** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change DONALD DANFORTH PLANT SCIENCE CENTER Name change 31-1584621 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 975 NORTH WARSON ROAD (314)587-100080,796,079. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAINT LOUIS, MO 63132 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAMES CARRINGTON, for subordinates? Yes X No 975 N. WARSON ROAD, ST. LOUIS, MO 63132 H(b) Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.DANFORTHCENTER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1998 M State of legal domicile: MO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 353 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 1,161,470. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 907,911. 7h **Prior Year Current Year** 26,875,747. 40,784,833. Contributions and grants (Part VIII, line 1h) 8 4,376,206. 3,455,372. Program service revenue (Part VIII, line 2g) -3,236,384. 9,708,702. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,019,966. 1,034,490. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 29,050,059. 54,968,873. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,464,429. 9,562,375. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 20,184,363. 22,308,303. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 19,185,711. 20,261,438. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 52,132,116. 46,834,503. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -17,784,444. 2,836,757. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 5 454,804,788. 423,288,155. 20 Total assets (Part X, line 16) 15,070,466. 15,563,227 21 Total liabilities (Part X, line 26) 三年 408,217,689. 439,241,561 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign HAROLD DAVIES, VP OF FINANCE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JAMES R. RITTS P00362910 Paid self-employed Firm's name ► RUBINBROWN LLP Firm's EIN ► 43-0765316 Preparer

X Yes

Phone no. (314) 290-3300

SAINT LOUIS, MO 63105

Firm's address ▶ ONE NORTH BRENTWOOD

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Pai	t III Statement of Program Se			[1 77]
		· · · · · · · · · · · · · · · · · · ·	II	X
1	Briefly describe the organization's missi		IM COLENGE/DECEADOIL.	מנות ממקק
			NT SCIENCE/RESEARCH:	
		· · · · · · · · · · · · · · · · · · ·	/E AND RENEW OUR ENVI	.RONMENT
	AND ENHANCE OUR REGI	ON S ECONOMY.		
_				
2	Did the organization undertake any sign			
				Yes X No
_	If "Yes," describe these new services or			
3	Did the organization cease conducting,		onducts, any program services?	Yes A No
_	If "Yes," describe these changes on Sch			
4	Describe the organization's program ser			
			of grants and allocations to others, the t	otal expenses, and
	revenue, if any, for each program servic	e reported.	0 560 255	2 455 250
4a		including grants of \$	9,562,375.) (Revenue \$	3,455,372.
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	\
1.0	(Code:) (Expenses #	moduling grants of \$\psi\$) (Neverlae #	<i>,</i>
	_			
	-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sc	rhedule ())		
−u		,) (Payarin A	1
40	(Expenses \$ Total program service expenses ▶	including grants of \$ 41,470,674.) (Revenue \$	J
<u>4e</u>	Total program service expenses			Form 990 (2019)

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Page 3

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	~	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>X</u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ہے ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		. ·	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form Pa i	990 (2019) DONALD DANFORTH PLANT SCIENCE CENTER 31-1584 TIV Checklist of Required Schedules (continued)	621	Р	age 4
	- (Someway)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		\vdash
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ь——
. u	Check if Schedule O contains a response or note to any line in this Part V			
	E. Sociodado o contante a respenso or froto to dry into in the rate v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.,,5
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
02200	1 11 20 20	Form	990	(2019)

Form 990 (2019) DONALD DANFORTH PLANT SCIENCE CENTER 31-1584621 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 2 353 353 Note: If the calendar year ending with or within the year covered by this return 2 35 X Note: If the sum of lines 14 and 24 is greater than 250, you may be required to e-rise (see instructions) 3 X Note: If the sum of lines 14 and 24 is greater than 250, you may be required to e-rise (see instructions) 3 X X Note: If the sum of lines 14 and 24 is greater than 250, you may be required to e-rise (see instructions) 3 X X In Yea, This It field a form 990°T for this year? If Yo? to line 35, provide an explanation on Schedule O 35 X X A 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 through country (such as a bank account, securities account, or other financial account)? 4 X X X Yea This It is a security of the country of the Yea, and the transmit of the any time during the tax year? 5 X X Yea This It is a possible party notify the organization file Form 86467? 9 X X Yea This It is a constitution for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 X Yea This It is a constitution of the organization solicity and year and year and year of the any contributions from the organization file Form 86467? 9 X Yea This It is a contribution of the organization solicity and year and ye		i jointinada)			V	N1.
their for the calendary year ending with or within the year covered by this return 2a	20	Enter the number of employees reported an Earm W.2. Transmittel of Wage and Tay Statements	l I		Yes	NO
b If a least one is reported on lime 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 2a is greater than 25, you may be required to e-fie (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 All any time during the calendar great of the regardation from the lines of the common of	Za		353			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) a	h	• • • • • • • • • • • • • • • • • • • •		2h	x	
3a X 1 1 1 1 1 1 1 1 1						
b If Yes, *Insat filled a Form 990.T for this year? If *No* to file 3b, provide an explanation on Schedule O 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 accountry? 4a	За			За	Х	
4a A any time during the calendary 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 accounts? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles or the value of the goods or services provided? 7 Organizations that may receive a deductible contributions or distributions and party for goods and services provided to the payor? 7 b If "Yes," inclose the number of Forms 8282 filed during the year 10 bit the organization receive a pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 9 of the organization received a contribution of qualified intellectual property, on a personal benefit contract? 9 of the organization received a contribution or forms, boats, airplanes						
the fire the name of the foreign country Such as a bank account, securities account, or other financial account ? b If "Yes," retret the name of the foreign country Such as a bank account, securities account, or other financial accounts ? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organization stam may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution of under the property of the property for which it was required to life Form 8282? 1 If "Yes," indicate the number of Forms 8282 filed during the year 2 If If "Yes," indicate the number of Forms 8282 filed during the year 2 If If we organization received a contribution of qualified intellecture, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellecture, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellecture, on a personal benefit contract? 7 If If If the organization received a contribution of qualified intellecture, on a personal benefit contract? 7 If If If the organization received a contribution of qualified intellecture, on a personal benefit contract? 7 If						
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Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$15 made party sa a contribution and party for goods and services provided to the payor? 7 b If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 7 T X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1	b	If "Yes," enter the name of the foreign country				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 ao 75, did the organization file Form 8886177 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess oil \$75 mate party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year of the provided of the payor of the payment of the organization received a contribution of qualified infelledual property, did the organization fle a Form 1098-C? 8 Sponsoring organization make any surple surple provided funds. Did donor advised fund maintained by the sponsoring organization make any stable distributions under section 4968? 9 Sponsoring organization make any stable distributions under section 4968? 9 Sponsoring organization make any stable distributions under section 4968? 9 Sponsoring organization make any stable distributions under section 4968? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any stable distributions under section 4968? 9 Sponsoring organization make any stable distribution surple section 4968? 9 Sponsoring organization make any stable distribution or device of under section 4968? 9 Sponsoring organization make any stable distribution or payment for provide the section 4968 and payment for the down of		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	/02 : <u>-</u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 logistic information as sat policies to require by the internal historial county		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
.5	statements available to the public during the tax year.	idi il		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HAROLD DAVIES - 314-587-1041			
	975 N. WARSON RD., SAINT LOUIS, MO 63132			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	Jiga		((C)		Juli	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than of the structure o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR. TODD R. SCHNUCK	4.00	v		v					0	0
(2) DR. PHILIP NEEDLEMAN	1.00	Х		Х		\vdash		0.	0.	0.
VICE CHAIRMAN	1.00	Х		Х				0.	0.	0.
(3) MR. BRETT D. BEGEMANN	1.00	21				\vdash		•	•	
DIRECTOR		Х						0.	0.	0.
(4) SENATOR CHRISTOPHER S. BOND	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MR. BLACKFORD F. BRAUER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MR. LEE BROUGHTON	1.00	l								
DIRECTOR	1 00	Х				_		0.	0.	0.
(7) DR. ALEXANDER CARTWRIGHT	1.00	.,							_	•
DIRECTOR CANDIGROPHED B. DANGODEN	1 00	X	_			┢		0.	0.	0.
(8) MR. CHRISTOPHER B. DANFORTH DIRECTOR	1.00	Х						0.	0.	0.
(9) MR. STEVEN M. FOX	1.00	^				<u> </u>		0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(10) MR. RICHARD A. GEPHARDT	1.00	21				\vdash		•	•	•
DIRECTOR		Х						0.	0.	0.
(11) DR. ROBERT J. JONES	1.00								-	
DIRECTOR		Х						0.	0.	0.
(12) MR. WESLEY JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MR. DAVID W. KEMPER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DR. ANDREW D. MARTIN	1.00								_	_
DIRECTOR	1 1 1 1	Х				_	<u> </u>	0.	0.	0.
(15) MR. JOHN F. MCDONNELL	1.00									•
IMMEDIATE PAST CHAIRMAN	1 00	Х				-		0.	0.	0.
(16) MS. ANNA E. MCKELVEY	1.00	v							_	_
DIRECTOR (17) MD THOMAS MELZED	1.00	Х	\vdash	\vdash	_	\vdash		0.	0.	0.
(17) MR. THOMAS MELZER DIRECTOR	1.00	Х						0.	0.	0.
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932007 01-20-20 Form **990** (2019)

	DANFORTH								31-1584	621	P	age 8
Part VII Section A. Officers, Directors, To	rustees, Key Em	oloy	ees,	and	ΙHiς	jhes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	(do	not ch	Posi neck r	ition	than c	one	Reportable	Reportable	l	stimate	
	hours per week	box	unles	s per	son is	s both	an an	compensation	compensation	ar	nount	of
	(list any					7 11 400		from the	from related		other	tion
	hours for	direct				_		organization	organizations (W-2/1099-MISC)	ı	npensa rom th	
	related	ee or	stee			nsateo		(W-2/1099-MISC)	(W 2/ 1000 WIIOO)	l	anizat	
	organizations	trust	nal tru		yee	om pe				٠ ١	, d relat	
	below	ndividual trustee or director	nstitutional trustee	Je.	Key employee	Highest compensated employee	ner			org	anizati	ons
	line)	Indi	Insti	Officer	Key	High	Former					
(18) MS. PENNY PENNINGTON	1.00							_	_			
DIRECTOR		Х						0.	0.			0.
(19) MS. MARY DANFORTH STILLMAN	1.00	1							_			
DIRECTOR		Х						0.	0.			0.
(20) DR. ERIC R. WARD	1.00	1							_			
DIRECTOR		Х						0.	0.			0.
(21) DR. PETER WYSE JACKSON	1.00	1										_
DIRECTOR		Х						0.	0.			0.
(22) DR. USHA BARWALE ZEHR	1.00	ļ										_
DIRECTOR		Х						0.	0.			0.
(23) MS. RUTH E. KIM	1.00	-							•			•
SECRETARY	40.00			Х				0.	0.			0.
(24) DR. JAMES CARRINGTON	40.00	-						605 601	•	١,	0 0	
PRESIDENT	40.00			Х				685,601.	0.	4	2,3	78.
(25) MR. SALVATORE FIORELLO	40.00	-						412 500	0	١,	2	o 4
CHIEF OPERATING OFFICER	40.00			Х				413,582.	0.	4	2,6	94.
(26) MR. HAROLD DAVIES	40.00	-		х				202 761	0	,	c 1	c 7
VICE PRESIDENT OF FINANCE								293,761.	0.	1 2	6,1 1,2	<u>0 / 0</u>
1b Subtotal								1,392,944.				
c Total from continuation sheets to Part								1,793,135.	0.		6,3	
d Total (add lines 1b and 1c)								3,186,079.		30	7,6	то.
2 Total number of individuals (including bu		ose	ıısted	ab	ove)) wh	o re	ceived more than \$100,0	ou of reportable			29
compensation from the organization	•										Yes	No
O Did the amounication that are form				·			L.: - !				162	INO
3 Did the organization list any former offic			•	•	•		_		•			Х
line 1a? If "Yes," complete Schedule J for										3		Λ

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRYAN CAVE LEIGHTON PAISNER LLP, 211 N		_
BROADWAY, SUITE 3600, SAINT LOUIS, MO	LEGAL SERVICES	209,583.
THOMPSON COBURN LLP		
ONE US BANK PLAZA, SAINT LOUIS, MO 63101	LEGAL SERVICES	206,905.
4M BUILDING SOLUTIONS		
2827 CLARK AVENUE, SAINT LOUIS, MO 63103	CLEANING SERVICES	196,629.
OMNI LAND CARE INC, 11115 DORSETT ROAD,		
MARYLAND HEIGHTS, MO 63043	GROUND MAINTENANCE	165,373.
BUTLER'S PANTRY		
1414 PARK AVENUE, SAINT LOUIS, MO 63104	FOOD SERVICE	145,362.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form 990 DONALD DA	ANFORTH	PΙ	ιAΝ	ſΤ	SC	ΊE	NC	E CENTER	31-158	4621
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e 0r (stee			nsate		(***2/1099*****100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tutior	ie.	Key employee	esto	Jer.			_
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MS. DIANE MOLESKI	40.00									
ASSISTANT SECRETARY				X				113,556.	0.	37,159.
(28) DR. TONI KUTCHAN	40.00									
VICE PRESIDENT FOR RESEARC					Х			268,671.	0.	32,846.
(29) MR. MICHAEL BANDER	40.00									
DIRECTOR OF ANNUAL GIVING					Х			219,278.	0.	42,807.
(30) DR. BLAKE MEYERS	40.00									
PRINCIPAL INVESTIGATOR, ME	1.0.00					Х		297,302.	0.	33,091.
(31) DR. DONALD MACKENZIE	40.00					l		006.400		44 455
DIR. OF IICI	40.00					X		236,180.	0.	11,175.
(32) DR. TODD MOCKLER	40.00					3,		222 407	0	42 220
PRINCIPAL INVESTIGATOR, ME	40.00					Х		232,407.	0.	43,239.
(33) DR. ELIZABETH KELLOGG	40.00					x		211 001	0.	21 655
PRINCIPAL INVESTIGATOR, ME (34) TODD HORNBURG	40.00					^		211,091.	0.	31,655.
VP OF FACILITIES AND SPECIAL SERVICE	40.00					x		214,650.	0.	24 405
VP OF FACILITIES AND SPECIAL SERVICE						^		214,030.	0.	24,405.
		•								
		-								
			_			_				
		ŀ								
	-				_					
		ŀ								
	<u> </u>						<u> </u>			
								1 702 125		256 277
Total to Part VII, Section A, line 1c								1,793,135.		256,377.

Form 990 (2019) DONALD
Part VIII Statement of Revenue

		Check if Schedule O	contains a	response o	or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g				1c	53,912.				
fts, Ar		c Fundraising events			33,312.				
ig ig		d Related organizations		1d	18,390,348.				
ns, Sim		e Government grants (cont		1e	10,390,340.				
utio er (f All other contributions, gifts,		1 1	22 240 572				
현된		similar amounts not included		1f	22,340,573.				
ont od (g Noncash contributions included in		1g \$	5,525,822.	40 =04 000			
<u>0 g</u>		h Total. Add lines 1a-1f				40,784,833.			
					Business Code				
e S	2	a REGISTRATION AND US	ER FEES		541900	1,987,857.	1,987,857.		
Program Service Revenue		b CONTRACTS			541900	1,467,515.	1,467,515.		
S		c							
am		d							
og B		e							
Ā		f All other program service	revenue .						
		g Total. Add lines 2a-2f				3,455,372.			
	3	Investment income (inclu							
		other similar amounts)	-			319,491.		878,801.	-559,310.
	4	Income from investment							
	5	Royalties				108,291.			108,291.
	•	1107411100		(i) Real	(ii) Personal	,			,
	6	a Gross rents	 	638,818.	()				
		b Less: rental expenses		0.					
				638,818.					
		c Rental income or (loss)	-	030,010.		638,818.			638,818.
		d Net rental income or (loss	·	Securities	(ii) Other	030,010.			030,010.
	′	a Gross amount from sales of	<u> </u>		` ,				
		assets other than inventory	7a 35,	029,145.	158,573.				
-		b Less: cost or other basis			4== 0=0				
une		and sales expenses							
her Revenue		c Gain or (loss)		405,916.	-16,705.				
å		d Net gain or (loss)				9,389,211.		282,669.	9,106,542.
her	8	a Gross income from fundrais	ing events (not					
ᅙ		including \$	53,912.	of					
		contributions reported or	ı line 1c). S	See					
		Part IV, line 18		8a	5,740.				
		b Less: direct expenses		8b	18,877.				
		c Net income or (loss) from	fundraisin	g events		-13,137.			-13,137.
	9	a Gross income from gamin	ng activitie	s. See					
		Part IV, line 19		9a	4,740.				
		b Less: direct expenses			9,822.				
		c Net income or (loss) from	gaming ad	ctivities		-5,082.			-5,082.
		a Gross sales of inventory,							
		and allowances							
		b Less: cost of goods sold							
		c Net income or (loss) from							
					Business Code				
sno	11	a FOOD SERVICE INCOME			721110	113,960.			113,960.
nec	• •	b				, ,			, ,
Miscellaneous Revenue		c							
Sce		d All other revenue			900099	177,116.			177,116.
Ξ						291,076.			277,110.
		e Total Add lines 11a-11d				54,968,873.	3,455,372.	1,161,470.	9,567,198.
	12	Total revenue. See instructi	UIIS		·····] 3=,500,073.	1 3, ±33, 3/2.	1 -, -01, -, 0.	J,307,±30.

932009 01-20-20

Form 990 (2019) DONALD DANFOR Part IX Statement of Functional Expenses

	Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,572,632.	7,572,632.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,989,743.	1,989,743.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,238,500.	241,213.	1,735,202.	262,085.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,007,433.	13,892,607.	1,180,565.	934,261.
8	Pension plan accruals and contributions (include				•
_	section 401(k) and 403(b) employer contributions)	1,007,955.	864,575.	88,856.	54,524.
9	Other employee benefits	1,857,227.		206,067.	54,524. 102,870.
10	Payroll taxes	1,197,188.	939,174.	180,928.	77,086.
11	Fees for services (nonemployees):		000 / = 1 = 0		,
	Management				
		359,286.		359,286.	
	Legal	67,695.		67,695.	
	Accounting	01,055.		01,055.	
	Lobbying Professional fundraising convices See Part IV, line 17				
_	Professional fundraising services. See Part IV, line 17	3,073,258.		3,073,258.	
f	Investment management fees	3,073,230.		3,013,230.	
g	Other. (If line 11g amount exceeds 10% of line 25,	014 506	701 510	05 407	27 671
	column (A) amount, list line 11g expenses on Sch 0.)	914,596.	781,518.	95,407. 8.	37,671. 287,416.
12	Advertising and promotion	343,712.			
13	Office expenses	44,450.		4,455.	16,682.
14	Information technology	123,926.	105,593.	10,873.	7,460.
15	Royalties	1 252 522	1 000 500	100 000	06.000
16	Occupancy	1,378,783.	1,229,722.	122,238.	26,823.
17	Travel	561,754.	522,384.	23,776.	15,594.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1== 111		
19	Conferences, conventions, and meetings	181,323.	175,033.	2,068.	4,222.
20	Interest	187,880.		187,880.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,393,009.	6,976,221.	332,887.	83,901.
23	Insurance	247,826.		247,826.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	1,983,997.	1,894,341.	57,116.	32,540.
a b	OUTSIDE SERVICES	1,257,556.	1,100,783.	143,632.	13,141.
D	EQUIP RENTAL & MAINT.	1,086,241.	902,490.	144,096.	39,655.
ن ب	PERSONNEL EXPENSE	559,440.	449,019.	105,710.	4,711.
d		496,706.	205,735.	254,790.	36,181.
	All other expenses Add lines 1 through 24s	52,132,116.	41,470,674.	8,624,619.	2,036,823.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J4,134,110.	±1,4/0,0/4.	0,044,013.	4,030,043.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2010

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	500.	1	500.
	2	Savings and temporary cash investments	3,101,406.	2	3,944,763.
	3	Pledges and grants receivable, net	13,042,388.	3	11,311,387.
	4	Accounts receivable, net	976,577.	4	1,341,435.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	1,198,539.	9	1,478,051.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 172,718,313. 10b 71,139,698.			
	b	Less: accumulated depreciation 10b 71,139,698.	106,816,500.	10c	101,578,615.
	11	Investments - publicly traded securities	16,334,516.		23,355,004.
	12	Investments - other securities. See Part IV, line 11	281,802,066.	12	311,795,033.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	15 660	14	_
	15	Other assets. See Part IV, line 11	15,663.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	423,288,155.	16	454,804,788.
	17	Accounts payable and accrued expenses	5,075,008.	17	4,151,605.
	18	Grants payable	4 000 240	18	1 066 217
	19	Deferred revenue	4,089,349. 5,725,000.	19	4,866,317. 5,347,000.
	20	Tax-exempt bond liabilities	5,725,000.	20	3,347,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia I	00	controlled entity or family member of any of these persons	0.	22	1,000,000.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0.	24	1,000,000.
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	181,109.	25	198,305.
	26	Total liabilities. Add lines 17 through 25	15,070,466.	26	15,563,227.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	161,531,495.	27	174,820,293.
Bal	28	Net assets with donor restrictions	246,686,194.	28	264,421,268.
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	408,217,689.	32	439,241,561.
	33	Total liabilities and net assets/fund balances	423,288,155.	33	454,804,788.
					Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2019)

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization DONALD DANFORTH PLANT SCIENCE CENTER 31-1584621 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24408372.	32315347.	30291488.	26875747.	40784833.	<u> 154675787</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	24408372.	32315347.	30291488.	26875747.	40784833.	154675787
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						28688454.
6	Public support. Subtract line 5 from line 4.						125987333
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	24408372.	32315347.	30291488.	26875747.	40784833.	<u> 154675787</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5899123.	651,324.	690,227.	199,283.	187,799.	7627756.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	307,649.	674,807.	346,741.	1256053.	1199987.	3785237.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	215,747.					215,747.
11	Total support. Add lines 7 through 10						166304527
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 14	,169,501.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
_	organization, check this box and sto	p here	·····				>
Sec	tion C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2019 (14	75.76 %
	Public support percentage from 2018					15	69 .4 2 %
16a	33 1/3% support test - 2019. If the						
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2018. If the	•		•		•	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				=	_	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∐
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ		-	·			▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	_	T	T	T
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u></u>	504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18				10, 00141111 (1))		18	/ 9
	a 33 1/3% support tests - 2019. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2018. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	_		
	Зс		
	4a		
	4 a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5с		
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	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	T	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
Ω	Proakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
 b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

0040

2019

OMB No. 1545-0047

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number

31-1584621

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,943,268.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 6,010,321.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$_7,750,724.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 857,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>10,644,230.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,660,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DONALD DANFORTH PLANT SCIENCE CENTER

31-1584621

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	VARIOUS PUBLICLY TRADED SECURITIES	\$_ 5,320,088.	11/29/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** DONALD DANFORTH PLANT SCIENCE CENTER 31-1584621 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number 31-1584621

Pa			Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year	(-,		(iii)
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the accets h	eld in donor advised f	funde
3	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
U	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,	, , ,	
Pai				
1	Purpose(s) of conservation easements held by the organization			. 17, 1110 7.
•	Preservation of land for public use (for example, recreating	· · · · · · · · · · · · · · · · · · ·		nistorically important land area
	Protection of natural habitat		_	• •
		L	Preservation of a c	ertified historic structure
•	Preservation of open space	ad aanaamiatian aantri	oution in the form of a	accompation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contri	oution in the form of a	
_	day of the tax year.			Held at the End of the Tax Y
_	Total number of conservation easements			1 1
b	•	at in all ral in (a)		-
	Number of conservation easements on a certified historic structure of conservation easements in a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	,		
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the org	ganization during the tax
	year -			
4	Number of states where property subject to conservation ease	· -		
5	Does the organization have a written policy regarding the period			
•	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	ind enforcing conserva	ation easements during the year
_	Assessment of a second control of the second to the second control of the second control	ta a la factation de la colonia		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	ntorcing conservation	easements during the year
			-tft: 170/b)/4)	\/D\/;\
8	Does each conservation easement reported on line 2(d) above	•	. , , ,	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financiai statements	s that describes the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Tre	easures or Other	r Similar Assets
. u	Complete if the organization answered "Yes" on Form 9		oudured, or euro	
			vanue atatament and h	halanaa ahaat waxka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publication provide in Port VIII the text of the features to its financial	•	•	erance of public
	service, provide in Part XIII the text of the footnote to its finance			and although weather of
D	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, (or research in furtherai	nce of public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
_				·
2	If the organization received or held works of art, historical trea			ın, provide
	the following amounts required to be reported under FASB AS	-		.
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2

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a Busing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection titems (check all that apply): a Public exhibition	Par	rt III Organizations Maintaining	Collections of Art,	Historical Tre	asures, or	Other	Similar	Assets	(conti	nued)	
a Public exhibition d	3	Using the organization's acquisition, access	sion, and other records,	check any of the fo	ollowing that	make si	gnificant u	ise of its			
b Scholarly research e Other Preservation for Nuture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold for pairs further than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In Part IV Escrow and Gustodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year I Educations during the year I Educations during the year I Educations and the preservation of Form 990, Part X. line 21, for escrow or custodial account liability? Yes No I Yes No I Yes No I Yes No I Yes Ye		collection items (check all that apply):									
b Scholarly research e	а	Public exhibition	d	Loan or exch	nange progra	m					
c	b	Scholarly research	е		0 . 0						
4 Provise a description of the organization's collections and explain how they further the organization's eventy purpose in Part XIII. 1 buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds after than to be maintained as part of the organization answered "Yes" or Form 990, Part IV, line 9, or Form 990, Part IV, line 10, line											
Description to be year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No			collections and explain h	now they further th	e organizatio	n's exem	not purpos	se in Part	XIII		
To be sold for railse funds rather than to be maintained as part of the organization's collection?			•	•	ū			oo iii i ai c	,		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Ū								Vec		No
Teported an amount on Form 990, Part X, line 21. Yes No No Tyes, "explain the arrangement in Part XIII and complete the following table: Yes, "explain the arrangement in Part XIII and complete the following table: Amount 16	Par										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No If Yes,* explain the arrangement in Part XIII and complete the following table:				on the organization	ranswered	103 011	1 01111 330	, raitiv,	iii ic 5, 6i		
on Form 990, Part X? Ves	12	•		ny for contributions	or other acc	ets not i	ncluded				
b If Yes, 'explain the arrangement in Part XIII and complete the following table: Complete Co	ıu								Vec		No.
C Beginning balance C C C C C C	h								_ 163		_ 140
tc Beginning balance d Additions during the year e Distributions during the year 1	ь	ii res, explain the analigement in Part Al	i and complete the iolio	wing table.					A ma a		
d Additions during the year	_	Designing helenes					4-		Amour	ıı.	
Example Distributions during the year f Ending balance	C										
f Ending balance If	а										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Very 272, 269, 568. (g) Four years back (e) Four years ba											
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the organization answered "Yes" on Form 990, Part IX, line 10.									7		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Tirre years back (e) Four		•	· ·	•			ty?	L	_ Yes	F	_ No
1a Beginning of year balance 282,126,507. 294,401,552. 272,269,568. 257,227,594. 267,535,730. b Contributions 11,486,793. 4,441,830. 6,502,763. 6,934,351. 3,994,732. c Net investment earnings, gains, and losses of Gracilities and programs 31,340,647. -4,155,775. 27,631,555. 20,009,501. -3,118,671. f Administrative expenses and programs 12,974,854. 12,561,100. 12,002,334. 11,901,878. 11,184,197. g End of year balance 311,979,093. 282,126,507. 294,401,552. 272,269,568. 257,227,594. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 18.49 % 18.49 % 18.49 % 272,269,568. 257,227,594. b Permanent endowment ► 10.38 % 10.38 %	Fai	Elidowillent Fullus. Complete									
b Contributions	_										
c Net investment earnings, gains, and losses d 31,340,647, -4,155,775, 27,631,555, 20,009,501, -3,118,671. d Grants or scholarships e Other expenditures for facilities and programs 12,974,854, 12,561,100, 12,002,334, 11,901,878, 11,184,197. f Administrative expenses g End of year balance 311,979,093, 282,126,507, 294,401,552, 272,269,568, 257,227,594. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 18.49 % b Permanent endowment ▶ 71.13	1a			, ,	-						
d Grants or scholarships e Other expenditures for facilities and programs 12,974,854. 12,561,100. 12,002,334. 11,901,878. 11,184,197. f Administrative expenses g End of year balance 311,979,093. 282,126,507. 294,401,552. 272,269,568. 257,227,594. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 18.49	b										
Post	С	3 , 3 ,	31,340,647.	-4,155,775.	27,631	,555.	20,0	09,501.	- 3	,118	6/1.
## Administrative expenses 12,974,854. 12,561,100. 12,002,334. 11,901,878. 11,184,197. Administrative expenses End of year balance 311,979,093. 282,126,507. 294,401,552. 272,269,568. 257,227,594. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
f Administrative expenses g End of year balance 311,979,093. 282,126,507. 294,401,552. 272,269,568. 257,227,594. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 18.49	е	Other expenditures for facilities	10.054.054	10 561 100	40.000						
g End of year balance 311,979,093. 282,126,507. 294,401,552. 272,269,568. 257,227,594. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 18 ⋅ 49				12,561,100.	12,002	,334.	11,9	01,878.	11	,184	197.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 18.49 % b Permanent endowment ▶ 71.13 % c Term endowment ▶ 10.38 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations 3a(ii) X 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land (b) Cost or other basis (investment) 127,726,148, 48,543,412, 79,182,736. c Leasehold improvements 127,726,148, 48,543,412, 79,182,736. d Equipment 32,150,840, 22,596,286, 9,554,554, e Other	f										
a Board designated or quasi-endowment ▶ 18.49 % b Permanent endowment ▶ 71.13 % c Term endowment ▶ 10.38 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related or	g					,552.	272,2	69,568.	257	,227	594.
b Permanent endowment ▶ 71.13 % c Term endowment ▶ 10.38 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	2			line 1g, column (a)) held as:						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) In Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	а			.%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) X (iv) Accumulated (c) Accumulated (d) Book value (d) Book											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1 Land Buildings 11,308,777. Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements d Equipment G Other Other 1,532,548. 1,532,548.	С										
Second S		The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
(i) Unrelated organizations 3a(j) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	За	Are there endowment funds not in the poss	ession of the organization	on that are held an	d administere	ed for the	e organiza	ition			
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 11		by:								Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements d Equipment e Other 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548.		(i) Unrelated organizations							3a(i)		_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 11, 308, 777. 11, 308, 777. b Buildings c Leasehold improvements d Equipment e Other Other 11, 532, 548.									3a(ii)		X
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 11,308,777. 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.	b	If "Yes" on line 3a(ii), are the related organize	ations listed as required	d on Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 11,308,777. 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.				ment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 11,308,777. 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.	Par										
ta Land basis (investment) basis (other) depreciation 1a Land 11,308,777. 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.				Í	Í						
1a Land 11,308,777. 11,308,777. b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.		Description of property	``, ' ' ' ' ' '	, , , , , ,				ed	(d) Boo	k valu	ie
b Buildings 127,726,148. 48,543,412. 79,182,736. c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.			- '	· ·		dep	oreciation		1 20		
c Leasehold improvements 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.			I			40 -	- 10 11				
d Equipment 32,150,840. 22,596,286. 9,554,554. e Other 1,532,548. 1,532,548.				127,72	6,148.	48,5	043,41	LZ• 7	9,18	2,7	<u> 36.</u>
e Other			I	20.1-	0.010	00 -	-06 01		<u> </u>	4 -	
	d	Equipment				22,5	96,28	36.	$\frac{9,55}{4-5}$	$\frac{4}{2}, \frac{5}{2}$	54.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)											
	Total	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X.	column (B), line 10	Oc.)			▶ 10	1,57	8,6	<u> 15.</u>

Schedule D (Form 990) 2019

	ORTH PLANT SCI	ENCE CENTER	31-	-1584621	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) PRIVATE EQUITY FUNDS	22,259,750.	END-OF-YEAR			
(B) REAL ASSET FUNDS	16,412.	END-OF-YEAR			
(C) BOND MUTUAL FUNDS	4,845,199.	END-OF-YEAR	MARKET	VALUE	
(D) INVESTMENT IN GLOBAL	0.50 550 050				
(E) ENDOWMENT FUND II, LP.	263,572,273.	END-OF-YEAR	MARKET	VALUE	
(F) LEWIS AND CLARK PLANT					
(G) SCIENCES FUND	21,101,399.	END-OF-YEAR	MARKET	VALUE	
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	311,795,033.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.		
(a)	Description			(b) Book va	llue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	÷ 15.))		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 F	Part X line 25		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITY UNDER GIFT ANNUITY	
(3)	AGREEMENT	198,305.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	198,305.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Stater	nents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	80,190,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		28,214,216.		
	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-27,101.		
	Add lines 2a through 2d			2e	28,187,115.
	Subtract line 2e from line 1			3	52,003,666.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	2 052 050		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	3,073,258.		
	, , , , , , , , , , , , , , , , , , , ,	4b	-108,051.		0 065 007
	Add lines 4a and 4b			4c	2,965,207. 54,968,873.
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State	mente Wi	th Evnances nor B	5 Satur	<u> 34,900,0/3.</u> n
rai			iii Expelises per h	etui	···
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	49,166,909.
	Total expenses and losses per audited financial statements			1	49,100,909.
	• • •	ا مو ا			
	Donated services and use of facilities				
	Prior year adjustments Other losses	_			
	Other losses Other (Describe in Part XIII.)		108,051.		
	Add lines 2a through 2d		-	2e	108,051.
	Subtract line 2e from line 1			3	49,058,858.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			j	23 / 03 0 / 03 0 0
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,073,258.		
	Other (Describe in Part XIII.)		0,0,0,=000		
	Add lines 4a and 4b			4c	3,073,258.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	52,132,116.
Par	t XIII Supplemental Information.				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines	1b and 2b; Part V, line 4;	; Part :	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional info	ormation.		
PAR	T V, LINE 4:				
THE	PURPOSE OF THE ENDOWMENT IS TO FUND RES	EARCH .	AND OTHER SC	TEN.	TIFIC
3 OM	TUTTIES IN ASSOCIATION WITH MILE SENTED'S		MICCION		
ACT	IVITIES IN ACCORDANCE WITH THE CENTER'S	OVERAL.	L MISSION.		
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	THE THE TENT OF TH				
LOS	S ON WRITE-OFF OF CONTRIBUTIONS				-10,462.
					,
CHA	NGE IN VALUE OF GIFT ANNUITY				-16,639.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				-27,101.
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
	a ou prancair or				E0 050
<u>LOS</u>	S ON DISPOSAL OF ASSETS				-79,352.
יאדזים	DDATCING EVDENCEC INGLIDED IN DEGREE				10 077
	DRAISING EXPENSES INCLUDED IN REVENUE			Cck-	-18,877.
932054	10-02-19			Scue	dule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

DONALD DANFORTH	PLANT SO	CIENCE CI	ENTER	31-158462	1
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	/es" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	•	
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.					
			an be duplicated if additional space is n	1	
(a) Region	(b) Number of	(c) Number of employees,	1. /	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments
		in the region			in the region
			GRANTS TO RECIPIENTS		450 400
EUROPE	0	0	LOCATED IN THE REGION		458,132.
SOUTH ASIA	0	1	DDOGDAM GEDYLGEG	SPONSORSHIP	F 000
SOUTH ASIA	0	1	PROGRAM SERVICES	SPONSORSHIP	5,000.
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0	0	LOCATED IN THE REGION		286,399.
DOUTH NOTH			LOCATED IN THE RECTOR		200,333.
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION		1,245,214.
					
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	WORKSHOPS	41,787.
SUB-SAHARAN AFRICA	0	21	PROGRAM SERVICES	CONSULTING	577,884.
NORTH AMERICA	0	1	PROGRAM SERVICES	CONSULTING	2,500.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

0

28

0

28

Schedule F (Form 990) 2019

2,616,916.

2,616,916.

and 3b)

3 a Subtotalb Total from continuation

sheets to Part I
c Totals (add lines 3a

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	276,557.	WIRE TRANSFER	0.		
		EUROPE	RESEARCH	181,575.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH	286,399.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH	251,054.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH	45,998.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH	07 202	MIDE MDANGEED			
		AFRICA	RESEARCH	07,302.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH	119 338.	WIRE TRANSFER	0.		
				225,000.				
		and annual						
		SUB-SAHARAN AFRICA	RESEARCH	212,559.	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the	•				
by the IRS, or for whi	ch the grantee or cou	unsel has provided a sec	tion 501(c)(3) equivalency lette	r		> ,		5

3 Enter total number of other organizations or entities

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	RESEARCH	40,158.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH	106,745.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH	145,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH	236,552.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

|--|

A RISK-BASED APPROACH IS UTILIZED TO DETERMINE THE APPROPRIATE PROCEDURES
FOR MONITORING THE USE OF GRANT FUNDS BY FOREIGN SUBRECIPIENTS WHICH MAY
INCLUDE, BUT IS NOT LIMITED TO: A) COLLECTION OF TECHNICAL PERFORMANCE
REPORTS; B) REVIEW OF INVOICES AND CORRESPONDING EXPENSES TO ENSURE THAT
INVOICED CHARGES APPEAR REASONABLE BASED UPON TECHNICAL PROGRESS OF THE
PROJECT, ARE WITHIN THE BUDGET PARAMETERS, AND ARE CONSISTENT AND
SUBMITTED TIMELY; C) QUESTIONING AND CLARIFICATION OF INVOICED CHARGES;
AND D) ON-SITE VISITS AND EXAMINATION OF WORK PERFORMED. FOR ALL
SUBRECIPIENTS, AN ANNUAL VERIFICATION IS PERFORMED TO ENSURE THAT NEITHER
IT NOR ITS PRINCIPALS ARE PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR
DEBARMENT, DECLARED INELIGIBLE OR VOLUNTARILY EXCLUDED FROM PARTICIPATION
IN THIS TRANSACTION BY ANY FEDERAL DEPARTMENT OR AGENCY VIA THE SYSTEM
FOR AWARD MANAGEMENT (WWW.SAM.GOV). A REVIEW OF ANNUAL AUDIT REPORTS IS
COMPLETED FOR AUDITED FOREIGN SUBRECIPIENTS.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

	DANFORTH PLANT SCI				31-1584		
Part I Fundraising Activities. required to complete this part	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Bolicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total	I		►				
List all states in which the organizatio or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration	

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

Schedule G (Form 990 or 990-EZ) 2019

		le G (Form 990 or 990-EZ) 2019 DONALD				1584621 Page 2
Pa	rt I					
_		of fundraising event contributions and gr	1			ts greater than \$5,000.
			(a) Event #1 PARTY WITH	(b) Event #2	(c) Other events NONE	(d) Total events
					NONE	(add col. (a) through
			THE PLANTS	(a) (ant time)	(total number)	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Ģ		_	F0 (F2)			F0 (F2
Revenue	1	Gross receipts	59,652.			59,652.
			F2 010			F2 010
	2	Less: Contributions	53,912.			53,912.
	_	Out to income (line 4 minus line 0)	5 740			5,740.
-	3	Gross income (line 1 minus line 2)	5,740.			5,740.
		Cook minor				
	4	Cash prizes				
	_	Nanagah prizas				
S	5	Noncash prizes				
nse	6	Rent/facility costs				
ğ	0	Tient/facility costs				
Direct Expenses	7	Food and beverages				
ie	•	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1 1 1 1 1 1 1			18,877.
	_	Direct expense summary. Add lines 4 through			•	18,877.
	11					-13,137.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ğ			(a) Bingo	bingo/progressive bingo	(o) other garming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
တ္ဆ	2					
SU.		Cash prizes				
ğ	3	Cash prizes Noncash prizes				
ct Expenses		Noncash prizes				
ᇷ	3					
Direct Expe	4	Noncash prizes Rent/facility costs				
ᇷ	4	Noncash prizes	Vac 94	Voc 9/	Voc. 94	
ᇷ	4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%		
ᇷ	4 5	Noncash prizes Rent/facility costs	Yes % No		Yes %	
ᇷ	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
ᇷ	4 5	Noncash prizes Rent/facility costs Other direct expenses	No No		No No	
ᇷ	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No S in column (d)	No No	No ▶	
ᇷ	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No S in column (d)	No No	No ▶	
Direct	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No No	No ▶	
6 Direct	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No n 5 in column (d) from line 1, column (d)	No No	No	Yes No
a 6 Direct	4 5 6 7 8 En ls t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	Yes No
a 6 Direct	4 5 6 7 8 En ls t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	Yes No
g b 6 Direct	4 5 6 7 8 En Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain:	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	
g b 6 Direct	4 5 6 7 8 En Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 DONALD DANFORTH PLANT SCIENCE CENTER 31-1	<u> 584621</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility	13b	
	An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
.0	Garning manager mormation.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		

Schedule G	G (Form 990 or 990-EZ)	DONALD	DANFORTH	PLANT	SCIENCE	CENTER	31-1584621	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (con	tinued)					
		(COIII	unueu)					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number
31-1584621

Part I General Information on Grants	and Assistance						
Does the organization maintain record	ls to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's							
Part II Grants and Other Assistance t	o Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more tha	n \$5,000. Part II can	be duplicated if addit	ional space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARNEGIE INSTITUTION OF WASHINGTO	N						
330 P STREET NW							
ASHINGTON, DC 20005	53-0196523	501(C)(3)	368,647.	0.			RESEARCH
LEMSON UNIVERSITY 20 BRACKETT HALL LEMSON, SC 29634	57-6000254	501(C)(3)	18,415.	0.			RESEARCH
DRNELL UNIVERSITY 11 PINE TREE ROAD THACA, NY 14850-2820	15-0532082	501(C)(3)	38,861.	0.			RESEARCH
EORGE WASHINGTON UNIVERSITY 121 I STREET NW SUITE 601 ASHINGTON, DC 20052	53-0196584	501(C)(3)	180,019.	0.			RESEARCH
JDSONALPHA INSTITUTE FOR IOTECHNOLOGY - 601 GENOME WAY - JNTSVILLE, AL 35806-2908	78-0007410	501(C)(3)	379,566.	0.			RESEARCH
OWA STATE UNIVERSITY 05 MORRILL ROAD, 1138 PEARSON MES, IA 50011-2103	42-6004224	501(C)(3)	3,194.	0.			RESEARCH
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization		•	e line 1 table				25.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WANGAG GMAME UNITYEDGIMY								
KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL								
MANHATTAN, KS 66506-1103	18_0771751	STATE OF KS	171,076.	0.			RESEARCH	
MANNATIAN, RS 00300-1103	40-0771731	STATE OF RS	171,070.	0.			RESEARCH	
ST. LOUIS UNIVERSITY								
221 NORTH GRANT BOULEVARD								
ST. LOUIS, MO 63103-2097	43-0654872	501(C)(3)	259,205.	0.			RESEARCH	
21. 20012, 110 00100 2007	10 0001072		207,200.					
UNIVERSITY OF CALIFORNIA								
1608 FOURTH STREET SUITE 220								
BERKELEY, CA 94710-5940	94-6002123	STATE OF CA	522,628.	0.			RESEARCH	
			,					
UNIVERSITY OF DELAWARE								
210 HULLIHEN HALL								
NEWARK, DE 19716-0099	51-6000297	501(C)(3)	216,088.	0.			RESEARCH	
UNIVERSITY OF FLORIDA								
DIVISION OF SPONSORED PROGRAMS,								
207 GRINER HALL - GAINESVILLE, FL								
36211-5500	59-6002052	STATE OF FL	180,478.	0.			RESEARCH	
UNIVERSITY OF ILLINOIS								
1901 S. FIRST STREET								
CHAMPAIGN, IL 61820-7406	37-6000511	STATE OF IL	1,247,583.	0.			RESEARCH	
UNIVERSITY OF MINNESOTA								
450 MCNAMARA ALUMNI CENTER 200 OAK								
STREET SE - MINNEAPOLIS, MN								
55455-2070	41-6007513	STATE OF MN	173,790.	0.			RESEARCH	
UNIVERSITY OF MISSOURI								
115 BUSINESS LOOP 70 WEST, MIZZOU								
NORTH, ROOM 501 - COLUMBIA, MO				_				
65211	43-6003859	STATE OF MO	41,640.	0.			RESEARCH	
UNIVERSITY OF PENNSLYVANIA								
3451 WALNUT STREET ROOM P221								
FRANKLIN BUILDING - PHILADELPHIA,	22 1252605	E01/G)/3\	0 205	_			DEGENDOU	
PA 19104-6205	23-1352685	DOT(C)(3)	8,387.	0.			RESEARCH	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE ROAD KINGSTON, RI 02881-1967	22-3011455	STATE OF RI	215,218.	0.			RESEARCH	
USDA ARS 1001 HOLLEMAN DRIVE EAST COLLEGE STATION, TX 77840-4117	72-0564834	USDA	520.	0.			RESEARCH	
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130-4899	43-0653611	501(C)(3)	151,084.	0.			RESEARCH	
UNIVERSITY OF PUERTO RICO CALL BOX 900 MAYAGUEZ, PR 00681-9001	66-0433761	CMLTH. OF PR	81.	0.			RESEARCH	
WASHINGTON STATE UNIVERSITY 423 NEILL HALL PULLMAN, WA 99164-3140	91-6001108	501(C)(3)	456,416.	0.			RESEARCH	
WIDECAST 1348 RUSTICVIEW DRIVE BALLWIN, MO 63011-4271	33-0751451	501(C)(3)	8,883.	0.			RESEARCH	
STANFORD UNIVERSITY 3160 PORTER DRIVE SUITE 100 PALO ALTO, CA 93404-8445	94-1156365	501(C)(3)	811,491.	0.			RESEARCH	
UNIVERSITY OF ARIZONA 1303 E. UNIVERSITY BLVD. BOX 3 TUCSON, AZ 85719-0521	74-2652689	STATE OF AZ	1,565,034.	0.			RESEARCH	
UNIVERSITY OF COLORADO 1800 GRANT STREET, SUITE 800 DENVER, CO 80203	84-6000555	STATE OF CO	390,283.	0.			RESEARCH	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OHIO STATE UNIVERSITY									
281 W LANE AVENUE									
COLUMBUS, OH 43210	31-6025986	STATE OF OH	164,045.	0.			RESEARCH		
	+								
							0 - 1 - 1 - 1 - 1 (5 000)		

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
A RISK-BASED APPROACH IS UTILIZED	TO DETERM	INE THE AP	PROPRIATE	PROCEDURES	
FOR MONITORING THE USE OF GRANT FU	NDS BY SU	BRECIPIENT	'S WHICH MA	Y INCLUDE,	
BUT IS NOT LIMITED TO: A) COLLECTION	ON OF TEC	HNICAL PER	RFORMANCE R	EPORTS; B)	
REVIEW OF INVOICES AND CORRESPONDI	NG EXPENS	ES TO ENSU	RE THAT IN	VOICED	
CHARGES APPEAR REASONABLE BASED UP	ON TECHNI	CAL PROGRE	SS OF THE	PROJECT, ARE	
WITHIN THE BUDGET PARAMETERS, AND	ARE CONSI	STENT AND	SUBMITTED	TIMELY; C)	
QUESTIONING AND CLARIFICATION OF I	NVOICED C	HARGES; AN	ID D) ON-SI	TE VISITS	
AND EXAMINATION OF WORK PERFORMED.	FOR ALL	SUBRECIPIE	ENTS, AN AN	NUAL	

Part IV Supplemental Information
VERIFICATION IS PERFORMED TO ENSURE THAT NEITHER IT NOR ITS PRINCIPALS ARE
PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT, DECLARED INELIGIBLE
OR VOLUNTARILY EXCLUDED FROM PARTICIPATION IN THIS TRANSACTION BY ANY
FEDERAL DEPARTMENT OR AGENCY VIA THE SYSTEM FOR AWARD MANAGEMENT
(WWW.SAM.GOV). AN ANNUAL REVIEW OF ALL FEDERALLY FUNDED SUBRECIPIENTS'
COMPLIANCE AUDIT REPORTS (WHEN APPLICABLE) IS PERFORMED TO IDENTIFY
FINDINGS REPORTED ASSOCIATED WITH GRANT FUNDS PASSED THROUGH TO THE
SUBRECIPIENTS AND ISSUE MANAGEMENT DECISIONS AS REQUIRED.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number 31-1584621

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any never listed an Form 000 Part VIII Section A line to with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•		4a		Х
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. JAMES CARRINGTON	(i)	655,601.	30,000.	0.	22,400.	19,978.	727,979.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. SALVATORE FIORELLO	(i)	398,582.	15,000.	0.	22,400.	20,294.	456,276.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. HAROLD DAVIES	(i)	273,761.	20,000.	0.	22,186.	23,981.	339,928.	0.
VICE PRESIDENT OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. DIANE MOLESKI	(i)	113,556.	0.	0.	9,741.	27,418.	150,715.	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. TONI KUTCHAN	(i)	268,671.	0.	0.	21,218.	11,628.	301,517.	0.
VICE PRESIDENT FOR RESEARC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. MICHAEL BANDER	(i)	219,278.	0.	0.	17,832.	24,975.	262,085.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DR. BLAKE MEYERS	(i)	297,302.	0.	0.	22,400.	10,691.	330,393.	0.
PRINCIPAL INVESTIGATOR, ME	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. DONALD MACKENZIE	(i)	236,180.	0.	0.	6,952.	4,223.	247,355.	0.
DIR. OF IICI	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. TODD MOCKLER	(i)	219,657.	12,750.	0.	17,832.	25,407.	275,646.	0.
PRINCIPAL INVESTIGATOR, ME	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DR. ELIZABETH KELLOGG	(i)	211,091.	0.	0.	16,587.	15,068.	242,746.	0.
PRINCIPAL INVESTIGATOR, ME	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TODD HORNBURG	(i)	194,650.	20,000.	0.	6,480.	17,925.	239,055.	0.
VP OF FACILITIES AND SPECIAL SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number 31-1584621

DOMAID DAME	OICIII I DIMII	DCIDIOD (72111211							704	<u> </u>		
Part I Bond Issues SE	EE PART VI	FOR COLUMI	(F) CON	TINUAT	IONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Iss	ue price	(f) Descripti	on of purpose	(g) De	efeased	(h) On of is:		(i) Po	
								Yes	No	Yes	-	Yes	
MISSOURI DEVELOPMENT						FINANCE		163	110	163	140	163	140
A FINANCE BOARD	43-1387649	NONE	12/01/11	7.500	.000.	CONSTRUC	TION OF	3	x		x		Х
X			,	,,,,,,,	,								
В													
С													
_ D													
Part II Proceeds													
				Α		В	С				D		
1 Amount of bonds retired			. 2,15	3,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue			<u>.</u> 7,50	00,000.									
4 Gross proceeds in reserve funds					1								
5 Capitalized interest from proceeds					1								
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
					1								
9 Working capital expenditures from proceeds				20 000	1								
10 Capital expenditures from proceeds			7,50	00,000.	-								
11 Other spent proceeds													
				2013	+								
13 Year of substantial completion					+		.,						
		. ,	Yes	No	Yes	No	Yes	No		Yes	-	No	
14 Were the bonds issued as part of a refunding i	="			х									
if issued prior to 2018, a current refunding issu				Λ.							+		
15 Were the bonds issued as part of a refunding in		•		х									
issued prior to 2018, an advance refunding iss			37		+						+		
Has the final allocation of proceeds been madeDoes the organization maintain adequate book		nort the	^		+		 				+		
			X										
final allocation of proceeds?			25	I	1	ı	I I			dula K	<u></u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

Par	t III Private Business Use								
			A	I	3	(C)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5	% %			%		%		
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		. %
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
_	Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage				T				
		A B			<u> </u>)		
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
	If "No" to line 1, did the following apply?		77		1		1		1
	Rebate not due yet?		X						
	Exception to rebate?	77	X						
<u>c</u>	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
_	performed	37					1		ı
3	Is the bond issue a variable rate issue?	Х							

Part IV Arbitrage (continued)								
		A	E	3	(Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	E	3		С	D)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instr	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MISSOURI DEVELOPMENT FINANCE BOA	ARD							
(F) DESCRIPTION OF PURPOSE: FINANCE CONSTRUCTION	OF GRE	ENHOUSE	}					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MISSOURI DEVELOPMENT FINANCE BOA	ARD							
DATE THE REBATE COMPUTATION WAS PERFORMED: 12	2/01/20:	16						

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Employer identification number

				NFORTH P									846	21		
Part I Ex	cess Bene	fit Transa	actio	ons (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction	501(c)(29) organ	nizatio	ns onl	y).			
Con	nplete if the c	organization	answ	rered "Yes" on I	Form 9	90, Pa	rt IV, line 2	5a or 25b	, or F	Form 990-EZ, Pa	art V, li	ne 40l	o			
1 (a) Name of	diagualifiad a	oroon	(b) R	elationship bety			ified	1.	N Da	scription of tran	oootio	n		(d)	Corre	cted?
(a) Name or	uisquaiiileu p	ersori		person and or	rganiza	ation		,,	, De	Scription of train	Sacilo			Y	es	No
2 Enter the an	nount of tax i	ncurred by t	he or	ganization man	agers	or disq	ualified per	sons duri	ng th	ne year under						
section 495																
3 Enter the an	nount of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the orc	janization					\$				
Part II Loa	no to ond	l/or Erom	Lote	erested Pers	2000											
	-	-					Part V, line	e 38a or F	orm	990, Part IV, line	e 26; c	or if the	e orgai	nizatio	n	
				Part X, line 5, 6									(h) App	oroved	en 14	
	(b) hoard from the from the from the by board					ard or '''		ritten ment?								
interested	pordorr	With Organiz	ution	0110411		zation?	principal	amount					cómm			_
					То	From					Yes	No	Yes	No	Yes	No
																\vdash
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Γotal		L			1			▶ \$								
	ants or As	sistance	Ben	efiting Inter	este	Per	sons.	Ψ								
Con	nolete if the o	organization	ansv	rered "Yes" on I	Form 9	990. Pa	rt IV. line 2	7.								
	f interested p		T	b) Relationship				nount of		(d) Type	of		(e)) Purp	ose of	
			`	interested pers	son an			stance		assistan				assista		
				the organiza	ation											
												T				

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

Schedule L (Form 990 or 990-EZ) 2019

	e of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
		DFFICER 13,157. CREDIT CAR		Yes	nues? No	
COMMERCE I		OFFICER	13,157.	CREDIT CARD	163	X
COMMERCE I		OFFICER		BANK INTERE		X
COMMERCE I		OFFICER		BANK FEES P		Х
COMMERCE I		OFFICER		BOND INTERE		Х
			-			
D. IV.						
	plemental Information.	on and the second secon				
Provid	de additional information for respons	onses to questions on Schedule L (see in	nstructions).			
SCH L. PAI	RT IV. BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
			-			
(A) NAME (OF PERSON: COMMER	CE BANK				
(D) DESCR	[PTION OF TRANSAC	TION: CREDIT CARD RE	BATES RECEI	VED		
(A) NAME (OF PERSON: COMMER	CE BANK				
(D) DESCR	IPTION OF TRANSAC	TION: BANK INTEREST	& TNVESTMEN	IT INCOME		
(D) DEBCIN	IIION OI INMONE	TION: DANK INTEREST	<u>a invesimen</u>	II INCOME		
(A) NAME (OF PERSON: COMMER	CE BANK				
(D) DESCR	[PTION OF TRANSAC	TION: BANK FEES PAID				
/ a \ Name (OF PERSON: COMMER	CE DANK				
(A) NAME (JI IERDON. COMMER	CE DANK				
(D) DESCR	[PTION OF TRANSAC	TION: BOND INTEREST	EXPENSE			
פרשפחווו.פ ו	L, PART IV					
SCHEDOLE 1	J, FART IV					
DAVID KEMI	PER A DIRECTOR OF	DONALD DANFORTH PLA	NT SCIENCE	CENTER IS		
CHAIRMAN A	AND CEO OF COMMER	CE BANK.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Pai	TI Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			 S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
	Boats and planes							
8	Intellectual property	X	29	5 500 000	STOCK MARKET	םם י	TCE	7
9	Securities - Publicly traded		4.5	3,300,300.	SIOCK MARKET		LICE	,
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (EVENT ITEMS)	X	46	16,922.	FAIR MARKET	VAI	υE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part IV, D	Donee Acknowledg	ement 29		I		
				=			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•				37
	exempt purposes for the entire holding period?					30a		<u> X</u>
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance po		· ·	•	tions?	31	X	
32a	Does the organization hire or use third parties o contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.	(,	71 1 1	()	<i>'</i>			
ΙЦΔ	For Panerwork Reduction Act Notice see t	ha Instruct	tions for Form 990	1	Schedule M	/Earm	990)	2010

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number 31-1584621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPROVE THE HUMAN CONDITION THROUGH PLANT SCIENCE/RESEARCH: FEED THE HUNGRY AND IMPROVE HUMAN HEALTH, PRESERVE AND RENEW OUR ENVIRONMENT AND ENHANCE OUR REGION'S ECONOMY.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990 PLANT SCIENCE RESEARCH AND EDUCATION OUTREACH & TRAINING. IN 2019, A HISTORIC MILESTONE WAS REACHED WHEN NIGERIA APPROVED A NEW POD-BORER RESISTANT (PBR) COWPEA. IT WAS APPROVED FOLLOWING A DECADE-LONG SAFETY REVIEW BY LOCAL SCIENTISTS AND WILL BE IN FARMERS' HANDS IN THE COMING YEAR. THE VARIETY WAS DEVELOPED BY AN INTERNATIONAL TEAM WITH THE DANFORTH CENTER'S INSTITUTE FOR INTERNATIONAL CROP IMPROVEMENT THE GREEN MEANS GROW PROJECT REACHED 400 PROVIDING REGULATORY SUPPORT. STUDENTS IN THE CLASSROOM AND ANOTHER 700 STUDENTS IN FULL-DAY IMMERSIVE STEM SPLASH DAYS AT ELEMENTARY SCHOOLS WITHIN THE RIVERVIEW GARDENS SCHOOL DISTRICT. THE CENTER ANNOUNCED THE FIRST COHORT OF COMPANIES PARTICIPATING IN THE WELLS FARGO IN2 INCUBATOR THAT MATCHES EARLY-STAGE COMPANIES WITH CENTER SCIENTISTS TO CONDUCT RESEARCH TO VALIDATE THEIR TECHNOLOGY WHICH ENABLES THE COMPANY TO ATTRACT INVESTMENT CAPITAL AND STRATEGIC PARTNERS. THE CENTER AGAIN TOOK PART IN OUR 16TH YEAR AS A NSF RESEARCH EXPERIENCE FOR UNDERGRADUATES INSTITUTION. MORE THAN 230 STUDENTS COMPETED FOR 19 SPACES AT THE DANFORTH CENTER IN THIS COMPETITIVE AND RIGOROUS TRAINING PROGRAM. CENTER HOSTED 3 "CONVERSATIONS" PROGRAMS, THE ANNUAL "SEEDS OF CHANGE" AND "RASPBERRY PI" PUBLIC EVENTS TO SHARE OUR MISSION AND THE IMPORTANCE OF PLANT SCIENCE RESEARCH AND COMMERCIALIZATION.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

DONALD DANFORTH PLANT SCIENCE CENTER

Employer identification number
31-1584621

FORM 990, PART VI, SECTION A, LINE 2:

CHRISTOPHER BORDERS DANFORTH AND MARY DANFORTH STILLMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS THEN REVIEWED BY

MANAGEMENT. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE CHAIR AND

THE CHAIRMAN OF THE BOARD. THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF

THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CENTER HAS HAD A CONFLICT OF INTEREST POLICY SINCE THE INCEPTION OF THE ORGANIZATION. A SUBCOMMITTEE OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ASSESSING THE ADEQUACY OF THE CENTER'S CONFLICT OF INTEREST POLICIES AND MONITORING COMPLIANCE WITH THE POLICIES AND PROCEDURES. THE SUBCOMMITTEE ALSO HAS RESPONSIBILITY FOR OVERSIGHT AND MANAGEMENT OF POTENTIAL CONFLICTS OF INTEREST FOR BOARD MEMBERS AND OFFICERS. THE SUBCOMMITTEE REPORTS TO THE BOARD REGARDING CONFLICTS OF INTEREST ON AN ANNUAL BASIS, OR MORE FREQUENTLY IF CONSIDERED NECESSARY. UNDER THE CENTER'S CURRENT POLICIES, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST UPON HIRE OR APPOINTMENT, WHEN NEW POTENTIAL CONFLICTS ARISE AND ON AN ANNUAL BASIS THEREAFTER. IT IS MANAGEMENT'S RESPONSIBILITY TO DEVELOP AND IMPLEMENT A SPECIFIC PLAN OF ACTION TO CONTROL OR ELIMINATE EACH CONFLICT OF INTEREST AND TO MONITOR COMPLIANCE WITH THE AGREED UPON PLAN. ALL POTENTIAL CONFLICTS ARE PRESENTED TO THE CONFLICT OF INTEREST SUBCOMMITTEE OF THE AUDIT COMMITTEE AT AN ANNUAL MEETING HELD IN MARCH. THE SUBCOMMITTEE

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization 31-1584621 DONALD DANFORTH PLANT SCIENCE CENTER REVIEWS AND APPROVES ALL POTENTIAL CONFLICTS OF INTEREST AND MANAGEMENT'S PLANNED COURSE OF ACTION TO CONTROL OR ELIMINATE EACH POTENTIAL CONFLICT OF INTEREST. THE CHAIRMAN OF THE CONFLICT OF INTEREST SUBCOMMITTEE IS INFORMED OF POTENTIAL CONFLICTS WHEN THEY ARE IDENTIFIED OUTSIDE OF THE FORMAL ANNUAL DISCLOSURE PROCESS AND DETERMINES WHETHER IMMEDIATE ATTENTION OF THE FULL SUBCOMMITTEE IS REQUIRED PRIOR TO THE ANNUAL MEETING IN MARCH. FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION STUDY IS USED AS THE BASIS FOR SETTING COMPENSATION AND BENEFITS FOR A NEW HIRE. ON AN ANNUAL BASIS, THE HUMAN RESOURCE DEPARTMENT OBTAINS COMPARABLE SALARY DATA FROM MULTIPLE INDEPENDENT SOURCES, A COMPENSATION SURVEY FROM THE ASSOCIATION OF INDEPENDENT RESEARCH INSTITUTIONS (AIRI) AND A SURVEY OF LOCAL INSTITUTIONS. SALARY RANGES BY POSITION ARE DEVELOPED FROM THE SURVEY DATA AND COMPENSATION LEVELS FOR THE DANFORTH CENTER ARE ESTABLISHED WITHIN THE RANGES. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SURVEY RESULTS AND RECOMMENDED COMPENSATION LEVELS. THE RESULTS ARE PRESENTED AND APPROVED AT THE NOVEMBER BOARD OF DIRECTORS MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, AND BYLAWS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: LOSS ON WRITE-OFF OF CONTRIBUTIONS RECEIVABLE -10,462.CHANGE IN VALUE OF GIFT ANNUITY -16,639. TOTAL TO FORM 990, PART XI, LINE 9 -27,101.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	DONALD DANFORT		31-15846	21					
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	в.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total inco	me End-of-year	1		(f) Direct controlling entity	
	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990	Part IV line 34 h	ecause it had one	or more	related tax-exe	mnt	
Part II	organizations during the tax year.			· · · · · · · · · · · · · · · · · · ·	1				
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	Section 5 contr ent	rolled
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		proportionate Code V-UBI amount in box 20 of Schedule		managin partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
LEWIS AND CLARK PLANT	INVESTMENT IN										
SCIENCES FUND I, LP -	PLANT AND LIFE										
81-2820803, 120 S. CENTRAL	SCIENCE										
AVE., STE #1000,, ST. LOUIS,	COMPANIES	DE	DDPSC	EXCLUDED	-479,811.	16,941,242.		X	N/A	X	79.97%
ST. LOUIS INTERNET2 ACCESS	INTERNET AND										
CONSORTIUM LLC - 47-0849522,	INTERNET 2										
700 ROSEDALE AVENUE CD 1034,	ACCESS FOR										
ST. LOUIS, MO 63112-1408	MEMBERS	MO	DDPSC	UNRELATED	-29,549.	60,891.		x	-29,549.	X	30.69%
DCS INVESTMENTS HOLDINGS, LP											
- 61-1771424, 550 S, TRYON	7										
STREET, SUITE 3500,	7										
CHARLOTTE, NC 28202	INVESTMENTS	DE	DDPSC	EXCLUDED	13,370,877.	331,341,290.		X	1,191,019.	x	100%
RNAISSANCE AG, LLC -											
36-4915541, 6811 SHAWNEE	INVESTMENT IN										
MISSION PARKWAY, SHAWNEE	INSECT CONTROL										
MISSION, KS 66202	TECHNOLOGY	KS	DDPSC	EXCLUDED	0.	0.		x	N/A	x	30.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No

Schedule R (Form 990) 2019

art V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
-------	--	---------------------------------------	--------------------	-------------------------------

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	tions listed in	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		<u>X</u>
	b Gift, grant, or capital contribution to related organization(s)			1b		<u>X</u>
	c Gift, grant, or capital contribution from related organization(s)			1c		<u>X</u>
	d Loans or loan guarantees to or for related organization(s)			1d		Х
	e Loans or loan guarantees by related organization(s)			1e		Х
f	f Dividends from related organization(s)			1f		<u>X</u>
g	g Sale of assets to related organization(s)			1g		<u>X</u>
	h Purchase of assets from related organization(s)			1h		<u>X</u>
i	i Exchange of assets with related organization(s)			1i		<u>X</u>
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		<u>X</u>
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		<u>X</u>
-1	l Performance of services or membership or fundraising solicitations for related organization(s)			11		<u>X</u>
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		<u>X</u>
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		Х
	Sharing of paid employees with related organization(s)			10		X
р	p Reimbursement paid to related organization(s) for expenses			1p		<u>X</u>
	q Reimbursement paid by related organization(s) for expenses			1q		<u>X</u>
r	r Other transfer of cash or property to related organization(s)			1r		<u>X</u>
	s Other transfer of cash or property from related organization(s)			1s		<u>X</u>
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	g covered re	elationships and transaction thresholds.			
	(a) (b) (c) Name of related organization Transaction Amount in type (a-s)		(d) Method of determining amount invol	ved		
		ļ				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(H	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20 of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			,	1 1 1 1 1 1 1			1.00	1	,	1	
	_										
							_				
							+			++	
	4										
							_			\sqcup	
							+			+	+
	_										
							_			\sqcup	
	\dashv										
		1	<u> </u>		1			<u> </u>		D /Fo	

32165 09-10-19 Schedule R (Form 990) 2019

EXTENDED TO NOVEMBER 16, 2020

Form	990-T	E	Exempt Organization Bus	ax Return)	OMB No. 1545-0047		
			(and proxy tax unde	er se	ction 6033(e))			2040
		For ca			, and ending		_ ·	2019
Depart	ment of the Treasury Il Revenue Service	▶	Go to www.irs.gov/Form990T for in: Do not enter SSN numbers on this form as it may	be ma	de public if your organiza			Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check box if name cl	nanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)
	empt under section	Print	DONALD DANFORTH PLANT S	SCIE	ENCE CENTER			1-1584621
X] 501(c)(3)] 408(e)	or Type	Number, street, and room or suite no. If a P.O. box 975 NORTH WARSON ROAD	, see in	structions.			ated business activity code nstructions.)
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP or	foreig	n postal code		900	000
C Boo			F Group exemption number (See instructions)	_			900	099
at e	454,804,7	88.	F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)) trust	Other trust
				2		he only (or first) ur	related	
			/ESTMENT INCOME			complete Parts I-V.		
		-	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	ıal trade	or
	siness, then complete		-V. oration a subsidiary in an affiliated group or a paren	t cubci	diary controlled group?	<u> </u>	Ye	es X No
			ifying number of the parent corporation.	เ-อนมอเ	ulary controlled group?			55 [21] NU
			HAROLD DAVIES		Telepho	ne number 🕨 3	314-	587-1041
Pa	rt I Unrelated	d Trac	le or Business Income		(A) Income	(B) Expenses	S	(C) Net
1 a	Gross receipts or sale	!S						
	Less returns and allov		c Balance	1c				
			A, line 7)	2				
3	Gross profit. Subtract			3 4a				
			h Schedule D)art II, line 17) (attach Form 4797)	4a 4b				
			ets	4c				
			ship or an S corporation (attach statement)	5	1,191,019.	STMT 1	1	1,191,019.
				6				
			ne (Schedule E)	7				
			nd rents from a controlled organization (Schedule F)	8				
			on 501(c)(7), (9), or (17) organization (Schedule G)	9				
			me (Schedule I)	10 11				
			is; attach schedule)	12				
13	Total. Combine lines	3 throu	gh 12	13	1,191,019.			1,191,019.
Pa	rt II Deductio	ns No	ot Taken Elsewhere (See instructions fo	r limita	ations on deductions.)			
			be directly connected with the unrelated busine					Г
14			rectors, and trustees (Schedule K)				14	
15 16							15	
16 17							17	
18			ee instructions)				18	
19							19	
20	Depreciation (attach	Form 48	562)		20			
21			n Schedule A and elsewhere on return				21b	
22			manastian alam				22	
23 24			mpensation plans				23	
25			chedule I)				25	
26			hedule J)				26	
27	Other deductions (at	tach sch	edule)		SEE STAT	EMENT 2	27	282,108.
28	Total deductions. A	dd lines	14 through 27				28	282,108.
29			ncome before net operating loss deduction. Subtract				29	908,911.
30		-	oss arising in tax years beginning on or after Januar	-			30	0.
31			ncome. Subtract line 30 from line 29				31	908,911.
92370	1 01-27-20 LHA F 0	r Paper	work Reduction Act Notice, see instructions.					Form 990-T (2019)

Part	III .	Total Unrelated Business Taxal	ole Income					
32	Total of	unrelated business taxable income computed	from all unrelated trades or	businesses (s	ee instructions)		32	908,911.
		s paid for disallowed fringes					33	
34	Charita	ole contributions (see instructions for limitation	n rules)				34	0.
		related business taxable income before pre-20					35	908,911.
36	Deduct	on for net operating loss arising in tax years b	eginning before January 1, 2	2018 (see instr	ructions)		36	
37	Total of	unrelated business taxable income before spe	ecific deduction. Subtract line	e 36 from line	35		37	908,911.
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptions)				38	1,000.
39	Unrelat	ed business taxable income. Subtract line 3	8 from line 37. If line 38 is gr	reater than line	e 37,			
							39	907,911.
		Tax Computation						100 661
		ations Taxable as Corporations. Multiply lin					40	190,661.
41		Taxable at Trust Rates. See instructions for t						
40		x rate schedule or Schedule D (Form	1041)				41	
42	Proxy t	ax. See instructions					42	
43	Alterna	ive minimum tax (trusts only)					43	
44	Tatal /	Noncompliant Facility Income. See instruction	JIIS				44	190,661.
45 Part	V .	dd lines 42, 43, and 44 to line 40 or 41, which	ievei applies				40	190,001.
		tax credit (corporations attach Form 1118; tru	ısts attach Form 1116)		46a			
		or prior year minimum tax (attach Form 8801						
		edits. Add lines 46a through 46d					46e	
		t line 46e from line 45					47	190,661.
48	Other to	xes. Check if from: Form 4255	Form 8611 Form 869	7 Form	n 8866 🔲 Oth	er (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	190,661.
		et 965 tax liability paid from Form 965-A or Fo					50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019			51a			
b	2019 es	timated tax payments			51b	163,760.		
C	Tax dep	osited with Form 8868			51c	215,000.		
		organizations: Tax paid or withheld at source						
е	Backup	withholding (see instructions)			51e		-	
		or small employer health insurance premiums			51f		-	
g		redits, adjustments, and payments:						
			ther				-	270 760
		ayments. Add lines 51a through 51g					52	378,760.
		ed tax penalty (see instructions). Check if For				_	53	3,007.
		e. If line 52 is less than the total of lines 49, 50 prent. If line 52 is larger than the total of line					54 55	185,092.
		e amount of line 55 you want: Credited to 20 .			5,092.	Refunded	56	0.
Part		Statements Regarding Certain					1 00 1	
57		ime during the 2019 calendar year, did the or			•	· · · · · · · · · · · · · · · · · · ·		Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," t	he organizatio	on may have to fil	e		
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter tl	he name of the	e foreign country			
	here	>						X
58	During	the tax year, did the organization receive a dis	tribution from, or was it the $\mathfrak q$	grantor of, or t	transferor to, a fo	reign trust?		X
	If "Yes,	see instructions for other forms the organization	tion may have to file.					
59		e amount of tax-exempt interest received or a	<u> </u>					
Sign		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					uge and be	mei, it is true,
Here			•	מס מע	D T NI N NI C T	M	-	discuss this return with
		Signature of officer	Date	VP OF Title	FINANCE		e preparer structions)	shown below (see
					Date		if PTIN	
.		Print/Type preparer's name	Preparer's signature		Dale	self- employed	" [] "	1
Paid		JAMES R. RITTS				3011- GITIPIOYEU	P(00362910
_	arer	Firm's name ► RUBINBROWN L	LP		<u> </u>	Firm's EIN ►		3-0765316
use	Only	ONE NORTH				THIII 3 LIN		
		Firm's address SAINT LOUI				Phone no. (314	290-3300
923711	01-27-20							Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/	Ά				
1 Inventory at beginning of year	1		6 Inventory at end of	/ear		6		
2 Purchases	2		7 Cost of goods sold.					
3 Cost of labor	3		from line 5. Enter he	ere and in	Part I,			
4a Additional section 263A costs			line 2			7		,
(attach schedule)			8 Do the rules of secti	on 263A ((with respect to		Yes	No
b Other costs (attach schedule)					d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	<u></u>	114711 D. 1.D.	······		
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Personal Property	Lease	ed With Real Prop	erty)		
(See Instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued						
rent for personal property is more than		of rent for	I and personal property (if the percentage r personal property exceeds 50% or if ent is based on profit or income) 3(a) Deductions directly connected w columns 2(a) and 2(b) (attact				d with the income in ach schedule)	1
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)		•			
			2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	inanced property		or allocable to debt-	(a)	Straight line depreciation	, , ,	b) Other deduction	
1. Description of debt-in	maneca property		financed property		(attach schedule)	`	(attach schedule)	
				_		_		
(1)								
(2)						-		
(3)								
<u> </u>	F Average	adjusted basis	Caluman 4 divided	-	7 Cress income	+-,	Allocable deducati	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		L Allocable deducti lumn 6 x total of co 3(a) and 3(b))	
(1)			9/0					
(2)			9/0	_				
(3)			9/0	,				
(4)			9/0	,				
					Enter here and on page 1, Part I, line 7, column (A).		er here and on page rt I, line 7, column (
Totals			ı		0	.		0.
Total dividends-received deductions in	ncluded in colum	 า 8	······································			_		0.

Form **990-T** (2019)

Schedule F - Interest, A	nnuities,	, Royaltie	es, and	Rents	From Co	ntrolle	d Organiza	itions	(see ins	struction	ns)
				Exempt C	Controlled O	rganizatio	ons				
1. Name of controlled organizati	ion	2. Emplo identificat number	ion	3. Net unre (loss) (see	elated income instructions)		al of specified nents made	include	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
<u>(1)</u> <u>(2)</u>											
(3)											
(4)											
Nonexempt Controlled Organiz	zations		Į.			ļ.					
7. Taxable Income	8. Net unr	elated income (e instructions)	loss)	9. Total o	of specified payr made	ments	10. Part of column in the controllingross	mn 9 that ing organ s income	ization's	11 . De wit	eductions directly connected h income in column 10
(1)											
(1)											
(2)											
(3)											
_(4)			I								
							Add colun Enter here and line 8, 0		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						•			0.		0.
Schedule G - Investme	nt Incom	e of a Se	ction 5	01(c)(7), (9), or (17) Orc	anization		-	l.	
(see instr				(-/(-/	,, (-,, (,	,				
1. Desc	ription of income	e			2. Amount of income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				▶		0.					0.
Schedule I - Exploited (see instru	-	Activity Ir	ncome,	Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Grounrelated by income trade or bu	usiness from	3. Expedirectly conwith production of unrel business in	nnected luction ated	4. Net incomfrom unrelated business (cominus column gain, compute through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2) (3) (4)											
(3)											
(4)											
	Enter here page 1, F line 10, co	Part I, ol. (A).	Enter here page 1, I line 10, c	Part I, ol. (B).							Enter here and on page 1, Part II, line 25.
Totals ► Schedule J - Advertisin	a Incom	0.	twictics:	0.							0.
Part I Income From I			tructions ted on		olidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct			5. Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			+		0013.0 ti						man ooranii 7).
(2)											
(3)											
(1) (2) (3) (4)			1								
											_
Totals (carry to Part II, line (5))	>	0.	•	0	•						0 • Form 990-T (2019

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

	01.45	

ENTTTY

OMB No. 1545-0047

2

For calendar year 2019 or other tax year beginning __ , and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it	may be	e made public if your organi	zation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization			Employer identificat	ion number
	DONALD DANFORTH PLANT SO	CIEN	ICE CENTER	31-15846	21
	Inrelated Business Activity Code (see instructions) 90009	9			
	Describe the unrelated trade or business INVESTMEN	Т -	INTERNET ACC	ESS	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach		00 540		00.540
	statement) STATEMENT 3	5	-29,549.		-29,549.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
_	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12 13	-29,549.		-29,549.
13	Total. Combine lines 3 through 12				
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			luctions.) (Deduction	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts				
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses				
20	Depreciation (attach Form 4562)				
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion				
23	Contributions to deferred compensation plans				
24	Employee benefit programs				
25	Excess exempt expenses (Schedule I)				
26	Excess readership costs (Schedule J)				
27	Other deductions (attach schedule)				
28	Total deductions. Add lines 14 through 27				0.
29	Unrelated business taxable income before net operating loss deduc			13 29	-29,549.
30	Deduction for net operating loss arising in tax years beginning on o		• •		_
04	instructions)				-29,549.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29			31	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

DOWNED DANIONIN I	HANT BETHNEE CHITEK	31 1304021
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
DSC INVESTMENTS H (LOSS)	OLDINGS, LP - ORDINARY BUSINESS INCOME	1,191,019.
TOTAL INCLUDED ON	FORM 990-T, PAGE 1, LINE 5	1,191,019.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INVESTMENT FEES		282,108.
TOTAL TO FORM 990	-T, PAGE 1, LINE 27	282,108.
FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
ST. LOUIS INTERNE BUSINESS INCOME (T2 ACCESS CONSORTIUM, LLC - ORDINARY LOSS)	-29,549
TOTAL INCLUDED ON	SCHEDULE M, PART I, LINE 5	-29,549