Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 തെര

	• •		Under section 501(c), 527,				ue Code (excep	ot bla	ck lung	Open to	
	artment of nal Revenu	the Treasury ie Service	► The organization may h	penefit trust or prive have to use a copy of t			y state reporting re	equirer	nents.	Inspec	
			ndar year, or tax year beginning	07/02	1 , 2006	S, and er	nding	06.	/30/200	-	
_	Address change Name chan Initial return Final return Amended	Please use IRS label or print or type. See Specific	C Name of organization ST. LOUIS MERCANTILE Number and street (or P.O. box UNIVERSITY OF MISSOUR City or town, state or country, and	LIBRARY ASSOC (if mail is not delivered I - ST. LOUIS and ZIP + 4	IATIO to street	N	Room/suite	D En 43- E Te (3:	nployer ident -069456 elephone nun	ification nu 4 nber 7240	Accrual
G	return Application pending	• Se tru	SAINT LOUIS, MO 63121 ection 501(c)(3) organizations and usts must attach a completed School UMSL.EDU/MERCANTILE/	1947(a)(1) nonexempt		ole	H and I are not app H(a) Is this a grou H(b) If "Yes," enter	p return	for affiliates?	27 organizat	ions. X No
K	Check here	re normally	eck only one) X 501(c) (3) (1 c) (3) (3 c) (4 c) if the organization is not a 509(a) (3 c) not more than \$25,000. A return is not a to file a complete return.	3) supporting organizati	on and i	-	H(c) Are all affiliate (If "No," attact	h a list. te return vered by otion Nu	See instruction filed by an a group ruling?	Yes	X No
			nes 6b, 8b, 9b, and 10b to line 12 Expenses, and Changes in Net A	Assets or Fund Bala	43,6 nces(Se		to attach Sch		-		•
	a b c d e 2 3	Contribution Direct pub Indirect pub Governme Total (add line Program s Membersh Interest on	ons, gifts, grants, and similar amount ons to donor advised funds lic support (not included on line 1a) ablic support (not included on line 1a) nt contributions (grants) (not include so 1a through 1d) (cash \$ ervice revenue including government ip dues and assessments a savings and temporary cash investment interest from securities	d on line 1a) noncash t fees and contracts (fr	1b 1c 1d \$ om Part \			1e 2 3 4 5		43	3,608.
Revenue	6 a	Gross rents Less: renta Net rental Other inve Gross amouthan inven Less: cost Gain or (lo		m line 6a	6a 6b 8a 8b 8c			6c 7			
	9 a	Special evenues of the Gross reve	ents and activities (attach schedule). enue (not including \$ ons reported on line 1b).	If any amount is from of		check her	e ▶ 🗌	ou			

	b	Less: direct expenses other than fundraising expenses 9b		
	С	Net income or (loss) from special events. Subtract line 9b from line 9a	9с	
	10 a	Gross sales of inventory, less returns and allowances10a		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	43,608.
	13	Program services (from line 44, column (B))		
ses	14	Management and general (from line 44, column (C))		
Expenses	15	Fundraising (from line 44, column (D))		
Exp	16	Payments to affiliates (attach schedule)		
	17	Total expenses. Add lines 16 and 44, column (A)	17	25,775.
ts	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	17,833.
Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	448,175.
¥ A	20	Other changes in net assets or fund balances (attach explanation)	20	

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

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Pa	rt II		-	-		and (D) are required for s sts but optional for others	
		ot include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a		paid from donor advised funds (attach schedule)			Services	and general	
	(cash \$	noncash \$)					
		amount includes foreign grants, here	22a				
22b		grants and allocations (attach schedule)					
	(cash \$	amount includes foreign grants,)					
	check	here	22b	25,000.	25,000.	STMT 2	
23		cific assistance to individuals	23				
24		ch schedule)	23				
24		efits paid to or for members	24				
25a		ch schedule) pensation of current officers,					
		tors, key employees, etc. listed in					
		V-A (attach schedule)	25a	NONE			
b		pensation of former officers,		1,01,2			
		tors, key employees, etc. listed in					
	Part '	V-B (attach schedule)	25b				
С		ensation and other distributions, not includ-					
		ove, to disqualified persons (as defined section 4958(f)(1)) and persons described					
	in sect	tion 4958(c)(3)(B) (attach schedule)	25c				
		ries and wages of employees not					
		ded on lines 25a, b, and c	26				
	Pens	•	27				
		ded on lines 25a, b, and c loyee benefits not included on	27				
20	-	25a - 27	28				
29		oll taxes	29				
30	Profe	essional fundraising fees	30				
		unting fees	31	775.		775.	
32	Lega	l fees	32				
		olies	33				
34	Telep	phone	34				
		age and shipping	35				
		ıpancy	36				
		oment rental and maintenance	37				
		ing and publications	38				
		9	39				
		erences, conventions, and meetings .est	40				
		eciation, depletion, etc. (attach schedule)	42				
	-	expenses not covered above (itemize):					
			43a				
b			43b				
С			43c				
d			43d				
е			43e				
f			43f				
g		functional expenses. Add lines 22a	43g				
44	throug	gh 43g. (Organizations completing ons (B)-(D), carry these totals to lines					
	colum	ins (B)-(D), carry these totals to lines	44	25,775.	25,000.	775.	
Joir		sts. Check ▶ if you are follow			25,000.	//5.	
		int costs from a combined educational	·		citation reported in (B) Pro	ogram services?	► Yes X No
		nter (i) the aggregate amount of these jo				ated to Program services	
(iii) t	he am	nount allocated to Management and ger	neral \$	<u> </u>	; and (iv) the amount a	Ilocated to Fundraising \$, ,
						-	E 000 (2222)

JSA 6E1020 2.000

									00010
Part	III State	mant of	Progra	m Sar	vica Accom	nlichmante	(See the instructions.)	
· ait	Otate	illicit of	ı rogra	00.	VICE ACCOIN	phomicino	Occ the manachons.	/	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All of o	organization's primary exempt purpose? SEE STATEMENT 3 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4 anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.	(4) orgs., and 4947(a)(1)
a	SUPPORT OF ST.LOUIS MERCANTILE LIBRARY	Switter,
b	(Grants and allocations \$ 25,000.) If this amount includes foreign grants, check here ▶	25,000.
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	25,000.

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Ρ	art IV	Balance Sheets (See the instructions.)			
ī	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	7,109	45	2,813
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable 47a			
		Less: allowance for doubtful accounts 47b		47c	
		Pledges receivable			
	1	Less: allowance for doubtful accounts		48c	
		Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and		50a	
	h	key employees (attach schedule) Receivables from other disqualified persons (as defined under section		Sua	
	~	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
ets		schedule)			
Assets	b	Less: allowance for doubtful accounts 51b		51c	
1	52	Inventories for sale or use		52	
	1	Prepaid expenses and deferred charges		53	
		Investments - publicly-traded securities STMT 4 ▶ X Cost FMV	441,066		463,195
		Investments - other securities (attach schedule) Cost FMV		54b	
	55a	Investments - land, buildings, and			
	h	equipment: basis Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis 57a			
		Less: accumulated depreciation (attach			
		schedule)57b		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	448,175		466,008
		Accounts payable and accrued expenses		60	
	61 62	Grants payable		62	
"		Loans from officers, directors, trustees, and key employees (attach		02	
ij		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ë	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
_	66	Total liabilities. Add lines 60 through 65		66	
	Orga	67 through 69 and lines 73 and 74.			
Se	67	Unrestricted	448,175	67	466,008
ănc	68	Temporarily restricted	110/1/0	68	100,000
3al	69	Permanently restricted		69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
or F	70	Capital stock, trust principal, or current funds		70	
ts c	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ę	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Š		70 through 72. (Column (A) must equal line 19 and column (B) must			
	_	equal line 21)	448,175		466,008
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	448,175	. 74	466,008

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Pa	Reconciliation of Revenue per Audited Fi instructions.)	nancial Statemer	nts With Revenu		e the
а	Total revenue, gains, and other support per audited finance	ial statements		a	
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities				
3	Recoveries of prior year grants		b3		
4	Other (specify):				
	Add lines b1 through b4				
С	Subtract line b from line a			C	
d	Amounts included on Part I, line 12, but not on line a:		امما		
1	Investment expenses not included on Part I, line 6b				
2	Other (specify):				
	Add lines d1 and d2			d	
е	Total revenue (Part I, line 12). Add lines c and d			▶ e	
Pa	art IV-B Reconciliation of Expenses per Audited F				
a	Total expenses and losses per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20		ll		
3	Losses reported on Part I, line 20		1 1		
4	Other (specify):				
•					
	Add lines b1 through b4			b	
С	Subtract line b from line a				
d	Amounts included on Part I, line 17, but not on line a:		1 1		
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):				
•	Add lines d1 and d2			d	
e •≥	art V-A Current Officers, Directors, Trustees, and				r director trustee
Г	or key employee at any time during the year evel	• • •	•		i, director, trustee,
		(B)	(C) Compensation	(D) Contributions to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plans & deferred compensation plans	and other allowances
		week devoted to position	-0)	compensation plans	
	E STATEMENT 5		NON	E NONE	NONE
<u> 26</u>	E STATEMENT S		NON.	E NOME	NONE
_					
_					
		-			
_					
		-			
		1			
		1			
		1			
		1			

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orm 9	90 (2006)		43-069456	4			Page 6
Par	t V-A Current Officers, Directors, Trustees, and Ke	y Employees (con	tinued)			Yes	No
75a	Enter the total number of officers, directors, and trustee meetings	s permitted to vote	on organization ▶	business at board			
b	Are any officers, directors, trustees, or key employees liemployees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies	compensated prof related to each ot	fessional and o ther through fa	ther independent mily or business	75b		Х
С	Do any officers, directors, trustees, or key emplo compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are the definition of "related organization.".	I, or highest comp II-A or II-B, received related to the orga	pensated profes e compensation anization? See th	ssional and other from any other ne instructions for	75c		X
Ч	If "Yes," attach a statement that includes the information of Does the organization have a written conflict of interest po	described in the instr	uctions.	r	75d		х
	(If any former officer, director, trustee, or key emp the year, list that person below and enter the amount instructions.)	ey Employees The	at Received C	ompensation or (Other ed belo	ow) di	efits uring
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expense of and of and of an and an and an an and an	other
		0	-0-	-0-	-0-		
		-					
Par	t VI Other Information (See the instructions.)	-				Yes	No
76	Did the organization make a change in its activities or	methods of conduc	cting activities?	If "Yes," attach a	76		v
77	detailed statement of each change Were any changes made in the organizing or governing d				76 77		X X
	If "Yes," attach a conformed copy of the changes.						
	Did the organization have unrelated business gross ince this return?				78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b	N/	A
79	Was there a liquidation, dissolution, termination, or sub a statement				79		Х
80a	Is the organization related (other than by association v common membership, governing bodies, trustees, o organization?	fficers, etc., to an	ny other exemp	ot or nonexempt	80a		х
b	If "Yes." enter the name of the organization N/A						
	N/AEnter direct and indirect political expenditures. (See line 8	and check wheth	er it is exemp	ot or nonexempt			
	Did the organization file Form 1120-POL for this year?	,			81b		Х
			· · · · · · · · · · · · · · · · · · ·				_

Form 990 (2006) 43-0	694564		F	Page 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment,	or facilities at no charge			
or at substantially less than fair rental value?		82a	х	
b If "Yes," you may indicate the value of these items here. Do not include this amount				
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b			
83a Did the organization comply with the public inspection requirements for returns and exemption applicati	ons?	83a	Х	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83b	х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	N/	<u>—</u> А
b If "Yes," did the organization include with every solicitation an express statement				
gifts were not tax deductible?		84b	N/	A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a	N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h bel				
received a waiver for proxy tax owed for the prior year.	· ·			
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add				
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other	51, 55			
sources against amounts due or received from them.)	87b N/A			
88 b At any time during the year, did the organization own a 50% or greater interest in				
partnership, or an entity disregarded as separate from the organization under Regulations sections	·			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		х
b At any time during the year, did the organization, directly or indirectly, own a c	ontrolled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI		88b		х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
section 4911 ► NONE ; section 4912 ► NONE ; section 4955	NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958				
during the year or did it become aware of an excess benefit transaction from a p				
a statement explaining each transaction	•	89b		х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				••
costings A012 A055 and A059	NONE			

Yes

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No

89e

Telephone no. ► <u>314</u>-516-5878

g For

90 a List the states with which a copy of this return is filed

91 a The books are in care of ►_ROBERT MAYO

and Financial Accounts.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶

supporting organizations and sponsoring organizations maintaining donor advised

at any time during the year?

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

transaction?

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter

f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings

Located at ► ONE UNIVERSITY BOULEVARD, 324 WOODS HALL ST. LOUIS, MO ZIP+4 ► 63121

a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

Form 990 (2006) 43-0694564 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income (E) Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise Related or indicated (**B**) Amount (A) (C) (D) exempt function Exclusion code Amount 93 Program service revenue: income С f Medicare/Medicaid payments g Fees and contracts from government agencies ... Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities . . 14 43,608. Net rental income or (loss) from real estate: a debt-financed property **b** not debt-financed property Net rental income or (loss) from personal property 98 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events ... 102 Gross profit or (loss) from sales of inventory Other revenue: a b 104 Subtotal (add columns (B), (D), and (E)) . . 43,608. 43,608. Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ▼ Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions. Name, address, and EIN of corporation, Percentage of Nature of activities Total income partnership, or disregarded entity ownership interest % % %

| % | Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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No

X No

Yes

Yes

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part 2			g Transfers To and From (ization as defined in section			only if the organization		
106			tion make any transfers to a cete the schedule below for ea			ction 512(b)(13) of	Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	D	(C) escription of transfer	(D) Amount of tran	nsfer	
a								
b								
c								
		Totals						
107			tion receive any transfers fro r f "Yes," complete the schedul				Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) escription of transfer	(D) Amount of tran	ısfer	
a								
b								
c _								
		Totals						
108		-	a binding written contract in e ties described in question 107	_	ust 17, 2006, coveri	ing the interest,	Yes	No X
Pleas Sign	se		I declare that I have examined this r ct, and complete. Declaration of prep				•	•
Here		Type or print name an	d title		Bate			
Paid Prepa	rer's	Preparer's signature		Date	Check if self-employed	Preparer's SSN or PTIN (See G	Gen. Inst.	X)
Use O		Firm's name (or yours if self-employed), address, and ZIP + 4	RUBINBROWN LLP ONE NORTH BRENTWOO	D		Phone no. ► 43-0765		
			SAINT LOUIS, MO		63105		m 990	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service Employer identification number

(a) Name and address of each employee paid more than \$50,000	(b) Title and average he per week devoted to po		(c) Compensation	(d) Contributions to employee benefit plan	ns & account and other
ONE	P			deferred compensat	ion allowances
<u></u>					
	-				
	-				
al number of other employees paid over \$50,000 >					
cart II-A Compensation of the Five Highe (See page 2 of the instructions. List of	st Paid Independ	lent (Contractors t	or Professional	al Services e enter "None ")
(a) Name and address of each independent contractor paid		inaivi	(b) Type of se		(c) Compensation
NE					
al number of others receiving over \$50,000 for fessional services	NONE				
(List each contractor who performed firms. If there are none, enter "None.	d services other tha	n pro	fessional servi		
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of se	vice	(c) Compensation
NE					
NE					

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

Schedule A (Form 990 or 990-EZ) 2006 43-0.6945.64 Page 2

OUTIC	43-0094304		age =
Pa	statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	x
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	2 a	x
b	Lending of money or other extension of credit?	2 b	x
С	Furnishing of goods, services, or facilities?	2 c	x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	x
е	Transfer of any part of its income or assets?	2 e	x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3 a	х
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b	<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c	х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d	x
4a b		4a 4b N/	X /A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c N	A
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		NONE

Schedule A (Form 990 or 990-EZ) 2006 43-0694564 Page **3**

Part IV	Reason for Non-Private Fo	undation Statu	s (See pages 4 thr	ough 7 of the	e instructions.	.)
certify that	t the organization is not a private foundati	on because it is: (Plea	ase check only ONE app	licable box.)		
5 /	A church, convention of churches, or ass	ociation of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also co	omplete Part V.)				
7	A hospital or a cooperative hospital service	ce organization. Section	on 170(b)(1)(A)(iii).			
8	A federal, state, or local government or g	overnmental unit. Sec	ction 170(b)(1)(A)(v).			
	A medical research organization operated and state ▶	•)(1)(A)(iii). Ente	er the hospital's	name, city,
	An organization operated for the benefit of (Also complete the Support Schedule in F	-	rsity owned or operated	by a governmen	tal unit. Section 1	70(b)(1)(A)(iv).
	An organization that normally receives a 170(b)(1)(A)(vi). (Also complete the Supp	·		rnmental unit o	or from the gene	eral public. Section
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the	e Support Schedule in F	Part IV-A.)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	An organization that normally receives: (1 from activities related to its charitable, e from gross investment income and un by the organization after June 30, 1975. An organization that is not controlled the requirements of section 509(a)(3).	tc., functions - subject., functions - subject text for s	ect to certain exceptions kable income (less sec). (Also complete the Sup lied persons (other tha	s, and (2) no mation 511 tax) sport Schedule in foundation	from businesse in Part IV-A.)	3% of its support s acquired by the
[X Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other	
	Provide the following information	about the supported	organizations. (See pag	je 7 of the instru	uctions.)	
Nam	(a) ne(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizati the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support
				Yes	No	
SEE	E STATEMENT 12					
otal						25,000.
	on organization organized and operated to					

Schedule A (Form 990 or 990-EZ) 2006 43-0694564 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE Calendar year (or fiscal year beginning in) (d) 2002 (a) 2005 **(b)** 2004 (c) 2003 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 Line 23 minus line 17. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE > 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c ___ 19 d Add: Amounts from column (e) for lines: 18 _____ 26b __ 22 e Public support (line 26c minus line 26d total) ▶ f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2005) _____ (2004) ____ (2003) ____ (2003) ____ (2002) ____ For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) ____ (2003) ____ (2002) ____ Add: Amounts from column (e) for lines: 15 d Add: Line 27a total h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLI	<u> </u>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	20		
24	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
		32b		
С	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you are usual White the second should be a second size of the second			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
_	Employment of faculty or administrative staff?	33c		
·	Employment of faculty or administrative staff?	330		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
~	Athletic programs?	22~		
y	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
210	Does the organization receive any financial aid or assistance from a governmental agency?	240		
34 d	Does the organization receive any infancial aid of assistance norm a governmental agency:	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	- -			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sch	edule A (Form 990 or 990-	,			13-0694564			Page 6
Pa		xpenditures by Electric pleted ONLY by an						. T. E.
Che		zation belongs to an affi						trol" provisions apply.
	1 1	imits on Lobbying			Affili	(a) ated grou		(b) To be completed
	(The term	"expenditures" means	s amounts paid or incu	rred.)		totals		for all electing organizations
36	Total lobbying expendi	tures to influence pub	lic opinion (grassroots	s lobbying)	36			
37	Total lobbying expendi	tures to influence a le	gislative body (direct	lobbying)	37			
38	Total lobbying expendi	tures (add lines 36 an	id 37)		38			
39	Other exempt purpose	expenditures			39			
40	Total exempt purpose	expenditures (add line	es 38 and 39)		40			
41		mount. Enter the amo	ount from the following	table -				
	If the amount on line	40 is - The lo	bbying nontaxable ar	nount is -				
	Not over \$500,000							
	Over \$500,000 but not over			(
	Over \$1,000,000 but not over				41			
	Over \$1,500,000 but not over							
42	Over \$17,000,000 Grassroots nontaxable	\$1,000 a amount (enter 25% c	,000 of line 41)		42			
42 43	Subtract line 42 from I	ine 36 Enter -0- if line	42 is more than line		43			
44	Subtract line 41 from I				44			
	Cubitact line 47 from 1	ino oo. Entor o ir iiro			77			
	Caution: If there is an	amount on either line	43 or line 44, you mus	st file Form 4720.				
			Averaging Period		501(h)			
	(Some organizat	ions that made a sect				e five col	umns	below.
		See the instruction	ons for lines 45 throug	h 50 on page 13	of the instruc	tions.)		
			Lobbying Expendi	tures During 4	-Year Averag	jing Pe	riod	
	Calendar year (or fiscal	(a)	(b)	(c)		(d)		(e)
	year beginning in)	2006	2005	2004		2003		Total
	Lobbying nontaxable							
45	amount							
	Lobbying ceiling amount							
46	(150% of line 45(e))							
47								
4/	Total lobbying expenditures							
40	Grassroots nontaxable							
40	amount							
49	(150% of line 48(e))							
	Grassroots lobbying							
50	expenditures							
Pa	rt VI-B Lobbying A	ctivity by Nonelect	ing Public Charities		CON	' APPI	ICAB	LE
	(For report	ing only by organiza	tions that did not co	mplete Part VI-	A) (See page	2 13 of 1	the ins	structions.)
	ing the year, did the organ	·		-	ing any	Yes	No	Amount
	mpt to influence public opi							Amount
а	Volunteers Paid staff or managem							
C						•		
	Mailings to members,	iegisiators, or the publ	IIC			-		
e	′ '							
T 	Grants to other organi. Direct contact with leg			r a legislative hod				
g h	Rallies, demonstration							
11 i	Total lobbying expendi							
'	If "Yes" to any of the a	bove, also attach a st	ratement diving a deta	illed description o	of the lobbying	activities		
		, aa a oi	giving a acto	Ju ubboniption C				Form 990 or 990-EZ) 2006

6E1240 2.000

Sch	edule A (For	m 990 or 990-EZ) 2006		43-0694564		Page 7
Pa			Transfers To and Transactions an See page 13 of the instructions.)	d Relationships With Noncharitable	1	
51				owing with any other organization descri	bed in	section
_		,	, , , , ,		Г	Vac Na
а			ation to a noncharitable exempt organiz			Yes No
					1a(i)	X
					a(ii)	X
D	Other tran					
	(I) Sale	s or exchanges of assets w	vith a noncharitable exempt organization	⁷	b(i)	X
	(ii) Purc	hases of assets from a nor	ncharitable exempt organization		b(ii)	X
	(iii) Rent	al of facilities, equipment, o	or other assets		b(iii)	X
	(iv) Reim	ibursement arrangements			b(iv)	X
	(v) Loan	is or loan guarantees			b(v)	X
			mbership or fundraising solicitations		b(vi)	X
			ng lists, other assets, or paid employee		С	X
d		•		(b) should always show the fair market value of	f the	
	-			on received less than fair market value in any		
	transaction	or sharing arrangement, show	v in column (d) the value of the goods, other	assets, or services received:		
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and shar	ing arran	gements
1	N/A					
_						
52a	a Is the org	anization directly or indirec	tly affiliated with, or related to, one or	more tax-exempt organizations		
	described	d in section 501(c) of the C	ode (other than section 501(c)(3)) or i	n section 527? ▶	Yes	X No
I	b If "Yes,"	complete the following sche	edule:			
		(a)	(b)	(c)		
	Nar	ne of organization	Type of organization	Description of relationship	1	
	N/A	<u> </u>				

FORM	990,	PART	I -	DIVIDENDS	AND	INTEREST	FROM	SECURITIES

DESCRIPTION AMOUNT

UNIVERSITY POOLED FUND 43,608.

TOTAL 43,608.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION 43-0694564

DODM	000	DADIII	тт		OMITTED	CDANIMO	7 377	ALLOCATIONS	DATE	DITECTIO	mii	MEND
FURM	990.	PART	11	_	OTHER	GRANTS	AND	ALLOCATIONS	PAID	DURING	THE	YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

GRANTS PAID

MERCANTILE LIBRARY AT UMSL N/A SUPPORT OF MERCANTILE LIBRARY COLLECTION 25,000.

ONE UNIVERSITY BLVD PUBLIC CHARITY

ST. LOUIS, MO 63121

TOTAL CONTRIBUTIONS PAID 25,000.

STATEMENT 2

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

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

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE

UNIV. OF MO BALANCED POOL 463,195.

TOTALS 463,195.

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
ANNE S. MCALPIN UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	PRESIDENT	NONE	NONE	NONE
CAROL GRUEN UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	VICE-PRESIDENT	NONE	NONE	NONE
JANE P. GLEASON UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	SECRETARY	NONE	NONE	NONE
PHILIP H. LOUGHLIN III UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	TREASURER	NONE	NONE	NONE
MARSHALL HIER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	COUNSEL	NONE	NONE	NONE
DONALD K. ANDERSON, JR.	DIRECTOR	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
JOHN W. BARRIGER IV UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
WALTER F. BALLINGER, MD UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
BRUCE COONAN UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
BETTY FARRELL UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
SPENCER BURKE UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL	DIRECTOR	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SAINT LOUIS, MO 63121-4400				
BARRETT ERKER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
PETER A FANCHI, III UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
PETER GLEICH UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
DUDLEY GROVE UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
ELLEN JONES UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
PAULA KEINATH UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
KAY MICHAEL KRAMER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
THOMAS K. LANGSDORF UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
ROSELYN LOWENHAPUT UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
HUGH MCPHEETERS UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
MARTIN E GALT, III	DIRECTOR	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400				
LINDA RIEKES UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
CAROLE RITTER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	VICE PRESIDENT	NONE	NONE	NONE
ALLISON ROBERTS UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
CHRISTY HUBBARD UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
PRIS MCDONNELL UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL	DIRECTOR	NONE	NONE	NONE

 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
SAINT LOUIS, MO 63121-4400				
BLANCHE M. TOUHILL UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
RUTH A. BRYANT UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EMERITUS DIRECTOR	NONE	NONE	NONE
JOHN N. HOOVER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EX OFFICIO DIRECTOR	NONE	NONE	NONE
THOMAS F. GEORGE UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EX OFFICIO DIRECTOR	NONE	NONE	NONE
SCOTT WILSON UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT MAYO UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EX OFFICIO DIRECTOR	NONE	NONE	NONE
SCOTT WILSON UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(A) NAME(S) OF SUPPORTED ORGANIZATION(S)	(B) EIN	(C) TYPE OF ORGANIZATION	(D) LISTED IN DOC. YES NO	(E) AMOUNT OF SUPPORT
UNIVERSITY OF MISSOURI - ST. LOUIS		06		25,000.
TOTAL AMOUNT OF SUPPORT				25,000.