

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

07/01, 2009, and ending

06/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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 UMSL - 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 . . . ▶

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.UMSL.EDU/MERCANTILE/

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 16,691.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	16,691.
	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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	16,691.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	20,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	2,200.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	
	17 Total expenses. Add lines 10 through 16	17	22,200.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,509.
	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	437,325.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	431,816.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	437,325.	22 431,816.
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	437,325.	25 431,816.
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	437,325.	27 431,816.

JSA
9E1008 3.000

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

Form **990-EZ** (2009)

8AY3WC 1315 11/29/2010 9:11:46 AM V 09-8.6

4559-00

PAGE 2

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **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.

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

**Type or
print**

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

Name of Exempt Organization

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

Employer identification number

43-0694564

Number, street, and room or suite no. If a P.O. box, see instructions.

UMSL - 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

Check type of return to be filed (file a separate application for each return):
☐
☐
☒
☐

Form 990

Form 990-BL

Form 990-EZ

Form 990-PF

☐
☐
☐
☐

Form 990-T (corporation)

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

Form 990-T (trust other than above)

Form 1041-A

☐
☐
☐
☐

Form 4720

Form 5227

Form 6069

Form 8870

- 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 will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or▶ ☒ tax year beginning 07/01, 2009, and ending 06/30, 2010.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form **8868** (Rev. 4-2009)

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

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 07/01, 2009, and ending 06/30, 2010▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions on back.****2009**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-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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	16,691.
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, line 3c)	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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 2009 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 2009 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 ▶ 11/29/2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit 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 2009 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.

Form **8879-EO** (2009)

Expenses


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

28 PROVIDE SUPPORT FOR ST. LOUIS MERCANTILE LIBRARY.


(Grants \$	20,000.) If this amount includes foreign grants, check here
------------	---------	--

28a

20,000.

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

29a

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

30a

31 Other program services (attach schedule)

[illegible]

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

31a

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

Sta	
32	

20,000.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
----------------------	--	--	---	--

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NONE REQUIRED		
42 a	The organization's books are in care of ▶ ROBERT MAYO Telephone no. ▶ 314-516-5878 Located at ▶ ATTACHMENT 7 ZIP + 4 ▶ 63121		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **NONE**

- 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 receiving over \$100,000 **NONE**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.
	RUBINBROWN LLP ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105		43-0765316	314-290-3300

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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?

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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	
ATTACHMENT 1									
Total									20,000.

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. 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		<input type="checkbox"/>
b 33 1/3 % support test - 2008. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other 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)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
UNIVERSITY OF MISSOURI - SAINT LOUIS	43-6003859	02	X		X		X		20,000.
TOTAL AMOUNT OF SUPPORT									<u>20,000.</u>

ATTACHMENT 2FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	16,691.
TOTAL	<u>16,691.</u>

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

ATTACHMENT 3

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

UNIVERSITY OF MISSOURI - ST. LOUIS
ONE UNIVERSITY BLVD
ST. LOUIS, MO 63121

N/A
PUBLIC CHARITY

SUPPORT FOR ST LOUIS MERCANTILE LIBRARY

20,000.

TOTAL CONTRIBUTIONS PAID

20,000.

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	88.	181.
INVESTMENTS - SECURITIES	437,237.	431,635.
TOTALS	<u>437,325.</u>	<u>431,816.</u>

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

ATTACHMENT 5

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

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

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CAROL GRUEN UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
JANE P. GLEASON UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	SECRETARY 1.00	0.	0.	0.
MARSHALL HIER UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	COUNSEL 1.00	0.	0.	0.
DONALD K. ANDERSON, JR. UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	PRESIDENT 1.00	0.	0.	0.
JOHN W. BARRIGER IV UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
BETTY FARRELL UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
SPENCER BURKE UMSL - ONE UNIVERSITY BLVD, 324 WOO	DIRECTOR 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SAINT LOUIS, MO 63121-4400				
BARRETT ERKER UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
PETER A FANCHI, III UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
PETER GLEICH UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
THOMAS K. LANGSDORF UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
HUGH MCPHEETERS UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
LINDA RIEKES UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CAROLE RITTER UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	VICE PRESIDENT 1.00	0.	0.	0.
RUTH A. BRYANT UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
SCOTT WILSON UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
BRUCE COONAN UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	TREASURER 1.00	0.	0.	0.
SUZANNE CORBETT UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
MARTIN E. GALT, III UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
JOHN N. HOOVER UMSL - ONE UNIVERSITY BLVD, 324 WOO	DIRECTOR 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SAINT LOUIS, MO 63121-4400				
THOMAS F. GEORGE UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
SHERYL ANDREWS UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
WATER BALLINGER M.D. UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
RON ELZ UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
CHRISTY F. JAMES UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
JOSEPHINE E. JONES UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
PETER KASTOR UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
HARRY LANGENBERG UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
ROBERT MORRISSEY UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
JAMES E. SCHIELE UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
CELESTE SPRUNG UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
JOHN A. WRIGHT UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
ROBERT MAYO UMSL - ONE UNIVERSITY BLVD, 324 WOO	INVITATION & ASST. TREASURER 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SAINT LOUIS, MO 63121-4400				
GLEN COPE UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
MARTIN LEIFELD UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
CHRIS DAMES UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
MARILYN RODGERS UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
ROSALYN LOWENHAUNT UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
RONALD L. BATORY UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

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

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CROSBY KEMPER III UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR 1.00	0.	0.	0.
STEPHEN GEORGE UMSL - ONE UNIVERSITY BLVD, 324 WOO SAINT LOUIS, MO 63121-4400	DIRECTOR - INVITATION 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

ST. LOUIS MERCANTILE LIBRARY ASSOCIATION

43-0694564

ATTACHMENT 7

FORM 990EZ, PART V, LINE 42A - LOCATION OF BOOKS

ONE UNIVERSITY BLVD, 324 WOODS HALL, SAINT LOUIS, MO