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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE BUDDY FUND CO TOM TWELLMAN

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1846 CRAIG PARK COURT

City or town, state or country, and ZIP + 4
ST LOUIS, MO 631464122

D Employer identification number
23-7024008

E Telephone number
(314) 576-7300

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW BUDDYFUND ORG

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 61,183

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	13,861
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	28,600
	4	Investment income		4	611
	5a	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 18,111 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)			
	c	Less direct expenses from gaming and fundraising events	6c	6,876	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	11,235
	7a	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	54,307
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	38,673
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,014
	16	Other expenses (describe in Schedule O)		16	2,334
	17	**Total expenses.** Add lines 10 through 16		17	43,021
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,286
	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	66,007
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	77,293

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	65,436	22	77,293
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	571	24	0
25 **Total assets**	66,007	25	77,293
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	66,007	27	77,293

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?
TO PROVIDE ATHLETIC EQUIPMENT AND SUPPLIES TO RECOGNIZED AND APPROVED CHARITABLE ORGANIZATIONS (PREFERABLY 501(C)(3) QUALIFIED) DEDICATED TO THE PHYSICAL AND MORAL WELFARE OF YOUTHS, FINANCIALLY OR OTHERWISE HANDICAPPED, RESIDING IN THE GREATER ST LOUIS COMMUNITY

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE BUDDY FUND PROVIDED NEW AND SAFE ATHLETIC EQUIPMENT TO 34 ORGANZIATIONS SUPPORTING UNDERPRIVILEGED YOUTH IN THE ST LOUIS AREA THIS EQUIPMENT PURCHASED AT WHOLESALE PRICES WAS DELIVERED DIRECTLY TO EACH RECIPIENT ORGANIZATION APPROXIMATELY 50,000 YOUNG LIVES WERE TOUCHED BY BUDDY FUND OPERATIONS IN 2010 (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	28a	38,673
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31 Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	38,673

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(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
TOM TWELLMAN 1846 CRAIG PART COURT ST LOUIS,MO 63146	CHAIRMAN 5 00	0	0	0
TIM MURCH 2827 CLARK AVENUE ST LOUIS,MO 63103	VICE CHAIRMAN 3 00	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)	35b		
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	36		No
37a	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?	37b		
38a	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 tax year covered by this return?	38a		No
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			
40a	*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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
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	40e		No
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ JEANNE E HERRIES Telephone no ▶ (314) 576-7300			
	Located at ▶ 1846 CRAIG PARK COURT ST LOUIS, MO ZIP + 4 ▶ 63146			
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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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 . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43			
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		No
b If "Yes," was the related organization a section 527 organization?	**49b**		

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
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

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		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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.

Sign Here

****** — Signature of officer — 2011-05-03 — Date

TOM TWELLMAN CHAIRMAN — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
ROBERT BOAST CPA	2011-05-03	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: KIEFER BONFANTI & CO LLP, 701 EMERSON ROAD STE 201, ST LOUIS, MO 631416741 — EIN ▶ — Phone no ▶ (314) 812-1100

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

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
THE BUDDY FUND CO TOM TWELLMAN

Employer identification number
23-7024008

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?

	Yes	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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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 ▶☐

b **33 1/3% support test—2009.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 **10%-facts-and-circumstances test—2009.** 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 ▶☐

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 ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	22,157	23,102	35,329	28,456	42,461	151,505
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	22,157	23,102	35,329	28,456	42,461	151,505
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						151,505

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	22,157	23,102	35,329	28,456	42,461	151,505
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89	219	356	450	611	1,725
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	89	219	356	450	611	1,725
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)	22,246	23,321	35,685	28,906	43,072	153,230

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98 870 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	99 080 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	1 130 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 900 %

19a **33 1/3% support tests—2010.** 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 ▶☑

b **33 1/3% support tests—2009.** 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 ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE BUDDY FUND CO TOM TWELLMAN

Employer identification number
23-7024008

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 611

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ABC BOYS & GIRLS CLUB GRANTEE ADDRESS 13 GRAND CIRCLE MARYLAND HEIGHTS, MO 63043 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/02/10 AMOUNT GIVEN 2,942

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME BERKELEY YOUTH ORGANIZATION GRANTEE ADDRESS 6140 N HANLEY ROAD BERKELEY, MO 63134 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 05/13/10 AMOUNT GIVEN 1,416

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME BOYS AND GIRLS TOWN OF MO GRANTEE ADDRESS P O BOX 189 ST JAMES, MO 65559 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 617

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME BOYS HOPE/GIRLS HOPE GRANTEE ADDRESS 755 S NEW BALLAS RD STE 120 ST LOUIS, MO 63141 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 09/21/10 AMOUNT GIVEN 339

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME BRIGHT HORIZONS GRANTEE ADDRESS 3850 FORDER RD ST LOUIS, MO 63129 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 06/22/10 AMOUNT GIVEN 643

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME CRIDER FAMILY ASSISTANT PROGRAM GRANTEE ADDRESS 300 WATER STREET ST CHARLES, MO 63301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 601

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME EPWORTH CHILDRENS SERVICES GRANTEE ADDRESS 110 N ELM ST LOUIS, MO 63119 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/10/10 AMOUNT GIVEN 348

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME FERGUSON YOUTH BASEBALL GRANTEE ADDRESS 639 ROBERT AVE FERGUSON, MO 63135 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/23/10 AMOUNT GIVEN 1,473

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME FRIENDS OF LAKESIDE C/O LAKESIDE CENTER GRANTEE ADDRESS 13044 MARINE AVE ST LOUIS, MO 63146 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/10/10 AMOUNT GIVEN 542

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GENE SLAY'S BOYS CLUB OF ST LOUIS GRANTEE ADDRESS 2524 SOUTH 11TH ST LOUIS, MO 63104-3731 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/12/10 AMOUNT GIVEN 4,047

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GIRL SCOUTS -EASTERN MISSOURI GRANTEE ADDRESS 2130 KRATKY ROAD ST LOUIS, MO 63114 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/23/10 AMOUNT GIVEN 470

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GOOD SHEPERD CHILDREN & FAMILY SERVICES GRANTEE ADDRESS 1340 PARTRIDGE AVE ST LOUIS, MO 63130 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 481

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GRAVOIS BASEBALL CLUB GRANTEE ADDRESS 22931 HIGHWAY TT VERSAILLES, MO 65084 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/08/10 AMOUNT GIVEN 482

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GREATER MADISON KHOURY LEAGUE GRANTEE ADDRESS 510 MEREDOCIA MADISON, IL 62060 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/10/10 AMOUNT GIVEN 2,222

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME HERBERT HOOVER BOYS CLUB GRANTEE ADDRESS 2901 N GRAND ST LOUIS, MO 63107 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 05/13/10 AMOUNT GIVEN 2,328

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME HONORARY CAPTAINS PROGRAM SLU B-BALL GRANTEE ADDRESS 184 LADUEMONT ST LOUIS, MO 63141 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 02/12/10 AMOUNT GIVEN 279

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME LIFT FOR LIFE ACADEMY/GYM GRANTEE ADDRESS 1731 S BROADWAY ST LOUIS, MO 63104-3731 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 736

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME LOYOLA ACADEMY OF ST LOUIS GRANTEE ADDRESS 3851 WASHINGTON BLVD ST LOUIS, MO 63108 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 448

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME MARYLAND HEIGHTS ATHLETIC ASSOC GRANTEE ADDRESS 2719 FEE FEE RD MARYLAND HEIGHTS, MO 63043 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/26/10 AMOUNT GIVEN 602

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME MATHEWS DICKEY BOYS & GIRLS CLUB GRANTEE ADDRESS 4245 N KINGSHIGHWAY ST LOUIS, MO 63115 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/08/10 AMOUNT GIVEN 2,777

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME METRO HIGH SCHOOL GRANTEE ADDRESS 4015 MCPHERSON ST LOUIS, MO 63108 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 08/31/10 AMOUNT GIVEN 510

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME PAGEDALE COMMUNITY ASSOC GRANTEE ADDRESS 1404 FERGUSON ST ST LOUIS, MO 63133 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/27/10 AMOUNT GIVEN 1,053

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME POLICE ATHLETIC LEAGUE - ST LOUIS GRANTEE ADDRESS 1200 CLARK AVE ST LOUIS, MO 63103 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/15/10 AMOUNT GIVEN 3,754

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME PRESBYTERIAN CHILDRENS SERVICES GRANTEE ADDRESS 1353 N WARSON RD ST LOUIS, MO 63132 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/22/10 AMOUNT GIVEN 766

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME SALVATION ARMY - GATEWAY CITADEL GRANTEE ADDRESS 824 UNION ROAD ST LOUIS, MO 63123 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/17/10 AMOUNT GIVEN 296

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME SALVATION ARMY - MAPLEWOOD GRANTEE ADDRESS 7701 RANNELLS ST LOUIS, MO 63143 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 09/23/10 AMOUNT GIVEN 390

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME SALVATION ARMY - TEMPLE CORPS GRANTEE ADDRESS 2740 ARSENAL ST ST LOUIS, MO 63118 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 09/24/10 AMOUNT GIVEN 272

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST CECELIA PARISH GRANTEE ADDRESS 5418 LOUISIANA ST LOUIS, MO 63111 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/26/10 AMOUNT GIVEN 456

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST L PARKS & REC - TWELTH & PARK CENTER GRANTEE ADDRESS 1410 SOUTH TUCKER ST LOUIS, MO 63104-3731 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 07/13/10 AMOUNT GIVEN 3,476

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST MARGARET OF SCOTLAND ATHLETIC ASSOC GRANTEE ADDRESS 3854 FLAD AVE ST LOUIS, MO 63110 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/08/10 AMOUNT GIVEN 460

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME WESLEY HOUSE GRANTEE ADDRESS 4507 LEE AVE ST LOUIS, MO 63115 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 04/07/10 AMOUNT GIVEN 566

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME WYMAN CENTER GRANTEE ADDRESS 600 KIWANIS DR ST LOUIS, MO 63025 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 440

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME YOUTH IN NEED GRANTEE ADDRESS 1815 BOONE'S LICK ST CHARLES, MO 63301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/15/10 AMOUNT GIVEN 1,352

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME WELLSTON CENTRAL ELEMENTARY SCHOOL GRANTEE ADDRESS 6238 ELLA ST LOUIS, MO 63133 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT DATE OF GIFT 03/11/10 AMOUNT GIVEN 339

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME HARRIS STOWE-SHELBY GRANTEE ADDRESS 3026 LACLEDE AVENUE ST LOUIS, MO 63103 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP DATE OF GIFT 06/19/10 AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 38,673

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TECHNICAL SERVICES/COMPUTER AMOUNT 295 DESCRIPTION MEETING EXPENSES AMOUNT 578 DESCRIPTION DEPRECIATION AMOUNT 571 DESCRIPTION ANNUAL REGISTRATION AMOUNT 10 DESCRIPTION BANK FEES, CREDIT CARD FEES, PAYPAL AMOUNT 694 DESCRIPTION MISCELLANEOUS AMOUNT 186 TOTAL TO FORM 990-EZ, LINE 16 2,334

Identifier	Return Reference	Explanation
FORM 990-EZ, LINE 6B	GROSS INCOME FROM FUNDRAISING EVENTS	NONE OF THE FUNDRAISING EVENTS GENERATED MORE THAN $5,000 IN GROSS REVENUE THE BUDDY FUND TYPICALLY HOLDS TWO GOLF TOURNAMENTS EACH YEAR AND TWO FUNDRAISING DINNERS

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION LAPTOP COMPUTER BEG OF YEAR AMOUNT 571 END OF YEAR AMOUNT 0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492136016191

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: THE BUDDY FUND CO TOM TWELLMAN

EIN: 23-7024008

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.