	574,743.	62	710,181.
	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"/>)	680,112.	65	678,978.
66	Total liabilities (add lines 60 through 65)	2,056,882.	66	2,370,926.	
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	117,225,437.	67	108,453,619.
	68	Temporarily restricted	1,235,181.	68	13,099,910.
	69	Permanently restricted		69	4,572,524.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	118,460,618.	73	126,126,053.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	120,517,500.	74	128,496,979.	

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 page 28 of the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures See line 81 instructions.
81 b Did the organization file Form 1120-POL for this year?
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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE
89 b 501(c)(3) and 501(c)(4) orgs 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
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE
90 a List the states with which a copy of this return is filed NONE
90 b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 137
91 The books are in care of HAL DAVIES Telephone no 314-587-1000
Located at 975 N. WARSON RD. ZIP + 4 63132
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 page 33 of 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) Exclusion code	(D) Amount	
93 Program service revenue					
a REGIS. AND USER FE					166,861.
b MISCELLANEOUS					6,136.
c CONTRACTS					1,203,334.
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	753,142.	
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	622,230.	
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))				1,375,372.	1,376,331.
105 Total (add line 104, columns (B), (D), and (E))					2,751,703.

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 page 34 of 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)
	ALL REVENUES RELATE TO PLANT SCIENCE RESEARCH

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of 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)

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 Date 11/3/05

Signature of officer: David W. Davis
 David W. Davis, DIRECTOR OF FINANCE

Date: 10-10-05
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen Inst W): P00362910

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2004

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>MR. CLAUDE FAUQUET</u> 975 N. WARSON RD.	DIRECTOR 40	186,605.	27,507.	NONE
<u>MR. KAREL SCHUBERT</u> 975 N. WARSON RD.	VP, TECH M 40	162,242.	25,481.	NONE
<u>MR. JAN JAWORSKI</u> 975 N. WARSON RD.	PRINCIPAL 40	155,256.	17,660.	NONE
<u>MR. TOM SMITH</u> 975 N. WARSON RD.	PRINCIPAL 40	143,214.	12,894.	NONE
<u>MR. HAROLD DAVIES</u> 975 N. WATSON ROAD	DIR OF FIN 40	142,648.	23,784.	NONE
Total number of other employees paid over \$50,000 ▶	NONE			

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>TUETH, KEENEY, COOPER, PC</u> CHESTERFIELD, MO 63017	LEGAL	70,829.
Total number of others receiving over \$50,000 for professional services ▶	1	

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

Schedule A (Form 990 or 990-EZ) 2004

JSA

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit? STMT 9	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 10	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 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.)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE STATEMENT 11	

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Table with columns for years (a) 2003, (b) 2002, (c) 2001, (d) 2000, and (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, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e numerator) divided by line 26c (denominator); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000; c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e numerator) divided by line 27f (denominator); h Investment income percentage (line 18, column (e) numerator) divided by line 27f (denominator); 28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant.

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
 (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?	29	
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?	30	
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) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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 12	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION

AMOUNT

INTEREST AND DIVIDENDS

753,142.

TOTAL

753,142.

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	-320,468.
UNREALIZED GAIN ON CRUT	58,561.

TOTAL	-261,907.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INDEPENDENT CONTRACTOR FEES				
INSURANCE EXPENSE	174,298.		174,298.	
MEMBERSHIP, DUES & SUBSCRIPTIO	77,095.	65,138.	7,887.	4,070.
PROFESSIONAL FEES/CONSULTING	422,125.	332,021.	81,503.	8,601.
SPECIAL EVENTS/PUBLICITY	82,174.			82,174.
SUBCONTRACTOR/SUBRECIPIENT	1,650,290.	1,650,290.		
TEMPORARY EMPLOYEE EXPENSE				
OTHER	42,692.	34,983.	4,385.	3,324.
PERSONNEL EXPENSE	276,138.	241,613.	31,679.	2,846.
OUTSIDE SERVICES	528,512.	357,056.	170,150.	1,306.
TOTALS	3,253,324.	2,681,101.	469,902.	102,321.

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
-----	-----
UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST	58,561.
UNREALIZED LOSS ON SALE OF SECURITIES	-320,467.

TOTAL	-261,906.
	=====

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
DR. WILLIAM H. DANFORTH DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132	CHAIRMAN	NONE	NONE	NONE
DR. BRUCE M. ALBERTS DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
DR. ALFONSO ROMO GARZA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
DR. ALEX MCCALLA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
DR. PETER H. RAVEN DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
DR. P. ROY VAGELOS DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63105		NONE	NONE	NONE
DR. MARK S. WRIGHTON		NONE	NONE	NONE

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
DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.			
DR. USHA BARWALE ZEHR DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.	NONE	NONE	NONE
MR. JOHN F. MCDONNELL DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.	NONE	NONE	NONE
MR. DAVID KEMPER DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.	NONE	NONE	NONE
DR. MARTIN JISCHKE DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.	NONE	NONE	NONE
DR. ROGER N. BEACHY DONALD DANFORTH PLANT 975 N. WATSON ROAD ST. LOUIS, MO 63132	SCIENCE CTR.	380,015.	26,543.	15,308.
MR. SAM FIORELLO DONALD DANFORTH PLANT 975 N. WATSON ROAD	SCIENCE CTR. C.O.O.	250,010.	29,311.	3,344.

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

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. BRADY J. DEATON DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
MR. HUGH GRANT DONALD DANFORTH PLANT SCIENCE CTR 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
DR. RICHARD HERMAN DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD ST. LOUIS, MO 63132		NONE	NONE	NONE
GRAND TOTALS		630,025.	55,854.	18,652.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

THE CENTER HOLDS A NONINTEREST BEARING PROMISSORY NOTE IN THE AMOUNT OF \$450,000 FROM ROGER BEACHY, THE PRESIDENT OF THE CENTER, AS PART OF HIS ORIGINAL EMPLOYMENT AGREEMENT. THE NOTE WAS ISSUED IN EXCHANGE FOR A LOAN TO DR. BEACHY AS PART OF A NEGOTIATED COMPENSATION PACKAGE. THE LOAN IS SECURED BY A MORTGAGE ON DR. BEACHY'S SECOND HOME AND MUST BE PAID IN FULL WITHIN TWO YEARS OF TERMINATION OF THE EMPLOYMENT AGREEMENT

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

REIMBURSED TRAVEL EXPENSES AND HONORARIA FOR BOARD MEMBERS, PAYMENT OF
SALARY TO OFFICERS

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 AFFAIRS EMPLOYEE SPENDS LESS THAN 25% OF HIS TIME IN CONTACT WITH VARIOUS LEGISLATORS TO PROVIDE EDUCATION AND INFORMATION REGARD THE DONALD DANFORTH PLANT SCIENCE CENTER AND ITS EXEMPT PURPOSE AND PROGRAM SERVICES.

Part IV Capital Loss Limitation

<p>16 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of</p> <p style="margin-left: 20px;">a The loss on line 15, column (3) or</p> <p style="margin-left: 20px;">b \$3,000</p>	<p>16 ()</p>
--	----------------------

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 36 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V Otherwise, go to line 17

<p>17 Enter taxable income from Form 1041, line 22</p>	17	
<p>18 Enter the smaller of line 14a or 15 in column (2) but not less than zero</p>	18	
<p>19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)</p>	19	
<p>20 Add lines 18 and 19</p>	20	
<p>21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-</p>	21	
<p>22 Subtract line 21 from line 20 If zero or less, enter -0-</p>	22	
<p>23 Subtract line 22 from line 17 If zero or less, enter -0-</p>	23	
<p>24 Enter the smaller of the amount on line 17 or \$1,950</p>	24	
<p>25 Is the amount on line 23 equal to or more than the amount on line 24?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box</p> <p><input type="checkbox"/> No. Enter the amount from line 23</p>	25	
<p>26 Subtract line 25 from line 24</p>	26	
<p>27 Multiply line 26 by 5% (.05)</p>	27	
<p>28 Are the amounts on lines 22 and 26 the same?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32</p> <p><input type="checkbox"/> No. Enter the smaller of line 17 or line 22</p>	28	
<p>29 Enter the amount from line 26 (If line 26 is blank, enter -0-)</p>	29	
<p>30 Subtract line 29 from line 28</p>	30	
<p>31 Multiply line 30 by 15% (.15)</p>	31	
<p>32 Figure the tax on the amount on line 23 Use the 2004 Tax Rate Schedule on page 22 of the instructions</p>	32	NONE
<p>33 Add lines 27, 31, and 32</p>	33	NONE
<p>34 Figure the tax on the amount on line 17 Use the 2004 Tax Rate Schedule on page 22 of the instructions</p>	34	
<p>35 Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041</p>	35	

DONALD DANFORTH PLANT SCIENCE CENTER
 Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SECURITIES			16,313,689.	15,693,459.	620,230.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			16,313,689.	15,693,459.	620,230.
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS					
PERSONAL PROPERTY	VAR	VAR	2,000.		2,000.
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER ASSETS			2,000.		2,000.
Totals			16,315,689.	15,693,459.	622,230.

FEDERAL FOOTNOTES

=====

LAND	11,400,000
BUILDINGS	63,430,083
FURNITURE/EQUIPMENT	5,268,141
LAB EQUIPMENT	9,444,000

	89,542,224
ACCUMULATED DEPR	10,750,644

	78,791,580

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization DONALD DANFORTH PLANT SCIENCE CENTER	Employer identification number 31-1584621
	Number, street, and room or suite no. If a P.O. box, see instructions 975 NORTH WARSON ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAINT LOUIS, MO 63132	

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

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 **▶ HAL DAVIES**
 Telephone No **▶ 314 587-1000** 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 **11/15/2005**
 5 For calendar year **2004**, 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 **ALL INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME**

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 \$
 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 \$
 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 \$

Signature and Verification

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

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 08/10/2005**

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 a 3-month 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 on which an extension was requested
 Other _____

EXTENSION APPROVED
SEP 0 2005
DIRECTOR
PROCESSING
DATE

Director _____ By _____

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 RUBINBROWN LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number ONE NORTH BRENTWOOD
	City or town, province or state, and country (including postal or ZIP code) SAINT LOUIS, MO 63105

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization DONALD DANFORTH PLANT SCIENCE CENTER	Employer identification number 31-1584621
	Number, street, and room or suite no. If a P.O. box, see instructions 975 NORTH WARSON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAINT LOUIS, MO 63132	

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 ▶ HAL DAVIES

Telephone No. ▶ 314 587-1000 FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2004 or
▶ tax year beginning _____, _____, and ending _____, _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ _____

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Rubin, Brown, Gornstein & Co. LLP 43-0765316
One North Brentwood St. Louis, MO 63105**