Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain state and local governments are allowed under section 4943 to file Form 990-EZ. Organizations must file Form 990 if they have total assets of at least $250,000 and gross receipts of at least $500,000 during the year. Only organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

D Employer identification number

43-0694564

Number and street (or P.O. box, if mail is not delivered to street address)

ONE UNIVERSITY BLVD, 324 WOODS HALL

Room/suite

E Telephone number

(314) 516-7240

City or town, state or country, and ZIP + 4

SAINT LOUIS, MO 63121-4400

F Group Exemption Number

G Accounting Method:

☐ Cash
☐ Accrual
☐ Other (specify) ☑

H Check ☑ if the organization is not required to attach Schedule B

I Website:

WWW.UMSL.EDU/MERCANTILE/

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☑ 501(c)(4) ☑ 501(c)(5) ☑ 501(c)(6) (insert no.) ☑ 4947(a)(1) or ☑ 527 (Form 990, 990-EZ or 990-PF).

K Check ☑ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

$ 19,776.

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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

SEE SCHEDULE O

5a Gross amount from sale of assets other than inventory

5b Less; cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less; direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less; cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

SEE SCHEDULE O

$ 19,776.

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

SEE SCHEDULE O

$ 20,600.

18 Excess (or deficit) for the year (Subtract line 17 from line 9)

$ -824.

19 Net assets or fund balances at beginning of year (from line 27, column (A))

(must agree with end-of-year figure reported on prior year’s return)

19

20 Other changes in net assets or fund balances (explain in Schedule O)

SEE SCHEDULE O

20

21 Net assets or fund balances at end of year. Combine lines 18 through 20

SEE SCHEDULE O

$ 441,315.
Part II  Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
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<tr>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe in Schedule O)
- 25 Total assets
- 26 Total liabilities (describe in Schedule O)
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

- 436,991.22 441,315.

Part III  Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROVIDE SUPPORT FOR ST. LOUIS MERCANTILE LIBRARY

(Grants $ 19,000.) If this amount includes foreign grants, check here

29

30

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

32a 19,000.

Part IV  List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONALD K. ANDERSON, JR.</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHERYL ANDREWS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2ND ASSISTANT VICE PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARY RANDOLPH BALLINGER</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN W. BARRIGER IV</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RONALD L. BATORY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAROLINE M.C. BEAN</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARBARA BRYANT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUTH A. BRYANT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3RD ASSISTANT VICE PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JAMES H. BUFORD</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPENCER BURKE</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARIE A. CASEY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUZANNE CORBETT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>1ST ASSISTANT VICE PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

232172 01-11-13

Form 990-EZ (2012) 2012.05000 ST. LOUIS MERCANTILE LIBRARY 4559-001
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes  No  

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Yes  No  

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes  No  

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Yes  No  

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Yes  No  

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Yes  No  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

Yes  No  

37b Did the organization file Form 1120-POL for this year?

Yes  No  

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes  No  

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

Yes  No  

b Gross receipts, included on line 9, for public use of club facilities

Yes  No  

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

Yes  No  

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

Yes  No  

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

Yes  No  

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Yes  No  

41 List the states with which a copy of this return is filed:  NONE

42a The organization's books are in care of  ROBERT MAYO

Telephone no. 314-516-5878

Located at 1 UNIVERSITY BLVD 324 WOODS HALL, ST. LOUIS, MO 63121

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Yes  No  

if "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Yes  No  

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Yes  No  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Yes  No  

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes  No  

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes  No  

44c Did the organization receive any payments for indoor tanning services during the year?

Yes  No  

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes  No  

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes  No  

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes  No  

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10511115 132842 4559-00 2012.05000 ST. LOUIS MERCANTILE LIBRAR 4559-001
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
   Yes No
   If "Yes," complete Schedule C, Part I
   46 X

Part VI  Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
   47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
   48 X

49a Did the organization make any transfers to an exempt non-charitable related organization?
   49a X

   b If "Yes," was the related organization a section 527 organization?
   49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000

<table>
<thead>
<tr>
<th>Name and title of each employee paid more than $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

(b) Average hours per week devoted to position

<table>
<thead>
<tr>
<th>Average hours per week devoted to position</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

(c) Reportable compensation (Forms W-2/1099-MISC)

<table>
<thead>
<tr>
<th>Reportable compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

<table>
<thead>
<tr>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

(e) Estimated amount of other compensation

<table>
<thead>
<tr>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

51 Total number of other employees paid over $100,000

Total number of other employees paid over $100,000

52 Did the organization complete Schedule R? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule R
   Yes No

Signature or officer

ASSISTANT TREASURER

Type or print name and title

JAMES R. RITTS

Preparer's signature

Date

Check if self-employed

PTIN

P00362910

Firm's EIN

43-0765316

Firm's address

ONE NORTH BRENTWOOD

SAINT LOUIS, MO 63105

Phone no.

(314) 290-3300

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2012)
### Public Charity Status and Public Support

**2012**

**Name of the organization:** ST. LOUIS MERCANTILE LIBRARY ASSOCIATION  
**Employer identification number:** 43-0694564

#### Part I  Reason for Public Charity Status

1. ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. ☐ 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:
5. ☐ 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).
7. ☐ 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)(v). (Complete Part II.)
8. ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. ☐ 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.)
10. ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. ☒ 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 that describes the type of supporting organization and complete lines 11e through 11h.

- a ☒ Type I
- b ☐ Type II
- c ☐ Type III - Functionally Integrated
- d ☐ Type III - Non-functionally Integrated

**e:** By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f:** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: ☐

**g:** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- i (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

**h:** Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
</table>
| **UNIV. OF MO**  
- ST. LOUIS  
43-600385902 | ☒ X | ☐ X | ☐ X | ☐ X | ☐ Yes | ☐ No | 19,000. |
| Total 1 | | | | | | | 19,000. |

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 % |        |        |        |        |        |
| Public support percentage from 2011 Schedule A, Part II, line 14 | 15 % |        |        |        |        |        |

16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  
16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
**Section A. Public Support**

Calendar year (or fiscal year beginning in)  

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public support (portion to be line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

Calendar year (or fiscal year beginning in)  

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10a, 11, and 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2011 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D. Computation of Investment Income Percentage**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23023 12-04-12

10511115 132842 4559-00

2012.050000 ST. LOUIS MERCANTILE LIBRAR 4559-001
Supplemental Information to Form 990 or 990-EZ

2012

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

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Name of the organization

Employer identification number

43-0694564

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: 

AMOUNT:

OTHER INVESTMENTS

19,776.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SUPPORT FOR ST. LOUIS MERCANTILE LIBRARY

GRANTEE NAME: UNIVERSITY OF MISSOURI - ST. LOUIS

GRANTEE ADDRESS: ONE UNIVERSITY BLVD ST. LOUIS, MO 63121

AMOUNT GIVEN:

19,000.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

CHANGE IN COMPUTATION OF BOOK VALUE

5,148.

STARTING JULY 1, 2012 THE UNIVERSITY OF MISSOURI TREASURER'S OFFICE

CHANGED THE METHOD BY WHICH BOOK VALUE IS COMPUTED. GOING FORWARD BOOK VALUE WILL BE CHANGED BY ACTUAL ADDITIONAL PURCHASES, OR SALE, OF UNITS.

OTHER TRANSACTIONS WITHIN THE FUND SUCH AS INVESTMENT INCOME, REALIZED AND UNREALIZED GAINS OR LOSSES WILL NOT AFFECT BOOK VALUE COMPUTATION.

THIS CREATED A $5,148 CHANGE IN NET ASSETS.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT AND ADVISE THE ST. LOUIS MERCANTILE LIBRARY AT THE UNIVERSITY OF MISSOURI - ST. LOUIS.
<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (if paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA H. EARLY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>RON ELZ</td>
<td>1.00</td>
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</tr>
<tr>
<td>PETER A. FANCHI III</td>
<td>1.00</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BETTY FARRELL</td>
<td>1.00</td>
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<tr>
<td>SCOTT GALT</td>
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<tr>
<td>PATRICIA HANNUM</td>
<td>1.00</td>
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</tr>
<tr>
<td>A. CHARLES HIEMENZ III</td>
<td>1.00</td>
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</tr>
<tr>
<td>CHRISTY JAMES</td>
<td>1.00</td>
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<td>0.</td>
</tr>
<tr>
<td>JODY JONES</td>
<td>1.00</td>
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<tr>
<td>DAVE JUMP</td>
<td>1.00</td>
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<td>0.</td>
<td>0.</td>
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<tr>
<td>PETER J. KASTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAULA KEINATH</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>CROSBY KEMPER III</td>
<td>1.00</td>
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<tr>
<td>HARRY LANGENBERG</td>
<td>1.00</td>
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<tr>
<td>ANNE LENERS</td>
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<tr>
<td>DAVID MASON</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>SECRETARY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HUGH MCPHEETERS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CYNTHIA B. MEDART</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN J. MEIER III</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ROBERT MORRISSEY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>RICHARD L. NIX, JR.</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>RUSSELL PERRY</td>
<td>1.00</td>
<td>0.</td>
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<td>0.</td>
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<tr>
<td>WILLIAM R. PIPER</td>
<td>1.00</td>
<td>0.</td>
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<td>0.</td>
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<tr>
<td>CHARLES P. REAY</td>
<td>1.00</td>
<td>0.</td>
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<td>0.</td>
</tr>
<tr>
<td>TOM REH</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JAMES E. SCHIELE</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Name and title</td>
<td>Average hours per week devoted to position</td>
<td>Reportable compensation (Form W-2/1099-MISC)</td>
<td>Health benefits, contributions to employee benefit plans, and deferred compensation</td>
<td>Estimated amount of other compensation</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>CELESTE SPRUNG</td>
<td>1.00</td>
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<td>0.</td>
</tr>
<tr>
<td>SUSANNE VALDEZ</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHARLES D. VAN DYKE</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN WRIGHT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ROBERT MAYO</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ASSIST. TREAS. NON-VOTING</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

Form 8868
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box □

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Name of exempt organization or other filer, see instructions.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Employer identification number (EIN) or

43-0694564

Social security number (SSN)

ONE UNIVERSITY BLVD, 324 WOODS HALL

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SAINT LOUIS, MO 63121-4400

Enter the Return code for the return that this application is for (file a separate application for each return)

Add any additional comments or questions about this application that are not answered in the instructions.

Application

Return Code

Is For

Application

Is For

Return Code

Form 990 or Form 990-EZ

01

Form 990-T (corporation)

07

Form 990-BL

02

Form 1041-A

08

Form 4720 (individual)

03

Form 4720

09

Form 990-PF

04

Form 5227

10

Form 990-T (sec. 401(a) or 408(a) trust)

05

Form 6069

11

Form 990-T (trust other than above)

06

Form 8870

12

ROBERT MAYO

The books are in the care of 1 UNIVERSITY BLVD 324 WOODS HALL - ST. LOUIS, MO 63121

Telephone No. © 314-516-5878

FAX No. ©

- If the organization does not have an office or place of business in the United States, check this box □

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

□ calendar year _______ or

□ tax year beginning JUL 1, 2012 _______ and ending JUN 30, 2013 _______.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

□ Initial return □ Final return □ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b $ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c $ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Name of exempt organization

ROBERT J. MAYO II
ASSISTANT TREASURER

Name and title of officer

Employer identification number
43-0694564

Part I
Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here X b Total revenue, if any (Form 990-EZ, line 9) 2b 19776
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II
Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software used for payment of a person's federal taxes owed on this return, and the financial institution to debit the entry to that account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

□ I authorize RUBINBROWN LLP to enter my PIN 63105

□ I do not authorize

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature □ Date □

Part III
Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43400343076
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature □ Date □

EROS Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2012)
APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2014.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.