

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: ST. LOUIS MERCANTILE LIBRARY ASSOCIATION. D Employer identification number: 43-0694564. E Telephone number: (314) 516-7240. F Accounting method: Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.UMSL.EDU/MERCANTILE/

J Organization type (check only one) X 501(c) ( 3 ) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No X

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

I Group Exemption Number

M Check X if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 43,608.

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

Table with 21 rows and 4 columns. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue is 43,608. Total expenses are 25,775. Net assets at end of year are 466,008.

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

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, 10c, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			STMT 2	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 25,000. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	25,000.	25,000.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	NONE			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	775.		775.	
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> _____				
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	25,775.	25,000.	775.	

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

<p>What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> <u>SUPPORT OF ST. LOUIS MERCANTILE LIBRARY</u></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ <u>25,000.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p><u>25,000.</u></p>
<p><b>b</b></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ►</p>	<p><u>25,000.</u></p>

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	7,109.	<b>45</b>	2,813.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54a</b> Investments - publicly-traded securities <input checked="" type="checkbox"/> STMT <input type="checkbox"/> 4. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	441,066.	<b>54a</b>	463,195.
	<b>b</b> Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	<b>57c</b>		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	448,175.	<b>59</b>	466,008.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		<b>66</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	448,175.	<b>67</b>	466,008.
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	448,175.	<b>73</b>	466,008.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	448,175.	<b>74</b>	466,008.





Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91b regarding organizational activities, tax implications, and financial accounts.

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	RUBINBROWN LLP ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105		EIN <input type="checkbox"/> 43-0765316 Phone no. <input type="checkbox"/> 314-290-3300

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2006**

Name of the organization

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Employer identification number

43-0694564

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ NONE

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with contributors; 2a-e. Financial activities; 3a-d. Grants and services; 4a-c. Donor advised funds; 4d-f. Fund counts and values.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
SEE STATEMENT 12					
<b>Total</b> . . . . .					25,000.

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE... b Prepare a list for your records to show the name of and amount contributed by each person... c Total support for section 509(a)(1) test: Enter line 24, column (e)... d Add: Amounts from column (e) for lines: 18, 19, 22, 26b... e Public support (line 26c minus line 26d total)... f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified 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) (2002)

b 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)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21... d Add: Line 27a total and line 27b total... e Public support (line 27c total minus line 27d total)... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... g Public support percentage (line 27e (numerator) divided by line 27f (denominator))... h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 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.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	<b>41</b>	
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

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DESCRIPTION

AMOUNT

-----

-----

UNIVERSITY POOLED FUND

43,608.

-----

TOTAL

43,608.

=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID =====			
MERCANTILE LIBRARY AT UMSL ONE UNIVERSITY BLVD ST. LOUIS, MO 63121	N/A PUBLIC CHARITY	SUPPORT OF MERCANTILE LIBRARY COLLECTION	25,000.
		TOTAL CONTRIBUTIONS PAID	25,000.
			----- =====

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	ENDING BOOK VALUE
-----	-----
UNIV. OF MO BALANCED POOL	463,195.
TOTALS	----- 463,195. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
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

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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

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