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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

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 ▶ $ 61,649

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	31,995
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	13,100
	4	Investment income		4	249
	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 $ 24,215 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	16,305	
	c	Less direct expenses from gaming and fundraising events	6c	15,620	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	685
	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	46,029
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	39,508
	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	6,017
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	619
	16	Other expenses (describe in Schedule O)		16	1,288
	17	**Total expenses.** Add lines 10 through 16 ▶		17	47,432
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,403
	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	76,213
	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	74,810

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	78,477	22	75,009
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	78,477	25	75,009
26	**Total liabilities** (describe in Schedule O)	2,264	26	199
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	76,213	27	74,810

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
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 OVER 30 ORGANZIATIONS SUPPORTING UNDERPRIVILEGED YOUTH IN THE ST LOUIS AREA THIS EQUIPMENT PURCHASED AT WHOLESALE PRICES WAS DELIVERED DIRECTLY TO EACH RECIPIENT ORGANIZATION APPROXIMATELY 25,000 YOUNG LIVES WERE TOUCHED BY BUDDY FUND OPERATIONS IN 2012
(Grants $ 3,000) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 36,508

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** 36,508

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM TWELLMAN CHAIRMAN	5 00	0	0	0
TIM MURCH VICE CHAIRMAN	3 00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract 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
35a	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 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 during the year? 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 Form 990-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 Form 990-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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
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

****** 2013-05-03

Signature of officer Date

TOM TWELLMAN CHAIRMAN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	ROBERT R BOAST CPA	2013-05-03		P00047368

Firm's name ▶ KIEFER BONFANTI & CO LLP — Firm's EIN ▶ 43-1061959

Firm's address ▶ 701 EMERSON ROAD SUITE 201, ST LOUIS, MO 631416741 — 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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	35,329	28,456	42,461	34,818	39,508	180,572
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	35,329	28,456	42,461	34,818	39,508	180,572
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)						180,572

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	35,329	28,456	42,461	34,818	39,508	180,572
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356	450	611	708	249	2,374
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	356	450	611	708	249	2,374
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)	35,685	28,906	43,072	35,526	39,757	182,946

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 2012 (line 8, column (f) divided by line 13, column (f))	15	98 700 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	98 590 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	1 300 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	1 410 %

19a **33 1/3% support tests—2012.** 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—2011.** 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.** 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

Explanation

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BUDDY FUND GOLF TOURNAMENT (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	40,520			40,520
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	40,520			40,520
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	801			801
	6 Rent/facility costs	12,782			12,782
	7 Food and beverages	1,468			1,468
	8 Entertainment				
	9 Other direct expenses	570			570
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(15,621)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				24,899

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.

		(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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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

2012

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 249
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 1,946
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 1,199
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 634
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 1,156
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 643
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 688
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 800
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 3,357
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 331
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 1,647
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 1,933
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 566
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 965
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 1,366
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 1,306
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 645
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 1,574
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 1,996
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 3,865

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 AMOUNT GIVEN 377
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 125
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 147
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 1,200
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 1,846
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 683
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 740
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 844
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 3,000
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 AMOUNT GIVEN 826
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME MARION MIDDLE SCHOOL GRANTEE ADDRESS 4130 WYOMING ST CHARLES, MO 63116 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 919
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME MARYLAND HEIGHTS ATHLETIC ASSOC GRANTEE ADDRESS 2385 VERNA AVE MARYLAND HEIGHTS, MO 63043 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,215
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME GIRL SCOUTS - EASTERN MO GRANTEE ADDRESS 2130 KRATKY RD ST LOUIS, MO 63114 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 969 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 39,508
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEETING EXPENSES AMOUNT 554 DESCRIPTION TAXES & LICENSES AMOUNT 15 DESCRIPTION BANK FEES, CREDIT CARD FEES, PAYPAL AMOUNT 202 DESCRIPTION MISCELLANEOUS AMOUNT 517 TOTAL TO FORM 990-EZ, LINE 16 1,288
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CREDIT CARDS BEG OF YEAR AMOUNT 2,264 END OF YEAR AMOUNT 199

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TY 2012 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.