See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492067004132

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

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) ▶

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

I Website: ▶ WWW BUDDYFUND ORG

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ $ 53,223

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	8,789
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	26,029
	4	Investment income		4	708
	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 $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	17,697	
	c	Less direct expenses from gaming and fundraising events	6c	6,927	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	10,770
	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	46,296
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	39,820
	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	6,000
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,001
	16	Other expenses (describe in Schedule O)		16	555
	17	**Total expenses.** Add lines 10 through 16		17	47,376
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,080
	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	77,293
	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	76,213

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	77,293	22	78,477
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	77,293	25	78,477
26 **Total liabilities** (describe in Schedule O)	0	26	2,264
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77,293	27	76,213

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses 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 20,000 YOUNG LIVES WERE TOUCHED BY BUDDY FUND OPERATIONS IN 2011 (Grants $ 1,500) If this amount includes foreign grants, check here . . . ▶ ☐	28a	39,070
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	39,070

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a **Form 990-T** for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . .	35c		No
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

			Yes	No
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

			Yes	No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 may need to be completed instead of Form990-EZ (see instructions)	45b		

		Yes	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 or have a section 501(h) election in effect during the tax year? 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				

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		

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 — 2012-03-06 — Date

TOM TWELLMAN CHAIRMAN — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT BOAST CPA	Date 2012-03-06	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions) P00047368
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 ▶ 43-1061959 Phone no ▶ (314) 812-1100

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492067004132

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	23,102	35,329	28,456	42,461	34,818	164,166
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	23,102	35,329	28,456	42,461	34,818	164,166
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)						164,166

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	23,102	35,329	28,456	42,461	34,818	164,166
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	219	356	450	611	708	2,344
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	219	356	450	611	708	2,344
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)	23,321	35,685	28,906	43,072	35,526	166,510

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 590 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 870 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 410 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 130 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7024008
Name: THE BUDDY FUND CO TOM TWELLMAN

Form 990-EZ, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492067004132

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE BUDDY FUND CO TOM TWELLMAN

Employer identification number
23-7024008

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 CHAMPIONS FOR CHILDREN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	13,997			13,997
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,997			13,997
Direct Expenses	4 Cash prizes	200			200
	5 Non-cash prizes				
	6 Rent/facility costs	2,050			2,050
	7 Food and beverages	3,130			3,130
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(5,380)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				8,617

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492067004132

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

2011

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 708
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 AMOUNT GIVEN 1,176
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 AMOUNT GIVEN 423
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 AMOUNT GIVEN 793
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 AMOUNT GIVEN 252
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME CHILD CENTER - MARYGROVE GRANTEE ADDRESS 2705 MULLANPHY ST LOUIS, MO 63031 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 664
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME CHILDREN'S FOUNDATION OF MID AMERICA GRANTEE ADDRESS 1220 N LINDBERG ST LOUIS, MO 63132 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,446
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 AMOUNT GIVEN 632
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 AMOUNT GIVEN 945
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 AMOUNT GIVEN 626
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 AMOUNT GIVEN 678
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 AMOUNT GIVEN 3,098
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 AMOUNT GIVEN 693
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 AMOUNT GIVEN 430
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 AMOUNT GIVEN 1,655
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 AMOUNT GIVEN 2,226
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 AMOUNT GIVEN 418
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME JEFFERSON BARRACKS BOYS & GIRLS CLUB GRANTEE ADDRESS 319 SAPPINGTON BARRACKS ROAD ST LOUIS , MO 63125 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 916
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME JENNINGS/THARP CIVIC CENTER GRANTEE ADDRESS 8720 JENNINGS ROAD JENNINGS, MO 63136 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 766
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME KINGDOM HOUSE GRANTEE ADDRESS 1321 SOUTH 11TH STREET ST LOUIS, MO 63104-3731 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,016

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 AMOUNT GIVEN 1,077
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 AMOUNT GIVEN 852
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 AMOUNT GIVEN 3,665
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME MISSOURI BAPTIST CHILDREN'S HOME GRANTEE ADDRESS 11300 ST CHARLES ROCK ROAD ST LOUIS, MO 63044 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 564
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 AMOUNT GIVEN 1,976
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 AMOUNT GIVEN 1,529
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 AMOUNT GIVEN 476
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 AMOUNT GIVEN 466
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 AMOUNT GIVEN 305
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 AMOUNT GIVEN 1,789
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST CHARLES BOYS & GIRLS CLUB GRANTEE ADDRESS 1400 OLIVE STREET ST CHARLES, MO 63301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,692
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST LOUIS PARKS & REC - CHEROKEE CENTER GRANTEE ADDRESS 3200 SOUTH JEFFERSON ST LOUIS, MO 63118 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 2,136
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 AMOUNT GIVEN 749
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 AMOUNT GIVEN 557
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 AMOUNT GIVEN 1,471
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME VARIOUS BASEBALL PROGRAMS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION 73 DOZEN BASEBALLS AMOUNT GIVEN 913
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 AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 39,820
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TECHNICAL SERVICES/COMPUTER AMOUNT 15 DESCRIPTION MEETING EXPENSES AMOUNT 420 DESCRIPTION ANNUAL REGISTRATION AMOUNT 10 DESCRIPTION BANK FEES, CREDIT CARD FEES, PAYPAL AMOUNT 53 DESCRIPTION FLOWERS AMOUNT 57 TOTAL TO FORM 990-EZ, LINE 16 555
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CREDIT CARDS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,264

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492067004132

TY 2011 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.