



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



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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
THE BUDDY FUND CO TIM MURCH

Number and street (or P O box, if mail is not delivered to street address)Room/suite
2827 CLARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 631032591

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 Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 90,497

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	31,405
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	18,770
	4	Investment income	190
	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 40,132
Expenses	c	Less direct expenses from gaming and fundraising events	6c 18,371
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 21,761
	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 72,126
	10	Grants and similar amounts paid (list in Schedule O)	10 43,252
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Net Assets	13	Professional fees and other payments to independent contractors	13 6,274
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15 624
	16	Other expenses (describe in Schedule O)	16 3,328
	17	Total expenses. Add lines 10 through 16	17 53,478
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,648
	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 74,810
	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 93,458

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	75,009	22	93,458
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	75,009	25	93,458
26 Total liabilities (describe in Schedule O)	199	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,810	27	93,458

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

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 35 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 2013
(Grants \$ 0) If this amount includes foreign grants, check here

28a

43,252

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

43,252

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
TIM MURCH CHAIRMAN	10.00	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 <input type="checkbox"/> 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 <input type="checkbox"/> 0 , section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> AMY BELL Telephone no <input type="checkbox"/> (314) 615-2833 Located at <input type="checkbox"/> 2827 CLARK AVE ST LOUIS, MO ZIP + 4 <input type="checkbox"/> 63103		
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input checked="" type="checkbox"/> 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 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		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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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	(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 business address of each independent contractor	(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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		2014-06-30 Date		
	TIMOTHY M MURCH PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRIS BONFANTI CPA	Preparer's signature	Date 2014-06-27	Check <input type="checkbox"/> if self-employed	PTIN P00047367
	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization THE BUDDY FUND CO TIM MURCH	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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,456	42,461	34,818	45,095	50,175	201,005
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	28,456	42,461	34,818	45,095	50,175	201,005
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)						201,005

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	28,456	42,461	34,818	45,095	50,175	201,005
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	450	611	708	249	190	2,208
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	450	611	708	249	190	2,208
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.)	28,906	43,072	35,526	45,344	50,365	203,213
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 2013 (line 8, column (f) divided by line 13, column (f))	15	98.910 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.700 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.090 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.300 %
19a 33 1/3% support tests—2013. 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—2012. 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. 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		
Return Reference	Explanation	

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	(b) Event #2	(c) Other events	(d) Total events
		<u>BUDDY FUND GOLF TOURNAMENT</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1	Gross receipts	40,132		40,132
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2)	40,132		40,132
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .	680		680
	6	Rent/facility costs . .	13,464		13,464
	7	Food and beverages .	911		911
	8	Entertainment			
	9	Other direct expenses .	3,316		3,316
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(18,371)
					21,761

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, 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.** 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).

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93492192001254	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> <div>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>			OMB No 1545-0047
					<div>2013</div> <div>Open to Public Inspection</div>
Name of the organization THE BUDDY FUND CO TIM MURCH				Employer identification number 23-7024008	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 190
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 2,212
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,874
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,149
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME CHILD CENTER - MARY GROVE GRANTEE ADDRESS 2705 MULLANPHY ST LOUIS, MO 63031 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 946
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 492
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,338
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 576
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 700
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 3,081
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,830
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,868
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 593
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,154
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 786
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 837
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,424
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 762
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,881
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,874

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 3,803
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 590
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 341
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,799
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 674
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME WYMAN CENTER GRANTEE ADDRESS 600 KWANIS DR ST LOUIS, MO 63025 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 793
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 693
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 634
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,238
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME COOPS - NORMANDY GRANTEE ADDRESS 4120 BEGG ST CHARLES, MO 63121 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 901
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME FARRAGUT TIGERS GRANTEE ADDRESS 4025 SULLIVAN AVE ST LOUIS, MO 63107 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 AMOUNT GIVEN 1,285
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME SPECIAL OLYMPICS OF MISSOURI GRANTEE ADDRESS 1001 DIAMOND RIDGE, SUITE 800 JEFFERSON CITY, MO 65109 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,381
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST LOUIS PARKS & RECREATION - TANBY CENTER GRANTEE ADDRESS 4206 WEST KENNERLY ST LOUIS, MO 63113 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 722
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST LOUIS PARKS & RECREATION - TWELTH & PARK GRANTEE NAME ST LOUIS PARKS & RECREATION - TWELTH & PARK GRANTEE ADDRESS 1410 SOUTH TUCKER ST LOUIS, MO 63104-3731 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 1,093
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME ST VINCENTS HOME FOR CHILDREN GRANTEE ADDRESS 7401 FLORISSANT RD ST LOUIS, MO 63121 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 674
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH SPORTS GRANTEE NAME URBAN ST LOUIS K-LIFE GRANTEE ADDRESS 2900 N PRAIRIE AVE ST LOUIS, MO 63107 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SPORTS EQUIPMENT AMOUNT GIVEN 504 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 43,252
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING EXPENSES AMOUNT 264 DESCRIPTION TAXES & LICENSES AMOUNT 10 DESCRIPTION BANK FEES, CREDIT CARD FEES, PAYPAL AMOUNT 256 DESCRIPTION MISCELLANEOUS AMOUNT 199 DESCRIPTION ADVERTISING AMOUNT 2,599 TOTAL TO FORM 990-EZ, LINE 16 3,328
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CREDIT CARDS BEG OF YEAR AMOUNT 199 END OF YEAR AMOUNT 0

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: THE BUDDY FUND CO TIM MURCH

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.