

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 2005, 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, Other (specify).

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

G Website: WWW.DANFORTHCENTER.ORG

J Organization type (check only) X 501(c) (3) 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

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 64,791,972.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less cost of goods sold, c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

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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 (See the instructions)

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	652,075.	515,157.	109,472.	27,446.
26	Other salaries and wages	8,302,873.	6,559,494.	1,393,913.	349,466.
27	Pension plan contributions	57,113.	45,121.	9,588.	2,404.
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	1,041,857.	981,771.	43,144.	16,942.
34	Telephone	127,105.	104,640.	21,790.	675.
35	Postage and shipping	27,082.	17,435.	8,885.	762.
36	Occupancy	542,185.	476,146.	66,039.	
37	Equipment rental and maintenance	486,960.	453,958.	26,629.	6,373.
38	Printing and publications	61,092.	9,507.	60.	51,525.
39	Travel	251,017.	228,321.	20,592.	2,104.
40	Conferences, conventions, and meetings	119,477.	116,001.	2,608.	868.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	3,711,365.	3,386,795.	324,570.	
43	Other expenses not covered above (itemize)				
a	STMT 3	2,228,049.	1,521,298.	548,566.	158,185.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	17,608,250.	14,415,644.	2,575,856.	616,750.

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 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	1,033,922.	45	4,478,329.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a 21,997,324.			
	b Less allowance for doubtful accounts	48b	15,794,037.	48c	21,997,324.
	49 Grants receivable	930,945.	49	1,306,754.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) STMT 5	450,000.	50	450,000.	
	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	591,594.	53	737,562.	
	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)	29,352,778.	56	34,764,049.		
57a Land, buildings, and equipment basis	57a 90,719,035.				
b Less accumulated depreciation (attach schedule)	57b 14,312,303.	78,791,580.	57c	76,406,732.	
58 Other assets (describe <input type="checkbox"/> STMT 6)	1,552,123.	58	1,523,898.		
59 Total assets (must equal line 74) Add lines 45 through 58	128,496,979.	59	141,664,648.		
Liabilities	60 Accounts payable and accrued expenses	981,767.	60	755,460.	
	61 Grants payable		61		
	62 Deferred revenue	710,181.	62	1,906,377.	
	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"/> STMT 7)	678,978.	65	946,350.	
66 Total liabilities. Add lines 60 through 65	2,370,926.	66	3,608,187.		
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	108,453,619.	67	111,386,691.	
	68 Temporarily restricted	13,099,910.	68	4,539,144.	
	69 Permanently restricted	4,572,524.	69	22,130,626.	
	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)	126,126,053.	73	138,056,461.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	128,496,979.	74	141,664,648.	

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		NONE	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84 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) organizations. Were substantially all dues nondeductible by members?	N/A	
85 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	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
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?	N/A	
86 a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs. Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
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		X
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		X
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 REQUIRED	
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	134	
91 a	The books are in care of: HAL DAVIES Telephone no: 314-587-1000 Located at: 975 N. WARSON RD. ZIP + 4: 63132		
91 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		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
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		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) Exclusion code	(D) Amount	
93 Program service revenue					
a REGIS. AND USER FE					288,838.
b MISCELLANEOUS					6,657.
c CONTRACTS					1,342,209.
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	1,262,917.	
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	73,657.	
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))				1,336,574.	1,637,704.
105 Total (add line 104, columns (B), (D), and (E))					2,974,278.

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 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 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
	%			
	%			
	%			
	%			

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).

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: David L. Davis Date: 11/15/06

Type or print name and title: VICE PRESIDENT OF FINANCE

Paid Preparer's Use Only

Preparer's signature: James R. Ritter Date: 11-14-06 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): P00362910

Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINBROWN LLP EIN: 43-0765316

ONE NORTH BRENTWOOD Phone no: 314-290-3300

SAINT LOUIS, MO 63105

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 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

2005

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
MR. CLAUDE FAUQUET 975 N. WARSON RD.	DIRECTOR PRINCIPAL INVESTIGATOR 40	185,140.	27,831.	NONE
MR. KAREL SCHUBERT 975 N. WARSON RD.	VP, TECH M 40	167,921.	26,372.	NONE
MR. JAN JAWORSKI 975 N. WARSON RD.	PRINCIPAL INVESTIGATOR 40	160,690.	18,324.	NONE
MR. TOM SMITH 975 N. WARSON RD.	PRINCIPAL INVESTIGATOR 40	155,637.	14,018.	NONE
MR. HAROLD DAVIES 975 N. WATSON ROAD	DIR OF FIN 40	148,355.	24,690.	NONE
Total number of other employees paid over \$50,000 . . . ▶	30			

Part II-A 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
SEE STATEMENT 12		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 13		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

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 i 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?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	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	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE STATEMENT 16	

- 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.

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 Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, 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; 27 Organizations described on line 12; 28 Unusual Grants.

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 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	41	
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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	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	1,262,917.
TOTAL	1,262,917.

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

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

21,454.

UNREALIZED GAIN ON CRUT

10,301.

TOTAL

31,755.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INDEPENDENT CONTRACTOR FEES	185,065.		185,065.	
INSURANCE EXPENSE	72,066.	57,739.	10,979.	3,348.
MEMBERSHIP, DUES & SUBSCRIPTIO	502,105.	393,357.	62,512.	46,236.
PROFESSIONAL FEES/CONSULTING	86,600.			86,600.
SPECIAL EVENTS/PUBLICITY	553,287.	553,287.		
SUBCONTRACTOR/SUBRECIPIENT	992.		992.	
TEMPORARY EMPLOYEE EXPENSE	50,083.	15,288.	34,639.	156.
OTHER	287,751.	233,111.	34,551.	20,089.
PERSONNEL EXPENSE	490,100.	268,516.	219,828.	1,756.
OUTSIDE SERVICES				
TOTALS	2,228,049.	1,521,298.	548,566.	158,185.

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 - RECEIVABLES DUE FROM OFFICERS, ETC.

=====

BORROWER: DR. ROGER BEACHY
ORIGINAL AMOUNT: 450,000.
DATE OF NOTE: 08/31/1998
MATURITY DATE: 08/31/2024
REPAYMENT TERMS: DUE AT SALE OF RESIDENCE OR 2 YRS POST TERMINATION
SECURITY PROVIDED: RESIDENTIAL PROPERTY LOCATED IN CLAYTON, MO
PURPOSE OF LOAN: PURCHASE ST. LOUIS RESIDENCE
DESCRIPTION AND FMV NEGOTIATED PRIOR TO INITIAL EMPLOYMENT. INTEREST
OF CONSIDERATION: AT AFR RATES INCLUDED IN COMPENSATION. SEE PT V.

BEGINNING BALANCE DUE	450,000.
ENDING BALANCE DUE	450,000.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	450,000.
---	----------

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	450,000.
--	----------

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

ENDING
BOOK VALUE

CHARITABLE REMAINDER TRUST

1,523,898.

TOTALS

1,523,898.
=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

LIAB UNDER TRUST AGREEMENT
CAPITAL LEASE OBLIGATION

640,452.

305,898.

TOTALS

946,350.

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

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST	10,301.
UNREALIZED LOSS ON SALE OF SECURITIES	21,454.

TOTAL	31,755.
	=====

FORM 990, PART V-A - CURRENT 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 SAINT LOUIS, MO 63132	CHAIRMAN	NONE	NONE	NONE
DR. BRUCE M. ALBERTS DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. ALFONSO ROMO GARZA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. ALEX MCCALLA DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. PETER H. RAVEN DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. P. ROY VAGELOS DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. MARK S. WRIGHTON		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT 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 SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132				
DR. USHA BARWALE ZEHR DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
MR. JOHN F. MCDONNELL DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
MR. DAVID KEMPER DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. MARTIN JISCHKE DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. ROGER N. BEACHY DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD	PRESIDENT	393,315.	26,991.	15,615.
MR. SAM FIORELLO DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD	C.O.O.	258,760.	30,122.	NONE

FORM 990, PART V-A - CURRENT 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. BRADY J. DEATON DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
MR. HUGH GRANT DONALD DANFORTH PLANT SCIENCE CTR 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. RICHARD HERMAN DONALD DANFORTH PLANT SCIENCE CTR. 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. PHILIP NEEDLEMAN DONALD DANFORTH PLANT SCIENCE CTR 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE
DR. ROBERT L. VIRGIL DONALD DANFORTH PLANT SCIENCE CTR 975 N. WATSON ROAD SAINT LOUIS, MO 63132		NONE	NONE	NONE

GRAND TOTALS

652,075.

57,113.

15,615.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
TUETH, KEENEY, COOPER, PC 425 S. WOODS MILL ROAD, SUITE 300 SAINT LOUIS, MO 63017	LEGAL	78,958.
BRYAN, CAVE LLP ONE METROPOLITAN SQUARE, SUITE 3600 SAINT LOUIS, MO 63102	LEGAL	95,925.
REC ASSOCIATES 1822 CHADBOURNE AVENUE MADISON, WI 53726	CONSULTING	86,107.
	TOTAL COMPENSATION	----- 260,990. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
MITCH MURCH'S MAINTENANCE MANAGEMENT 2827 CLARK ST. LOUIS, MO 63103	CLEANING	139,301.
OMNI LAND CARE 2527 BREAKWATER DRIVE IMPERIAL, MO 63052	LANDSCAPING	69,466.
TOTAL COMPENSATION		208,767.

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 BOARD RELATED TRAVEL EXPENSES FOR BOARD MEMBERS, PAYMENT OF SALARY TO OFFICERS, AND REIMBURSEMENT OF BUSINESS RELATED EXPENSES FOR 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 D
(Form 1041)**

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

2005

Name of estate or trust

Employer identification number

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2004 Capital Loss Carryover Worksheet				4 ()
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below ▶				5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6					
			35,358,726.	35,285,069.	73,657.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2004 Capital Loss Carryover Worksheet				11 ()
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below ▶				12

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss) ▶	13		
14 Net long-term gain or (loss):			
a Total for year	14a		73,657.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35).	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a ▶	15		73,657.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of
a The loss on line 15, column (3) or
b \$3,000 **16** (_____)

*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 37 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 38 of the instructions and skip Part V Otherwise, go to line 17.*

17	Enter taxable income from Form 1041, line 22	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21	
22	Subtract line 21 from line 20 If zero or less, enter -0-	22	
23	Subtract line 22 from line 17 If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,000	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23 Use the 2005 Tax Rate Schedule on page 23 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17 Use the 2005 Tax Rate Schedule on page 23 of the instructions	34	
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	35	

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. 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 - 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 11/15/2006

5 For calendar year 2005, 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 \$ NONE

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 \$ NONE

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 \$ NONE

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 [Handwritten Signature] Title **▶ CPA** Date **▶ 08/11/2006**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

By 076 **RECEIVED** **AUG 24 2006** **EXTENSION APPROVED**
Director _____ Date _____

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	DIRECTOR, SUBMISSION PROCESSING
	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 File by the due date for filing your 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	
	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, 2006 to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ calendar year 2005 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 \$ NONE

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 \$ NONE

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.

RubinBrown LLP 43-0765316
One North Brentwood St. Louis, MO 63105 *4*