

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Under section 501(c), 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 controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other 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.

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. LOUIS MERCANTILE LIBRARY ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite ONE UNIVERSITY BLVD, 324 WOODS HALL City or town, state or country, and ZIP + 4 SAINT LOUIS, MO 63121-4400	D Employer identification number 43-0694564 E Telephone number (314) 516-7240 F Group Exemption Number ▶
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ WWW.UMSL.EDU/MERCANTILE/		
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

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 ▶ \$ 30,264.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income ATCH 1	4	30,264.
	5 a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	30,264.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,100.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,600.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	20,700.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,564.
	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	427,427.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	436,991.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning 07/01, 2011, and ending 06/30, 2012

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions on back.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Employer identification number

43-0694564

Name and title of officer

ROBERT J MAYO II, ASSISTANT TREASURER

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-E0 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 ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	_____
2a	Form 990-EZ check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	<u>30,264.</u>
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	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 2011 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 acknowledgement 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 for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this 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 inquiries 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

8	6	2	3	9
---	---	---	---	---

 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 2011 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 ▶ 10/26/2011

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.

4	3	4	0	0	3	4	3	0	7	6
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	<input checked="" type="checkbox"/> X	Employer identification number (EIN) or
ST. LOUIS MERCANTILE LIBRARY ASSOCIATION		43-0694564
Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/>	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

• The books are in the care of ▶ ROBERT MAYO

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 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning 07/01, 2011, and ending 06/30, 2012.

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 \$
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 \$
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 \$

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

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



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: December 3, 2012

Taxpayer Identification Number:
43-0694564
Tax Form: 990
Tax Period: June 30, 2012

048126.132808.0182.005 1 SP 0.450 373



ST LOUIS MERCANTILE LIBRARY
% UNIVERSITY OF MISSOURI - ST LOUIS
ONE UNIVERSITY BLVD 324 WOODS HALL
SAINT LOUIS MO 63121

048126

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, 2013**.

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.

Form 990-EZ (2011)

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 X

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 . . . X

What is the organization's primary exempt purpose? ATTACHMENT 3

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table with 3 columns: Description, Expense amount, Expense label. Row 28: PROVIDE SUPPORT FOR ST. LOUIS MERCANTILE LIBRARY. (Grants \$ 19,000). Row 32: Total program service expenses (add lines 28a through 31a) 19,000.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: ATTACHMENT 6

Form 990-EZ (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and tax shelter transactions. Includes fields for amounts, dates, and state information.

JSA

Form 990-EZ (2011)

Form 990-EZ (2011)

	Yes	No
46		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

	Yes	No
47		X
48		X
49a		X
49b		

47 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

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

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

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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

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.

Sign Here	Signature of officer		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Check <input type="checkbox"/> if self-employed		PTIN P00362910
	Firm's name	RUBINBROWN LLP	Firm's EIN
	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 [X] Yes [] No

Form 990-EZ (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 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)(vi).** (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 - Other
- 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?

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									19,000.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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 with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test - 2011. 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; b 33 1/3% support test - 2010. 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 - 2011. 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; b 10%-facts-and-circumstances test - 2010. 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.

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES	(IV) NO	(V) YES	(V) NO	(VI) YES	(VI) NO	(VII) AMOUNT OF SUPPORT
UNIVERSITY OF MISSOURI - SAINT LOUIS	43-6003859	02	X		X		X		19,000.
TOTAL AMOUNT OF SUPPORT									<u>19,000.</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

GRANTS PAID

PART I, LINE 10

GRANTS PAID INCLUDE THE FOLLOWING:

UNIVERSITY OF MISSOURI - ST. LOUIS \$19,000

ONE UNIVERSITY BLVD

ST. LOUIS, MO 63121

PURPOSE: SUPPORT FOR ST LOUIS MERCANTILE LIBRARY

RELATIONSHIP: SUPPORTED ORGANIZATION

ST. JOHN'S UNITED METHODIST CHURCH \$100

7372 MARINE RD

EDWARDSVILLE, IL 62025

PURPOSE: MEMORIAL

RELATIONSHIP: NONE

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

OTHER INVESTMENTS

30,264.

TOTAL

30,264.

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

ATTACHMENT 2FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	47.	56.
INVESTMENTS - SECURITIES	427,380.	436,935.
TOTALS	<u>427,427.</u>	<u>436,991.</u>

ATTACHMENT 3FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPORT AND ADVISE THE ST. LOUIS MERCANTILE LIBRARY AT THE UNIVERSITY OF MISSOURI - ST. LOUIS. OF MISSOURI - ST. LOUIS.

ATTACHMENT 4FORM 990EZ, PART V - EXPLANATION FOR SIGNIFICANT CHANGES MADE TO ORGANIZING DOCUMENTS

THE FOLLOWING CHANGES WERE MADE TO THE BYLAWS DURING FISCAL YEAR 2012:

1. ADDITION OF ARTICLE XVI - CREATION OF THE ST. LOUIS MERCANTILE LIBRARY ART MUSEUM BOARD OF GOVERNORS
2. ADDITION OF ARTICLE V(D) - APPOINTMENT OF EX OFFICIO DIRECTORS. THIS ARTICLE PERMITS THE APPOINTMENT OF UNIVERSITY OF MISSOURI EMPLOYEES TO THE BOARD OF DIRECTORS AS NON-VOTING MEMBERS BY THE CHANCELLOR.

ATTACHMENT 5FORM 990EZ, PART V - LOCATION OF BOOKS IN CARE

ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
CAROL GRUEN ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
JANE P GLEASON ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	SECRETARY 1.00	0	0	0
MARSHALL HIER ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	COUNSEL 1.00	0	0	0
DONALD K ANDERSON JR ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	PRESIDENT 1.00	0	0	0
JOHN W BARRIGER IV ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
BETTY FARRELL ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
MARY RANDOLPH BALLINGER	DIRECTOR			

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
JAMES H BUFORD	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
PETER A FANCHI III	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
MARIE A CASEY	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
IDA H EARLY	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
HUGH MCPHEETERS	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
JODY JONES	DIRECTOR			
	1.00	0	0	0

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
RUTH A BRYANT	3RD ASSISTANT VICE PRESIDENT			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
DAVID MASON	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
SUZANNE CORBETT	1ST ASSISTANT VICE PRESIDENT			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
SHERYL ANDREWS	2ND ASSISTANT VICE PRESIDENT			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
CYNTHIA B MEDART	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
RON ELZ	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
CHRISTY F JAMES ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
TOM REH ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
PETER KASTOR ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	VICE PRESIDENT 1.00	0	0	0
HARRY LANGENBERG ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
ROBERT MORRISSEY ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	TREASURER 1.00	0	0	0
JAMES E SCHIELE ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
CELESTE SPRUNG	DIRECTOR			

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
JOHN A WRIGHT	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
RONALD L BATORY	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
CROSBY KEMPER III	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
ROBERT ARCHIBALD	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
CAROLINE M C BEAN	DIRECTOR			
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	1.00	0	0	0
BARBARA BRYANT	DIRECTOR			
	1.00	0	0	0

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564
ATTACHMENT 6 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
SCOTT GALT	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
PAULA KEINATH	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
ANNE LENERS	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
RUSSELL PERRY	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
WILLIAM PIPER	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
CHARLES REAY	DIRECTOR			
	1.00	0	0	0
ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
ROBERT MAYO ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	ASSISTANT TREASURER 1.00	0	0	0
CHARLES D VAN DYKE ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0	0	0
GRAND TOTALS		<u>0</u>	<u>0</u>	<u>0</u>