

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 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

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
Number and street (or P.O. box if mail is not delivered to street address): UNIVERSITY OF MISSOURI - ST. LOUIS
Room/suite: ONE UNIVERSITY BLVD, 324 WOODS HALL
City or town, state or country, and ZIP + 4: SAINT LOUIS, MO 63121-4400

D Employer identification number: 43-0694564
E Telephone number: (314) 516-7240
F Accounting method: Cash, Accrual (checked)

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? Yes No (checked)

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

I Group Exemption Number

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

G Website: WWW.UMSL.EDU/MERCANTILE/

J Organization type (check only one) 501(c) (3) (checked)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 41,899.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (Total 41,899), Expenses (Total 20,750), and Net Assets (Total 448,175).

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, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>20,000.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	20,000.	20,000.	STMT 2	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	NONE			
26 Other salaries and wages	26				
27 Pension plan contributions	27	NONE			
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	750.		750.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	20,750.	20,000.	750.	

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? ▶SEE STATEMENT 3</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>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a <u>SUPPORT OF ST. LOUIS MERCANTILE LIBRARY</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ <u>20,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><u>20,000.</u></p>
<p>b</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶</p>	<p>20,000.</p>

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45 Cash - non-interest-bearing	7,720.	45	7,109.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities (attach schedule) STMT 4. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		419,306.	54	441,066.
	55a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c		
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation (attach schedule)	57b		57c		
58 Other assets (describe ► _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58.		427,026.	59	448,175.	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ► _____)		65		
66 Total liabilities. Add lines 60 through 65.			66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	427,026.	67	448,175.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		427,026.	73	448,175.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		427,026.	74	448,175.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 28
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	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?	X	
82b	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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or 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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NONE</u> ; section 4912 ▶ <u>NONE</u> ; section 4955 ▶ <u>NONE</u>		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>NONE</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>NONE</u>		
90a	List the states with which a copy of this return is filed ▶ <u>NONE REQUIRED</u>		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
91a	The books are in care of ▶ <u>ROBERT MAYO</u> Telephone no. ▶ <u>314-516-5878</u> Located at ▶ <u>ONE UNIVERSITY BOULEVARD, 324 WOODS HALL ST. LOUIS, MO</u> ZIP + 4 ▶ <u>63121</u>		
91b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91c	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 ▶ _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 ▶ <u>92</u> N/A		

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	41,899.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				41,899.	
105 Total (add line 104, columns (B), (D), and (E))					41,899.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII 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.)

(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? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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 _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **RUBINBROWN LLP** EIN **43-0765316**
ONE NORTH BRENTWOOD Phone no. **314-290-3300**
SAINT LOUIS, MO 63105

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(m),
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

2005

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 1 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**

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

Table with 4 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a-2e. 3a-3c. 4a-4b.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 [X] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [X] Type 1 [] Type 2 [] Type 3

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row: UNIVERSITY OF MISSOURI - ST. LOUIS, 06

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (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, amounts received from payments on securities loans; 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.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26b: Prepare a list for your records to show the name of and amount contributed by each person. 26c: Total support for section 509(a)(1) test. 26d: Add: Amounts from column (e) for lines: 18, 19, 22, 26b. 26e: Public support (line 26c minus line 26d total). 26f: 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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 11, 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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 2001 through 2004, 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 7 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	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, programs, and scholarships?	30	
31 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.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c 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 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:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g 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.) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures to influence public opinion, Total lobbying expenditures to influence a legislative body, Total lobbying expenditures (add lines 36 and 37), Other exempt purpose expenditures, Total exempt purpose expenditures (add lines 38 and 39), Lobbying nontaxable amount (with sub-table for amount ranges), Grassroots nontaxable amount, Subtract line 42 from line 36, and Subtract line 41 from line 38.

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 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount (150% of line 45(e)), Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount (150% of line 48(e)), and 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 11 of the instructions.)

Table with 3 columns: Description, Yes, No, and Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, legislators, or the public, Publications, or published or broadcast statements, Grants to other organizations for lobbying purposes, Direct contact with legislators, their staffs, government officials, or a legislative body, Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, and 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	41,899.

TOTAL	41,899.
	=====

FORM 990, PART II - 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	20,000.
		TOTAL CONTRIBUTIONS PAID	20,000.
			----- =====

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 - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
UNIV. OF MO BALANCED POOL	441,066.	COST
TOTALS	----- 441,066.	
	=====	

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 1 HR	NONE	NONE	NONE
CAROL GRUEN UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	VICE-PRESIDENT 1 HR	NONE	NONE	NONE
JANE P. GLEASON UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	SECRETARY 1 HR	NONE	NONE	NONE
PHILIP H. LOUGHLIN III UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	TREASURER 1 HR	NONE	NONE	NONE
MARSHALL HIER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	COUNSEL 1 HR	NONE	NONE	NONE
DONALD K. ANDERSON, JR. UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
JOHM W. BARRIGER IV	DIRECTOR 1 HR	NONE	NONE	NONE

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

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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	DIRECTOR 1 HR	NONE	NONE	NONE
WALTER F. BALLINGER, MD UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
JANE BEADLES UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
KATHY BUTTON BELL UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
SPENCER BURKE UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
BARRETT ERKER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
PETER A FANCHI, III UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL	DIRECTOR 1 HR	NONE	NONE	NONE

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

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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				
PETER GLEICH UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
DUDLEY GROVE UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
ELLEN JONES UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
PAULA KEINATH UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
KAY MICHAEL KRAMER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
THOMAS K. LANGSDORF UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE

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

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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
HENRY H. LANGENBERG UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
HUGH MCPHEETERS UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
RUSSELL E. PERRY UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
LINDA RIEKES UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
CAROLE RITTER UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
ALLISON ROBERTS UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
RICHARD C. SHAW, MD	DIRECTOR 1 HR	NONE	NONE	NONE

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

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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				
FRANK J. STOKES III UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
BLANCHE M. TOUHILL UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	DIRECTOR 1 HR	NONE	NONE	NONE
RUTH A. BRYANT UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EMERITUS DIRECTOR 1 HR	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 1 HR	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 1 HR	NONE	NONE	NONE
JOHN P. MULDERIG UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL	EX OFFICIO DIRECTOR 1 HR	NONE	NONE	NONE

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

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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SAINT LOUIS, MO 63121-4400				
ROBERT MAYO UNIVERSITY OF MISSOURI - ST. LOUIS ONE UNIVERSITY BLVD, 324 WOODS HALL SAINT LOUIS, MO 63121-4400	EX OFFICIO DIRECTOR 1 HR	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE
		-----	-----	-----
		=====	=====	=====