SCHEDULE A (Form 990 or 990-EZ)

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.

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2009
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Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 20 8983607 Mission: St. Louis 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33¼ % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III-Other c Type III-Functionally Integrated a 🗌 Type I b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or Indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g() 11g(ii (ii) A family member of a person described in (i) above? 11g(@) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (vi) is the (i) Name of supported (v) Did you notify (vii) Amount of organization in col. (described on lines 1-9 in col. (i) listed in your the organization in troggus organyzation (i) organized in the above or IRC section governing document? col. (1) of your U.S ? (eee instructions)) support? Yes Yes No Yes No

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Total

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Org (Complete only if you chec	janizations l	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1	(A)(vi)		
Sec	tion A. Public Support			0. 0 01 7 0.11	,				
	dendar 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.")				260,873	233,173	494,046		
2	Tax revenues levied for the organization's benefit and either pald to or expended on its behalf				0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0		
4	Total. Add lines 1 through 3				260,873	233,173	494,046		
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)						141,396		
8	Public support. Subtract line 5 from line 4.						352,650		
-	tion B. Total Support			,	1 1111				
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				260,873	233,173	494,046		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				642	1,470	2,112		
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.)				9,513	580	10,093		
11	Total support. Add lines 7 through 10 .						506,251		
12	Gross receipts from related activities, etc					12	303,820		
13	First five years. If the Form 990 is for organization, check this box and stop he	ro	<u></u>			ear as a section			
	tion C. Computation of Public Sup								
14	Public support percentage for 2009 (line	ô, column (f) di	ivided by line 11	1, column (f))		14	<u>%</u>		
15	Public support percentage from 2008 Schedule A, Part II, line 14								
16a	33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	331/2 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33/4 % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
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.								
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	theck this box a diffes as a public	and stop here. I By supported org	Explain In Part (janization	v how the		

Short Form 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) 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.

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2009

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		epertment of the Treasury ternal Revenue Service		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.						nspection		
				ar year, or tax year beginning , 2009, and ending					, 20			And the second second second second
					C Name of organization	, ,	zoos, and	Gunna	D.Empl	ouen id	o maticia	cation number
	-	necx rrep .ddress cl	plicable:	Use IRS	Uno (RS				DEmployer			
i	=	łame cha	.75	tabel or print or	lission: St. Louis	of mail is not delivered to street add	mee) I Ro	om/surte	E Telephone		_	33607
į		Name change print or Number and street (or P O box, if mail is not delivered to street address) Room initial return type.					Onvocato	to recover and a second				
į	י בַ	erminate	d	See Specific	900 Reber Place City or town, state or country, a	od 7/D + 4			314-773-0200			
-	_	umended		instruc-		DIG ZIF + 4			F Group Exemption			
			n pending		t. Louis, MO 63139			لـــــا	Number ▶ n/a unting Method: ☐ Cash ☑ Accrual			
	7/0	Sect	ion 501(c)(3)			xempt charitable trusts must a	ttach				П	Cash 🖾 Accrual
		a completed Schedule A (Form 990 or 990-EZ). Oth									-	
												ization is not
											hedu	ıle B (Form 990,
										Z, or 990-PF).		
- 1		heck D		_	2.53	supporting organization and its	-	170	350			an \$25,000. A
-	_					e organization chooses to file a re					um.	
1						; if \$500,000 or more, file Form 990						264,285
1	Pa	art I				n Net Assets or Fund Ba				ctions	for	Part I.)
		1		S 300		ounts received				1		233,173
		2	Allerton Allerton			nent fees and contracts .				2		3,548
		3							** *	3		0
		4							100	4		1,470
		5a				n inventory	5a		Q			
~		b			[2021][[[[[[] [[] [[] [] [] [[] [[] [] [] []	es	5b		0			
310	0	C				n inventory (Subtract line 5b f				5c		0
5 2010,	Revenue	6				of Schedule G). If any amount is from	m gaming,	check here I	> 📙			
re	Mel	a				5,015 of contributions	F					
M	8		reported o	on line 1			6a		25,514			
SEP		b	Less: dire	ct expe	ses other than fundraisin	g expenses	6b		37,311			
S		C	Net incom	e or (los) from special events an	d activities (Subtract line 6b	from line	6a)		6c		(11,797)
		7a	Gross sale	es of inv	ntory, less returns and a	llowances	7a		580			
4		b	Less: cost	of goo	s sold		7b		421			
SCANNED		С	Gross pro	fit or (lo	s) from sales of inventor	y (Subtract line 7b from line 7	'a)			7c		160
S		8	Other reve)	8		
Ø .		9	Total reve	enue. A	d lines 1, 2, 3, 4, 5c, 6c,	7c, and 8			. ▶	9		226,553
		10				hedule)				10		1,201
		11	Benefits p	aid to o	for members	· · · · · · · · · · · · · · · · · · ·	7:			11		0
	เกรคร	12	Salaries, c	ther co	pensation, and employe	e benefits RECEIVE	ا ن ا			12		156,355
	3118	13	Profession	nal fees	nd other payments to in	dependent contractors	. 8			13		17,584
	Expe	14			tilities, and maintenance	101 2 2 0 101	0. 9			14		5,229
_	ш	15			ns, postage, and shippir		· S			15		3,233
		16				piles Office Supplies, Fundral	alog, ins	urance)	16		58,698
		17			dd lines 10 through 16				. ▶	17		240,298
	23	18				17 from line 9)				18		(13,745)
	88	19				of year (from line 27, colum						
	A					return)				19		171,937
	Net Assets	20		3-3		es (attach explanation)				20		0
		21	Net assets	s or fund	balances at end of year.	Combine lines 18 through 2	0		. 🕨	21		158,192
	P	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9										
		■ The state of th						(A) Beg	inning of			(B) End of year
	22								13	2,676		142,657
	23		nd and buildings							23	0	
	24		her assets (describe ► Accounts Receivables, Office Equipment)							24	24,848	
	25		tal assets								25	167505
	26		Total liabilities (describe ► Accounts Payable)							26	9,312	
	27	No	t accete A	r fund b	lances (line 27 of colum	n (B) must agree with line 21	1)				27	158 102

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Form 990-EZ (2009)

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