

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



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

•Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

<u>A</u> F	or th	e 201	<u>4 calendar year, or tax year begir</u>	nning , 2	014, and e	nding			, 20
Б.			C Name of organization				D Employer ide	ntification	number
В 0	heck if ap	oplicable	BUILD-A-BEAR WORKSHOP	FOUNDATION, INC.			33-100	7188	
	Addre		Doing business as						
	7	change	Number and street (or P O box if mail is	not delivered to street address)	Room/s	uite	E Telephone nu	mber	
	Initial	return	1954 INNERBELT BUSINE	SS CENTER DRIVE			(314) 42	3-800	0 ~
	Final (return/	City or town, state or province, country, a	ind ZIP or foreign postal code					
	Amen	ded	ST. LOUIS, MO 63114				G Gross receip	ts \$	530,939.
\vdash	return Applic	ation	F Name and address of principal officer	ERIC FENCL			H(a) Is this a gro	up return for	Yes X No
L	pendii	ng	1954 INNERBELT BUS CT	R DR ST. LOUIS, MO	63114		subordinates H(b) Are all subore		Yes No
$\overline{\Gamma}$	Tax-exe	empt st	atus X 501(c)(3) 501(c)() ◀ (insert no) 4947(a	1)(1) or	527	If "No," atta	ch a list (see	e instructions)
J			WWW.BUILDABEAR.COM/ABOU			<u> </u>	H(c) Group exem	ption numbe	er 🕨
ĸ	Form o	of organ	ization X Corporation Trust	Association Other	LY	ear of forma	tion 2001 M	State of le	gal domicile MO
	art I		mmary				· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>
	1		describe the organization's mission of	most significant activities SUP	PORT CH	ILDREN	'S HEALTH	& WEI	LNESS;
•	•	LIT	ERACY AND EDUCATION PRO	GRAMS; DOMESTIC ANI	MAL SHE	LTERS;			
Governance	ŀ	DIS	ASTER RELIEF; AND ENVIR	ONMENTAL CONCERNS.	·				
era	2	Check	this box lifthe organization d	scontinued its operations or dis	posed of mo	re than 25%	of its net asset	s	
õ			er of voting members of the governing					3	8.
			er of independent voting members of t					4	
ctivities &			number of individuals employed in cale					5	0
ξ			number of volunteers (estimate if necess					6	
A 96			unrelated business revenue from Part V					7a	0
5	1		nrelated business taxable income from					7b	0
<u> </u>		7,101 0			· · · · · · · · · · · · · · · · · · ·		Prior Year	1	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)				1,646,49	91.	529,171.
Revenue			am service revenue (Part VIII, line 2g)					0	0
۽ ر			ment income (Part VIII, column (A), line				1,40	54.	1,768.
⊵مَد	1		revenue (Part VIII, column (A), lines 5,					0	0
22	1		revenue - add lines 8 through 11 (must				1,647,9	55.	530,939.
Ð			s and similar amounts paid (Part IX, colu				1,596,5	55.	729,744.
=1			its paid to or for members (Part IX, colu					0	0
ა ე თ			es, other compensation, employee bene					0	0
Expenses			ssional fundraising fees (Part IX, column					0	0
ē			fundraising expenses (Part IX, column (I						
ω			expenses (Part IX, column (A), lines 11				33,5	io.	42,694.
			expenses Add lines 13-17 (must equal				1,630,00	65.	772,438.
	19		nue less expenses Subtract line 18 from				17,89	90.	-241,499.
P 8						Begir	ning of Current	Year	End of Year
tets lanc	20 21 22	Total	assets (Part X, line 16)				1,029,0	26.	734,938.
Ass 1 Ba	21		habilities (Part X, line 26)				100,98	33.	48,394.
ž,š	22		ssets or fund balances. Subtract line 21				928,0	13.	686,544.
	rt II		gnature Block	·		•			
Un	der per	nalties o	of perjury, I declare that I have examined the	is return, including accompanying so	chedules and	statements,	and to the best o	f my know	vledge and belief, it is
true	e, corre	ct, and	complete Deglaration of preparer (other than	officer) is based on all information o	t which prepa	rer has any k	nowledge		
			Ent tal				8/	7/15	
Sig			Signature of officer	_ 			Date		
He	re		ERIC FENCL						
			Type or print name and title						
		Print/	Type preparer's name	Preparer's signature	Date	ECEIV	Check	If PTIN	
Paid						L	Self-elliplo	/ed	
	only	Firm's	s name 🕨		18		Firm's EIN		
			address ►		& AL	JG II Z	Phone no		
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)	1	<u> </u>			Yes X No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.	OG	DEN,			Form 990 (2014)
				•				(

_	m 990 (2014)	Page 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u>. X</u>
•	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
	prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	sured by
	the total expenses, and revenue, if any, for each program service reported	others,
4a	(Code) (Expenses \$	
	CHILDREN'S HEALTH AND WELLNESS PROGRAMS-DONATIONS TO CHARITABLE	
	ORGANIZATIONS TO SUPPORT THEIR EFFORTS IN CHILDREN'S HEALTH AND	
	WELLNESS PROGRAMS.	
		
	(Code) (Expenses \$ 48,575. including grants of \$ 48,575.) (Revenue \$	
70	LITERACY AND EDUCATION PROGRAMS - DONATIONS TO CHARITABLE	,
	ORGANIZATIONS TO SUPPORT PROGRAMS WHICH PROMOTE LITERACY AND	
	EDUCATION.	
4c	(Code) (Expenses \$42,250. including grants of \$42,250.) (Revenue \$)
	PET PROGRAMS - DONATIONS TO CHARITABLE ORGANIZATIONS THAT SUPPORT	
	THE PRESERVATION OF ENDANGERED ANIMALS AND THEIR HABITATS AND DOMESTIC ANIMAL SHELTERS.	
	DOMESTIC ANTHAL SHELLERS.	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 343,190. Including grants of \$ 343,190.) (Revenue \$)	
	Total program service expenses ▶ 732,144.	
JSA		

Part	Checklist of Required Schedules		
			Yos No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,
	complete Schedule A	1	X (
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_	_ <u> </u>
4	Section 501(c)(3) organizations. 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	4	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		
	Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		
	"Yes," complete Schedule D, Part I	6	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	! '	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		,,,
	complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		
	VII, VIII, IX, or X as applicable	سائك والأش	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		
	complete Schedule D, Part VI	11a	X -
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445	x x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c	х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	¥
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	
T	the organization's separate of consolidated financial statements for the tax year include a routified that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X/
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes."		
124	complete Schedule D, Parts XI and XII	12a	X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a		14a	X
b	The state of the s		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Χή
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1 x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	. Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		7
	If "Yes," complete Schedule G, Part III	19	<u> X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>
		Form	990 (2014)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X /
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u> ,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			X-
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		χ·
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X٠
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ-
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X'
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32		32		х
22	complete Schedule N, Part II	32		<u> </u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		_	
-	or IV, and Part V, line 1	34	X	
35a	· · · · · · · · · · · · · · · · · · ·	35a		X.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X´
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		rom	ココリ	(2014)

orm=	BUILD-A-BEAR WORKSHOP FOUNDATION, INC. 33-100°	7188		Page 5
Par	t V Statement's Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			لمسلخ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	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	4a		x
	account)?			
D	If "Yes," enter the name of the foreign country	-		İ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			:
5 0	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ.
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	*.;	1,	ş \$1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u>.</u>	<u></u>
	and services provided to the payor?	7a		Χ-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	ļ <u>.</u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			ļ.,,-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
^	sponsoring organization have excess business holdings at any time during the year?			\$
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	X
a	Date:	9b		X
ь 10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	40h	1		
11	Section 501(c)(12) organizations. Enter	1	İ	
	Gross income from members or shareholders			1
b	Control of the contro			
	against amounts due or received from them)	J		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand		<u> </u>	_

14a 14b

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . $\bar{\mathbf{x}}$ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Х b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c Х 13 13 14 Х Did the organization have a written document retention and destruction policy?.......... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup ATTACHMENT 2 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records > ERIC FENCL 1954 INNERBELT BUSINESS CENTER DRIVE ST. LOUIS, MO 63114

JSA 4E1042 1 000 Form 990 (2014)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization n	or any related	orga	nıza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee	_
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos heck ss pe	erson	e than constant Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	_
		x		х				C	1,724,168.		0
PRESIDENT & DIRECTOR		x		X					781,905.		0
(3) DARLENE ELDER SECRETARY & DIRECTOR		X		х				0			0
(4) PAUL BUNDONIS DIRECTOR		х						C			- 0
VICE PRESIDENT & DIRECTOR		х		х				C	842,867.		0
		Х		х				C	540,369.		0
		Х						C	197,194.		0
		Х						C	268,288.		0
		х						C	261,164.		0
(10)VOJIN TODOROVIC / PRESIDENT		х		х				C	129,366.		0
(11)											-
(12)											-
(13)											-
(14)											-
				Ц				<u> </u>			-

Form 990 (2014)

JSA

Page	8

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and I	ligl	hest Compensat	ed Emplo	yees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, unless person is both a officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations	
1b Sub-total	ection A .						* * *	0 0	5,869 5,869	0	0 0 0	
2 Total number of individuals (including but not learn reportable compensation from the organization)			liste)	d a	bove	e) who	o re	ceived more than	\$100,000	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	trı İıvid	uste ual	e, 	key e	emp	loyee, or highes	t compens	ated	Yes No	
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	007	i If	"Yes	5," (complete Schedu	le J for		4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 X	
Complete this table for your five highest com- compensation from the organization Report c- year												
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) compensation	
NONE /	-					<u>-</u> .	-					
						· · · ·	+					
							\perp					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos 0	e li	sted above) who	received	***	, , , , ,	

		Check if Schedule O co	ntains a respor	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					i oter roveride	exempt function revenue	business revenue	excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Gra	ь	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	<u>1c</u>		,			
ia G	d	Related organizations	1d					
Sir.	e	Government grants (contribu	ıtıons) 1e					
ie iet	f	All other contributions, gifts,	grants,					
를		and similar amounts not included	above . 1f	529,171.				
Ser	g	Noncash contributions included in						
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	T - 1	529,171:	 	-	
Program Service Revenue				Business Code				
Rev	2a						-	
9	b							
ē	C							
S	d							
grai	e	All other program consecutive	20110					
5	g	All other program service reversed. Add lines 2a-2f			0			
	3	Investment income (inc						
		and other similar amounts).	ATTACHMEN'	r 3 ~ ▶	1,768.			
	4	Income from investment of t			0			
	5	Royalties			0			
			(i) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses				4 1		*. 'ii)
	С	Rental income or (loss)						
	d	Net rental income or (loss			0			
	7a	Gross amount from sales of	(i) Securities	(II) Other		* 4		_
		assets other than inventory		 	}			
	b	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)						- L
•	d	Net gain or (loss)						
ğ	8a	Gross income from fundra	-					
Ş.		events (not including \$						<u> </u>
æ		of contributions reported on l See Part IV, line 18				*		,
Other Revenue	Ь	Less direct expenses		1				
돌	c	Net income or (loss) from full	ndraising events		0			
	9a		activities					الميل الميل
	Ь	Less: direct expenses						
	c	Net income or (loss) from g			0			
	10a	Gross sales of invento						
		returns and allowances						
	b	Less cost of goods sold Net income or (loss) from sal			0		_	
		Miscellaneous Reven		Business Code				
	11a							
	ь							
	С						<u> </u>	
	d	All other revenue						
	е	Total. Add lines 11a-11d .			0		 	
	12	Total revenue. See instructio	ns	. <u> ▶ .</u>	530,939.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must con	nplete all columns. All othe	er organizations must con	nplete column (A)

	Check if Schedule O contains a response	onse or note to any lin	e in this Part IX	<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· · - · ·
	and domestic governments. See Part IV, line 21	715,904.	715,904.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	13,840.	13,840.		
4	Benefits paid to or for members	0			
	Compensation of current officers, directors,	-			
9	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	o			·
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
	Fees for services (non-employees)				
	Management	0			
	Legal	0			
	Accounting	11,000.		11,000.	
	Lobbying	0			
	Professional fundraising services See Part IV, line 17.	0			
	Investment management fees	Q			
	Other (If line 11g amount exceeds 10% of line 25, column	-			
9	(A) amount, list line 11g expenses on Schedule O)	q			
12	Advertising and promotion	Q			
13	Office expenses	2,064.		2,064.	
14	Information technology	0			
15	Royalties	o			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0	-		
21		0			
22	Depreciation, depletion, and amortization	Q			
	Insurance	d			
	Other expenses Itemize expenses not covered			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
_ •	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		Ī		
	(A) amount, list line 24e expenses on Schedule O)		j		
•	STATE REGISTRATIONS	4,672.		4,672.	
_	OUTSIDE SERVICES	24,958.	2,400.	22,558.	
· ·	:	, 7 1	, , , , , , , , , , , , , , , , , , ,		
,	·				
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	772,438.	732,144.	40,294.	
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	a			
1CA		<u></u>			

JSA 4E1052 1 000

Form 990 (2014)

		(A) Beginning of year	(B) End of year
T 1	Cash - non-interest hearing		End of year
'2	Cash - non-interest-bearing	664,489. 2	703,245
3	Pledges and grants receivable net	364,537. 3	31,693
4	<u> </u>	0 4	31,033
5	Accounts receivable, net Loans and other receivables from current and former officers, directors,		
1	trustees, key employees, and highest compensated employees		
		d 5	1 (
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	d 6	
2 7		0 7	
7 8		0 8	(
9		Q 9	
-	a Land, buildings, and equipment cost or		
	other basis Complete Part VI of Schedule D 10a		
	b Less. accumulated depreciation	d 10c	:
11	1	0 11	(
12	Investments - other securities See Part IV, line 11	0 12	(
13	Investments - program-related See Part IV, line 11	0 13	
14	Intangible assets	0 14	
15	Other assets See Part IV, line 11	0 15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,029,026.16	734,938
17	Accounts payable and accrued expenses	0 17	
18	Grants payable	91,950. 18	29,528
19	Deferred revenue	0 19	
20	Tax-exempt bond liabilities	0 20	
ຊ 21	Escrow or custodial account liability Complete Part IV of Schedule D [0 21	
21 22 22	Loans and other payables to current and former officers, directors,		
	trustees, key employees, highest compensated employees, and		
3	disqualified persons Complete Part II of Schedule L	0 22	
23	Secured mortgages and notes payable to unrelated third parties	0 23	
24	Unsecured notes and loans payable to unrelated third parties	0 24	
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24) Complete Part X		
1	of Schedule D	9,033. 25	
26		100,983. 26	48,394
_	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
Se	complete lines 27 through 29, and lines 33 and 34.	455 045	
27 28	Unrestricted net assets	455,217. 27	
28	• • • • • • • • • • • • • • • • • • • •	472,826. 28	
일 29	•	Q 29	
29 10	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	Capital stock or trust principal, or current funds	30	
30 31 32 33	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
2 33	Total net assets or fund balances	928,043. 33	
34		1,029,026.34	734, 938

orm 9	90 (2014)				Pa	ge 12
Par	t XI Reconciliation of Net Assets	•				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> , </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				939.
2	Total expenses (must equal Part IX, column (A), line 25)	2				138.
3	Revenue less expenses Subtract line 2 from line 1	3				199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	28,	043.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6	86,	544.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1			
-	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	ın		~	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both	•				•
	Separate basis Consolidated basis Both consolidated and separate basis					4
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	*******
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					, ,
	separate basis, consolidated basis, or both		_			
	X Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	Wereir	tht	~		
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					,
	Schedule O	Apiaili		·		
3~	scriedule 0 . As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			- ^
Ja	the Single Audit Act and OMB Circular A-133?		""	3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he.			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 33-1007188 BUILD-A-BEAR WORKSHOP FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives: (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (iii) Type of organization (v) Amount of monetary (vi) Amount of (ii) EIN (I) Name of supported organization (iv) is the organization (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) document? instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

Par	Support Schedule for Orga (Complete only if you checke Part III If the organization fai	d the box on I	ine 5, 7, or 8 d	of Part I or if th	ne organizatio	n failed to qual	
Sec	tion A. Public Support	q ,		, р		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,099,057.	1,893,344.	1,756,328.	1,646,491.	529,171.	7,924,391.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	2,099,057.	1,893,344.	1,756,328.	1,646,491.	529,171.	7,924,391.
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)						0
6	Public support. Subtract line 5 from line 4					L	7,924,391.
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	2,099,057. 2,713.	1,893,344. 3,026.	1,756,328. 2,643.	1,646,491.	529,171. 1,768.	7,924,391.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10	<u>-</u> .					7,936,005.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge			1	
14	Public support percentage for 2014 (li		-			14	99.85%
15	Public support percentage from 2013						99.86%
16a	16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						
	check this box and stop here . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test -:	2014. If the org	ganization did ne	ot check a box	on line 13, 16	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	eck this box a	nd <mark>stop here.</mark> E	xplain in
	Part VI how the organization meets	the "facts-and-o	circumstances" te	est The organi	zation qualifies	as a publicly si	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test -		-				
	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat supported organization				_		publicly ▶
18	Private foundation. If the organization						

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)

Sec	tion A. Public Support		-				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees					† · · · · · · · · · · · · · · · · · · ·	
	received (Do not include any "unusual grants ")						
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			1			
4	Tax revenues levied for the		i				
	organization's benefit and either paid						
	to or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support		·	 			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				_		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b [
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						
12	(Explain in Part VI)		-	 			
13	Total support. (Add lines 9, 10c, 11,						
44	and 12)	the cransing	n'e firet esseri	third fourth	fifth toy year	1	(0)(3)
14	•	•			•		```
500	organization, check this box and stop here . tion C. Computation of Public Sup			 		<u> </u>	····
15	Public support percentage for 2014 (line 8)			mn (fl)		15	%
16	Public support percentage from 2013 Sche						
	tion D. Computation of Investmen			<u>······</u>	·····	110	
17	Investment income percentage for 2014 (III			13 column (ft)		17	%
18	Investment income percentage from 2013					18	
	33 1/3% support tests - 2014. If the org						
ısa	17 is not more than 331/3%, check the	-					. \square
b	33 1/3 % support tests - 2013. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see inst	ructions >

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations		\ <u>\</u>	T NI =
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	res	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990)	_8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	ļ	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

	-
Door	

Part I	V Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	!	
Section	on B. Type I Supporting Organizations		Vaa	No
	ſ		162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		7	
2 1:		2		
Section	on C. Type II Supporting Organizations		V	NI -
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	_		
2		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	_
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	_3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Part V Type'lll Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S _	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 See in	structions. All
other Type III non-functionally integrated supporting organizations must com	plete Se	ections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· ·	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to		·	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ıntegra	ated Type III supporting	g organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 7

Part		Supporting Organizat	ions (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e	<u>-</u>		
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$	· · · · · · · · · · · · · · · · · · ·		
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		= ===	
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014		<u> </u>	<u> </u>
			Cabadula	A (Form 990 or 990 EZ) 201.

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI 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)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Employer identification number
BUI	LD-A-BEAR WORKSHOP FOUNDATION, INC.		33-1007188
Pa	rt Organizations Maintaining Donor Advised Fund		or Accounts.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6	
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held	d in donor advised
_	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor	-	
	only for charitable purposes and not for the benefit of the c		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	"
	Preservation of land for public use (e.g., recreation or e	education) Preservation	n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution	in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a	a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the	e periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation easements it	holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation ea	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easem	ents during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports conservation		·
	balance sheet, and include, if applicable, the text of the footr	note to the organization's finar	icial statements that describes the
В	organization's accounting for conservation easements organizations Maintaining Collections of Art, H	interior I Transceros or Oth	an Cimilan Apparts
	Complete if the organization answered "Yes" to I		er Sillilar Assets.
	···		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (works of art, historical treasures, or other similar assets)	ASC 958), not to report in its held for public exhibition, ec	s revenue statement and balance sheet lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to	its financial statements that de	escribes these items
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets		lucation, or research in furtherance of
	public service, provide the following amounts relating to thes		. .
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic		• • •
_	following amounts required to be reported under SFAS 116 (
a b	Revenue included in Form 990, Part VIII, line 1		
_	Assets included in Form 990, Part X		Schedule D (Form 990) 2014
	,		

_		•
Pa	ae	4

Par	rt Organizations Maintaining Collec	tions of Art, Hist	orical Treasur	es, c	or Oth	er Similar As	sets (co	ntını	ued)
3	Using the organization's acquisition, accessi	ion, and other recor	ds, check any o	f the	follow	ing that are a s	significant	use	of its
	collection items (check all that apply)	_	7						
а	Public exhibition	d	Loan or excha						
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	ain how they fur	ther t	the org	janization's exer	mpt purp	ose II	n Part
	XIII								
5	During the year, did the organization solicit or						_	_	_
	assets to be sold to raise funds rather than to								No
Par	rt IV Escrow and Custodial Arrangemen		ne organization	answ	vered '	'Yes" to Form	990, Par	t IV,	line 9,
	or reported an amount on Form 99	30, Part X, line 21.	 						
1 a	Is the organization an agent, trustee, custodi		-				<u>—</u>	_	_
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table						
				L	_	Amoun	<u>t </u>		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						 		
2a	Did the organization include an amount on Fo					-		- ∟	No
	If "Yes," explain the arrangement in Part XIII		·						
Par	rt V Endowment Funds. Complete if the		1 "						
_	(a) Curre	ent year (b) Prio	or year (c) Tw	o years	back	(d) Three years ba	ck (e) F	our yea	rs back
1 a	Beginning of year balance								
b	Contributions						_		
С	Net investment earnings, gains,								
	and losses								
a	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
T	Administrative expenses								
	End of year balance				1				
2	Provide the estimated percentage of the curre		e (line 1g, column	1 (a)) r	neid as				
a	Board designated or quasi-endowment Permanent endowment %								
D	·	0/							
С		%							
2-	The percentages in lines 2a, 2b, and 2c should be a sh		tion that are half		- d	atored for the			
3 a	Are there endowment funds not in the posses	ssion of the organiza	ation that are her	u ano	aomin	istered for the		V	1 11-
	organization by						2-4	Yes	No
	(i) unrelated organizations							_	+
h	(ii) related organizations		Sebodulo B2	• • •			3a(i	_	+
							3b		
4	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment.	organization's endo	wittent tunds						
Par	rt VI Land, Buildings, and Equipment. Complete if the organization answ	vered "Yes" to Forn	n 990. Part IV. I	line 1	1a Se	ee Form 990. F	Part X. Iır	ne 10)_
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba (other)		(c) Acc	umulated eciation	(d) Book		<u>-</u>
1 a									
b									
С	Leasehold improvements								
d	Equipment								
e			L						
Tota	al. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), lin	ne 10(c))	▶			
						Sc	hedule D (Form 9	90) 2014

	-
D	-

	(a) Description of security or category (including name of security)	(b) Book value			Method of valua end-of-year mark	
Financia	al derivatives		1			
	-held equity interests					
(A)						-
: (B)						
(C)				· • • · · · · · · · · ·		
(D)			† – –	· · · · ·		
		-	1			
<u>```</u> (F)		-				
(G)		-				
(H)						
<u> </u>	n (b) must equal Form 990, Part X, col (B) line 12)					
	Investments - Program Related.			-		
	Complete if the organization answe	red "Yes" to Form 99	0, Part I	V, line 11c. Se	ee Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value			Method of valua end-of-year mar	
1)						
2)			1			
3)				•		
4)						
5)						
6)						
7)						
			1		•	
0)			ŀ			
(9)	n (b) must equal Form 990, Part X, col (B) line 13)					
(8) (9) tal. (Column Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets.					
(9) tal. (Columi		red "Yes" to Form 99	0, Part I	V, line 11d. S	ee Form 990	, Part X, line 15
9) tal. (Columi	Other Assets. Complete if the organization answe	red "Yes" to Form 99 Description	0, Part I	V, line 11d. Si	ee Form 990	, Part X, line 15
9) tal. (Column art IX	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	T
9) tal. (Column art IX	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. S	ee Form 990	T
(9) tal. (Columi	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. So	ee Form 990	T
(9) tal. (Column art IX (1) (2) (3)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	T
9) tal. (Column art IX 1) 2) 3)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	T
9) al. (Column art IX 1) 2) 3) 4)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	
9) al. (Column art IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	
9) al. (Column art IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. Si	ee Form 990	
9) al. (Column art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answe		0, Part I	V, line 11d. So	ee Form 990	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe	Description		V, line 11d. Si	ee Form 990	T
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities.	Description B) line 15)				(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe (a)	Description B) line 15)				(b) Book value
9) tal. (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe	Description B) line 15)				(b) Book value
9) al. (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15)				(b) Book value
9) al. (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability	B) line 15) red "Yes" to Form 99				(b) Book value
9) al. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
9) al. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art IX	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
9) tal. (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Feder 2) DUE 3) 4)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
9) tal. (Column art IX 1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column art X 1) Feder (2) DUE (3) (4) (5)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
9) tal. (Column art IX 1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column art X 1) Feder (2) DUE (3) (4) (5) (6)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
(1) Feder (2) DUE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
(1) Feder (2) DUE (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99	0, Part I			(b) Book value
(1) Feder (2) DUE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe (a) umn (b) must equal Form 990, Part X, col (i) Other Liabilities. Complete if the organization answe line 25 (a) Description of liability ral income taxes	B) line 15) red "Yes" to Form 99 (b) Book ve	0, Part I			(b) Book value

Supplemental Information (continued) Part XIII

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUILD-A-BEAR WORKSHOP FOUNDATION, INC.

Employer identification number

33-1007188

Pari	General Information Form 990, Part IV, line		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the or assistance, the grantees' eligit grants or assistance?	oility for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe assistance outside the United		ganization's p	rocedures for monitoring	the use of its grants	and other
•	Activities per Region (The fol		2 table can be	a duninated if additional or	agge is panded)	
3	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	NORTH AMERICA			GRANTMAKING	n/A	13,840.
(2)						
(3)			<u>.</u>			
(4)						
(5)						
(6)						
(7)	 -					
(8)						
(9)						
(10)						
(11)					-	
(12)						
(13)						
(14)						
(15)						
(16)						<u> </u>
(17)						
3a b		n				13,840.
С	Totals (add lines 3a and 3b					13,840.

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

JSA
4E1274 1 000
17188S 764N 7/15/2015 5:53:32 PM V 14-5.5F

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Schedule F (Form 550) 2014 Part II

-	(a) Name of organization			(b) IRS code section and EIN (if applicable)	code and ElN cable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	•	•	•	, ,,+								
(2)	,	3		\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
(3)	*		\$ *						-			
(4)			,	*	* \							
(5)			^		ž.							
(9)	*	y v	*		**************************************				-			
(2)		ž	***	.s.**	, ,,				-			
(8)			*	s de la separate Materia	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
(6)				Į.	34 10							
(10)				>								
(11)		۰.	`									
(12)	,		* \$	^ ** ·	**							
(13)				×	, , , , , , , , , , , , , , , ,							
(14)					· .							
(15)			.,								-	
(16)			,									

	i	
corganizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	▲ ˈ	lack race rac
exe	antee or counsel has provided a section 501(c)(3) equivalency letter	rganizations or entitles
ţż	:	:
as	:	:
ized	:	:
ogu	:	:
ē	:	:
ţŢ,	•	:
on	:	
J C	:	:
je	:	-
e E	ŧē.	
ζŧ	<u>v</u> et	
esp	enc	
arit	ıva	- :
ç	edn	-1
ä	<u>(C)</u>	-1
nize	(C)	
goo	50 ر	
ē	ğ	-
t are	se(
‡	e pe	:
ove	Vide	•
ap	o d	S.
sted	has	itte
<u>≅</u>	sel	ē
ățio,	Jno:	SC
ınızı	ō	atio
orga	tee	Juz
Ĭ	gran	orge
gig	je j	Je.
frē	ch t	fot
0	ķ	e O
μĎ	ō	ğ
iter total number of rec	o'.	nter total number of other
tota	8	tota
ter	the	ter
ய	ρ	Ē
7		3

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed Part III

rait III cail de duplicateu II additional space is necede	Illuliai space is liecucu						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(n) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)	:						
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)		_					
(18)							
						Sche	Schedule F (Form 990) 2014

PAGE 28

ì	p,	90	e	4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No,
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Supplemental Information Part V

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

FOREIGN GRANTS

CHARITIES APPLY FOR A GRANT ONLINE. A CONTRIBUTIONS COMMITTEE MEETS TO THE BOARD OF DIRECTORS THEN APPROVE THE PROPOSED REVIEW THE APPLICATION. GRANTS. AFTER APPROVAL FROM THE BOARD OF DIRECTORS, THE GRANT IS GIVEN TO RECIPIENTS WHICH WERE LOCATED IN CANADA.

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

	0
	\sim
	×
	Ç,
	=
	•
	0
	•=
	-
	>
	0
	×
	3
	Ų,
	.=
	_
	>
	->
	>
	_
	-
	-
	_
	Œ
	•••
	Ś
	.==
	92
	=
	0
	.=
	ب
	ပ
	₽
	2
;	stru
	stru
	nstru
	instru
	instru
	s instru
	its instru
	its instru
	d its instru
	nd its instru
	nd its instru
	and its instru
	and its instru
) and its instru
	0) and its instru
	90) and its instru
	990) and its instru
	990) and its instru
	າ 990) and its instru
	m 990) and its instru
	rm 990) and its instru
	orm 990) and its instru
	orm 990) and its instru
	Form 990) and its instru
	(Form 990) and its instru
	l (Form 990) and its instru
	e I (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047	
------------------	--

Open to Public

▶ Information about Schedule

Employer identification number 33-1007188

INC.	Assistance
FOUNDATION,	n on Grants and A
WORKSHOP	Il Information
BUILD-A-BEAR	Genera
BUILL	Part I

Does the organization maintain records to substantiate the amount of the grants or assistance, and
the selection criteria used to award the grants or assistance?
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OTHER < \$5,000							
	Γ	501(C)(3)	398,646.				CHARITABLE GRANTS
(2) MARINE TOYS FOR TOTS							
18251 QUANTICO GATEWAY DRIVE		501 (C) (3)	287,258.				TOYS FOR LOW INCOME
(3) CITY ARCH RIVER 2015							
ONE SOUTH MEMORIAL DRIVE		501 (C) (3)	25,000.				CITY ARCH RIVER RENO
(4)							
					-		
(5)							
(9)							
	ı						
(7)							
(8)							
			_				
(6)							
					_		
10)							
					1		
11)					-		
12)					-		
					_		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	organizations l	isted in the line 1 to	able		A	205.
3 Enter total number of other organizations listed in the line	isted in the lin	e 1 table				•	
or Paperwork Reduction Act Notice, see the Instructions for Form 990-	ions for Form 9	90.			-	Sche	Schedule I (Form 990) (2014)

V 14-5.5F

Schedule I (F	Schedule I (Form 990) (2014)	Pag
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	
	Part III can be duplicated if additional space is needed	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
, m						
4						
ro.						
ေ						
Part IV	Part IV Supplemental Information. Complete this part information		vide the informa	tion required in	Part I, line 2, Part III,	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

US GRANTS

CHARITIES APPLY FOR A GRANT ONLINE. A CONTRIBUTIONS COMMITTEE MEETS TO

REVIEWYTHE APPLICATION. THE BOARD OF DIRECTORS THEN APPROVE THE PROPOSED

GRANTS. AFTER APPROVAL FROM THE BOARD OF DIRECTORS, THE GRANTS ARE GIVEN

TO RECIPIENTS WHICH WERE LOCATED IN THE U.S.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BUILD-A-BEAR WORKSHOP FOUNDATION, INC.

Employer identification number 33-1007188

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	<u>-</u>		
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			l <u>. </u>
а	The organization?	6a	7.7	X
b	Any related organization?	6b	Х	<u> </u>
_	If "Yes" to line 6a or 6b, describe in Part III			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_	1	x
c	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			х
9	In Part III	8	 	 ^ -
3	Regulations section 53 4958-6(c)?	9	•	
	regulations costs in co-moto o(o).	1_3	L	

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	in column (B) reported as deferred in prior Form 990
	€	0	0	0				
1 DIRECTOR EMERITUS	: €	686,137.	377,139.	660,892.			1,724,168.	
	€	0	0	b				
DIRECTOR		376,223.	212,415.	193,267.			781,905.	
	€	0	0	0				
α.	€	263,461.	85,750.	267,829.			617,040.	
UNDONIS	€	0		b				
	€	273,110.	90,440.	143,908.			507,458.	
INNEGAN	ε	0	0	b				
6 DIRECTOR	€	189, 566.	100,980.	552,321.			842,867.	
	€	0	0	0				
& DIRECTOR	€	316, 154.	102,000.	122,215.			540,369.	
FUCHS	ε	0	0	0				
	€	156,719.	24,310.	16,165.			197,194.	
GOWER	ε	b	b	b				
	(ii)	198,716.	20,182.	49,390.			268,288.	
D LEVINE	€	b	0					
9 DIRECTOR	(E)	194,718.	19,489.	46,957.			261,164.	
	€							
10	(II)							
	€							
11	≘							
	€							
12	€							
	ε							
13	Œ							
	€							
14	⊞							
	ε							
15	₿							
	ε							
16	(II)							
							Sch	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

STOCK OPTIONS

OFFICERS AND DIRECTORS OF BUILD-A-BEAR WORKSHOP FOUNDATION, INC. ARE

EMPLOYEES OF THE RELATED ORGANIZATION, BUILD-A-BEAR WORKSHOP, INC. AND

PARTICIPATE IN A STOCK OPTION PROGRAM.

BONUS PLAN

OFFICERS AND DIRECTORS OF BUILD-A-BEAR WORKSHOP FOUNDATION, INC. ARE

EMPLOYEES OF THE RELATED ORGANIZATION, BUILD-A-BEAR WORKSHOP, INC. AND

PARTICIOATES IN A BONUS PLAN.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2014
Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

BUILD-A-BEAR WORKSHOP FOUNDATION, INC.

Employer identification number 33-1007188

OTHER PROGRAM SERVICES

MISCELLANEOUS GRANTS (LESS THAN \$5,000) WERE PAID TO CHARITABLE
ORGANIZATIONS THAT SUPPORT OUR MISSION OF DOMESTIC ANIMAL PROGRAMS;
ENDANGERED SPECIES PROGRAMS; DISASTER RELIEF PROGRAMS AND ENVIRONMENTAL
CONCERNS.

GOVERNING BODY AND MANAGEMENT

BUILD-A-BEAR WORKSHOP FOUNDATION, INC.'S OFFICERS AND DIRECTORS ARE

EMPLOYEES OF BUILD-A-BEAR WORKSHOP, INC., A RELATED PARTY. BUILD-A-BEAR

WORKSHOP FOUNDATION, INC.'S OFFICERS AND DIRECTORS ARE VOLUNTEERS.

GOVERNING BODY AND MANAGEMENT

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

GOVERNING BODY AND MANAGEMENT

BUILD-A-BEAR WORKSHOP FOUNDATION, INC. ANNUALLY REQUIRES EACH OFFICER AND DIRECTOR TO COMPLY AND SIGN A WRITTEN CONFLICT OF INTEREST POLICY. IN ADDITION, WE REQUIRE MEMBERS OF THE CONTRIBUTIONS COMMITTEE TO DISCLOSE ANY CONFLICTS PRIOR TO DISCUSSING ANY GRANT REQUESTS. IF THERE IS SUCH A CONFLICT, THE CONTRIBUTIONS COMMITTEE AND/OR BOARD MEMBER MUST RECUSE THEMSELVES FROM THE DISCUSSION AND APPROVAL OF ANY GRANT.

GOVERNING BODY AND MANAGEMENT

BUILD-A-BEAR WORKSHOP FOUNDATION, INC. ANNUALLY POSTS THEIR FORM 990 ON

Name of the organization
BUILD-A-BEAR WORKSHOP FOUNDATION, INC.

Employer identification number

33-1007188

THE RELATED PARTY, BUILD-A-BEAR WORKSHOP, INC'S WEBSITE. WE WILL ALSO PROVIDE COPIES UPON REQUEST. THE DOCUMENTS ARE ALSO AVAILABLE TO BE INSPECTED AT OUR OFFICE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BUILD-A-BEAR WORKSHOP FOUNDATION, INC. IS COMMITTED TO IMPROVING AND IMPACTING THE LIVES OF CHILDREN AND FAMILIES BY SUPPORTING PROGRAMS

THAT PROVIDE RESEARCH, TREATMENT, AND EDUCATION FOR CHILDREN HEALTH AND WELLNESS CAUSES. THE FOUNDATION ALSO SUPPORTS PROGRAMS WHICH PROMOTE LITERACY AND EDUCATION, THE PRESERVATION OF ENDANGERED ANIMALS AND THEIR HABITATS, DOMESTIC ANIMAL SHELTERS, DISASTER RELIEF AND ENVIRONMENTAL CONCERNS.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

(D)

DESCRIPTION

TOTAL RELATED OR REVENUE EXEMPT REVENUE

UNRELATED BUSINESS REV. EXCLUDED REVENUE

INTEREST INCOME

1,768.

TOTALS

1,768.

33-1007188

SCHEDULE R (Form 990)

Internal Revenue Service

Name of the organization Department of the Treasury

BUILD-A-BEAR WORKSHOP FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Employer Identification number Inspection

33-1007188

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)(b)(c)(d)<l Part II Part I 9 Ξ 2 ପ 4 (5)

(g) Section 512(b)(13) controlled ŝ entity? Yes (f) Direct controlling Public chanty status (if section 501(c)(3)) (d) Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization (2) ପ୍ର (4) (2) Ξ

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

JSA 4E1307 1 000

(9)

5

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year	ted Organizations more related orga	Taxable a	s a Partners reated as a	s hip Com partnersh	plete if th ip during	e organizatioi he tax year	a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 sated as a partnership during the tax year	s" on Form	990, Part IV, I	ine 34		
Nan	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Prec incom un exclu	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispreportorata aftecations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership	tage ship
			conuna)			(+10-310.6)			Yes No		Yes No		
(1)													
(2)													
									-				
(3)													
(4)											_		
(5)													
(9)													1
(7)				:									
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ted Organizations	Taxable a	is a Corpora zations treat	ition or Ti ed as a c	rust Com	plete if the org	a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, attons treated as a corporation or trust during the tax year	ered "Yes"	on Form 990,	Part IV,		
	(a) Name, address, and EIN of related organization) of related organization		(b) Primary activity	activity Le	(c) Legal domicle (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage Sownership co	(I) Section 512(b)(13) controlled entity?
												اعر ا	Yes No
(1) BUILD-	BUILD-A-BEAR WORKSHOP, INC.		43-1883836										_
1954 I	1954 INNERBELT BUSINESS CENTER DRIVE	DRIVE ST. LOUIS, MO	0 63114	RETAIL SALES	LES	DE	N/A	C CORP			_		-
(3)													
(4)													+-
							:				-		4
(5)										Ti.			
(9)									ļ				
													4
(7)				\neg									
JSA 4E1308 1 000										Sched	Schedule R (Form 990) 2014	rm 990)	2014

(O
or 36
l, 35b,
34
line
≥ Î
0, Part IV,
s" on Form 990, Part l
96
D.O.
n F
es" o
٣
red
SWE
n ans
ţi
ınization
w
f the org
fth
<u>e</u>
np(
Con
izations Co
atio
Janizat
)rg
be
elat
Z.
¥.
SU
ctio
nsa
Tra
_
7
Ра

							ł
Š	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			L	۶	Yes	o [
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations list	ed in Parts II-IV?		+	-	
æ	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			· ·	1a	-	×I
٩	b Gift, grant, or capital contribution to related organization(s)	•			1b	_	×
ပ					10		×
7	d I pans or loan quarantees to or for related proantzation(s)				10		×
3 0					9	1	×
•					-	-	1
٠	6 Dundonds from related organization(e)			!	-	_	
-				•	: ;	+	×
ට .				•	<u>-</u>	+	< >
_	h Purchase of assets from related organization(s).			:	<u>-</u>	4	:ا ۵
· -	i Exchange of assets with related organization(s)	• • • • • • • • • • • • • • • • • • • •			;=	_	×I
-	j Lease of facilities, equipment, or other assets to related organization(s).	•			1j	_	×
•							
¥	k Lease of facilities, equipment, or other assets from related organization(s)				*		×
-					=		×
E	m Performance of services or membership or fundraising solicitations by related organization(s)				f E		×
=					↓_	×	
•		•			╄	×	
>					↓	-	
۵	b Reimbursement paid to related organization(s) for expenses.				0	×	7
. 0							×
7		•	•				
•	r Other transfer of cash or property to related organization(s)			<u> </u>	+		×
. <i>u</i>					- 18		×
,	J	ne including cover	ed relationships and transa	action threst	Spoot		
•	יו יויכ מופאיכו על מויל מסטיל ואיל מסטיל ואיל מיל מויל מיל מיל איל מיל מיל מיל מיל מיל מיל מיל מיל מיל מ		(3)		3		1
	Name of related organization	(b) Transaction	Amount involved	Method of	determ	סטיטונ	
		type (a-s)		amount involved	t involve	2	
Ð	BOILD-A-BEAK WOKKSHOF, INC. A KELAIED FAKII,						
(2)	SHARES FACILITIES AND EMPLOYEES WITH BUILD-A-						
9	BEAR WORKSHOP FOUNDATION, INC. EMPLOYEES OF						
					ŀ		
₹	BUILD-A-BEAR WORKSHOP, INC ARE VOLUNTEERS FOR						
(2)	THE ORGNAIZATION.						
(9)							
AS.			Sch	Schedule R (Form 990) 2014	rm 99	0) 201	14

Part VI

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

of gloss everlue) that was not a related organization see that uctions regarding excussion to certain investment particles in the	dilization see ilisti	uctions regarding	o ioi lioispiova fi	ים ומוו ווואם	ייוכווי לייוכווי	n du l				
(a) Name, address, and EIN of entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) hare of d-of-year æsets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(l) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)	~							:		
(5)							-			
(9)										
(7)										
(8)										
(6)			,							
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
JSA 4E1310 1 000		-		:				Sch	edule R (F	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Page 5

Supplemental Information Part VII

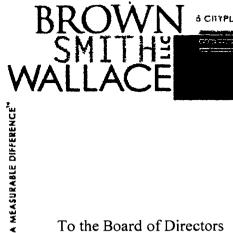
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2014

TABLE OF CONTENTS

<u>Pag</u>	<u>e</u>
Independent Auditor's Report	
Financial Statements	
Statements of Financial Position	
Statements of Activities4	
Statements of Cash Flows6	
Notes to Financial Statements	



Independent Auditor's Report

To the Board of Directors Build-A-Bear Workshop Foundation, Inc. St. Louis, Missouri

Report on the Financial Statements

We have audited the accompanying financial statements of Build-A-Bear Workshop Foundation, Inc. (the "Foundation") which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Foundation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Build-A-Bear Workshop Foundation, Inc. as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

St. Louis, Missouri July 31, 2015

Brown Smith Wallace, LLC

Statements of Financial Position

December 31, 2014 and 2013

		2014		2013
ASSETS Cash and cash equivalents Pledges receivable	\$	703,245 31,693	\$	664,489 364,537
TOTAL ASSETS	<u>\$</u>	734,938	\$	1,029,026
LIABILITIES AND NET ASSETS				
LIABILITIES				
Contributions payable	\$	29,528	\$	91,950
Due to related party		18,866		9,033
Total Liabilities		48,394		100,983
NET ASSETS				
Unrestricted		486,789		455,217
Temporarily restricted		199,755		472,826
Total Net Assets		686,544	_	928,043
TOTAL LIABILITIES AND NET ASSETS	\$	734,938	\$	1,029,026

Statement of Activities

Year ended December 31, 2014

	Un	restricted		mporarily estricted	Total
Support and Revenues:			_		
Contributions	\$	388,500	\$	- \$	388,500
Health and wellness		-		56,673	56,673
Literacy and education		-		-	-
Pet programs		-		37,979	37,979
Scholarships		-		20,000	20,000
Beverly Fund		-		26,019	26,019
Other programs		-		-	-
In-kind contributions		13,804		-	13,804
Interest income		1,656		112	1,768
Net assets released from restrictions		413,854		(413,854)	-
Total support and revenues		817,814		(273,071)	544,743
Expenses:					
Children's cancer		-		-	-
Health and wellness		298,129		-	298,129
Literacy and education		48,575		-	48,575
Pet programs		42,250		-	42,250
Scholarships		10,000		-	10,000
Beverly Fund		12,500		-	12,500
Other programs		318,290		-	318,290
General and administrative		56,498		-	56,498
Total expenses		786,242	. , .	-	786,242
CHANGE IN NET ASSETS		31,572		(273,071)	(241,499)
Net assets, at beginning of year		455,217	_	472,826	928,043
Net assets, at end of year	_\$	486,789	\$	199,755 \$	686,544

Statement of Activities

Year ended December 31, 2013

	U	nrestricted	Cemporarily Restricted	Total
Support and Revenues:				
Contributions	\$	609,050	\$ - \$	609,050
Health and wellness		-	939,422	939,422
Literacy and education		-	62,874	62,874
Pet programs		-	-	-
Scholarships		-	206	206
Beverly Fund		-	28,565	28,565
Other programs		-	6,375	6,375
In-kind contributions		19,733	-	19,733
Interest income		1,352	112	1,464
Net assets released from restrictions		1,268,682	(1,268,682)	-
Total support and revenues		1,898,817	(231,128)	1,667,689
Expenses:				
Children's cancer		21,800	-	21,800
Health and wellness		1,153,987	-	1,153,987
Literacy and education		80,700	-	80,700
Pet programs		-	-	-
Scholarships		14,000	-	14,000
Beverly Fund		17,595	-	17,595
Other programs		308,473	-	308,473
General and administrative		53,244	-	53,244
Total expenses		1,649,799	<u>-</u>	1,649,799
CHANGE IN NET ASSETS		249,018	(231,128)	17,890
Net assets, at beginning of year		206,199	703,954	910,153
Net assets, at end of year	\$	455,217	\$ 472,826 \$	928,043

Statements of Cash Flows

Years ended December 31, 2014 and 2013

	2014	2013
Cash flows from operating activities:	 	
Change in net assets	\$ (241,499) \$	17,890
Adjustments to reconcile change in net assets		
to net cash provided by operating activities:		
Decrease in operating assets:		
Pledges receivable	332,844	347,240
Increase (decrease) in operating liabilities:		
Contributions payable	(62,422)	(45,289)
Due to related party	 9,833	(5,502)
Net cash provided by operating activities	 38,756	314,339
NET INCREASE IN CASH		
AND CASH EQUIVALENTS	38,756	314,339
Cash and cash equivalents at beginning of year	664,489	350,150
Cash and cash equivalents at end of year	\$ 703,245 \$	664,489

Notes to Financial Statements

December 31, 2014

Note A - Nature of Activities

Build-A-Bear Workshop Foundation, Inc. (the "Foundation") is committed to improving and impacting the lives of children and families by supporting programs that provide research, treatment, and education for children health and wellness causes. The Foundation also supports programs which promote literacy and education, the preservation of endangered animals and their habitats, domestic animal shelters, disaster relief, and environmental concerns.

In 2004, the Foundation established a scholarship program originally funded with two separate \$100,000 donations by which associates of Build-A-Bear Workshop may apply for up to 20 individual \$1,000 scholarships to be awarded annually.

Note B - Summary of Significant Accounting Policies

Basis of Accounting and Presentation

The financial statements have been prepared on the accrual basis of accounting. Additionally, financial statement presentation follows the recommendations of the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 958-205-05, *Presentation of Financial Statements* which requires the Foundation to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted net assets.

Revenue and Support

The Foundation receives a substantial portion of its revenue from a related party. The related parties collect donations in their retail stores and through their websites on behalf of the Foundation under the authorized agent agreements as described in Note D.

Related parties also donate portions of proceeds of certain specifically identifiable products and restrict those donations for various Foundation charitable causes.

Use of Estimates in Financial Statement Preparation

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes to Financial Statements - Continued

December 31, 2014

Note B - Summary of Significant Accounting Policies (Continued)

Restricted and Unrestricted Revenue and Support

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted, depending on the existence or nature of any donor restrictions. The Foundation reports donations of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When the satisfaction of a restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents. The Foundation's cash and cash equivalents on deposit with financial institutions at times may be in excess of federally insured limits.

Pledges Receivable

Pledges receivable are made up of support due within one year from related parties. Pledges receivable are stated at the amount management expects to collect from balances outstanding at year-end. Due to the receivables being from a related party, management has concluded that there will be no losses realized on the balances outstanding.

Contributed Services

The Foundation received donated administrative services from a related party valued at \$13,804 and \$19,733 for the years ended December 31, 2014 and 2013, respectively. The services meet the criteria for recognition under FASB ASC 958-605-30, Accounting for Contributions Received, and are recorded in the accompanying statements of activities as in-kind contributions.

Contributions Payable

Contributions payable are Board approved grants awarded to qualified non-profit organizations. The contributions payable are recorded upon approval by the Board.

Functional Allocation of Expenses

Costs have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated between program expenses and general and administrative expenses.

Notes to Financial Statements - Continued

December 31, 2014

Note B - Summary of Significant Accounting Policies (Continued)

Income Taxes

The Foundation constitutes a qualified not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code and is, therefore, exempt from federal income taxes.

The Foundation has addressed the provisions of FASB ASC 740, Accounting for Income Taxes. In that regard, the Foundation has evaluated its tax positions, expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings and believes that no provision for income taxes is necessary, at this time, to cover any uncertain tax positions.

Reclassifications

Certain amounts on the 2013 financial statements have been reclassified, where appropriate, to conform to the presentation used in the 2014 financial statements. Changes in net assets are unchanged due to these reclassifications.

Note C - Temporarily Restricted Net Assets

Temporarily restricted net assets account for all contributions that are restricted for specific purposes or time periods. At December 31, 2014 and 2013 the following items were included in temporarily restricted net assets:

	<u>2014</u>	<u>2013</u>
Health and wellness	\$ 32,652	\$ 274,109
Literacy and education	71,582	120,157
TRNA Domestic Animals	-	4,271
Scholarship	17,229	9,517
Beverly Fund	62,417	48,897
Other	15,875	<u>15,875</u>
	\$ <u>199,755</u>	\$ <u>472,826</u>
Net assets released as of December 31 Program restrictions	\$ <u>413,854</u>	\$ <u>1,268,682</u>

Notes to Financial Statements - Continued

December 31, 2014

Note D - Related Party Transactions

Support and related pledges receivable for the years ended December 31, 2014 and 2013, primarily consist of amounts collected by a related party. The Foundation entered into authorized agent agreements with the related party in December 2003, which specify the relationship between the organizations. Under the terms of the agreements, the related party collects donations in their retail stores and through their website on behalf of the Foundation.

The related party also donates portions of public sales of certain specifically identifiable products and restrict these donations resulting from these sales for various Foundation charitable causes.

The Foundation received donated services from a related party as described in Note B.

Note E - Subsequent Events

Management has evaluated all subsequent events and transactions through July 31, 2015, the date which the financial statements were available to be issued.

Subsequent to year ended December 31, 2014, the board of directors of Build-A-Bear Workshop Foundation, Inc. voted to approve the merger with Build-A-Bear Workshop Bear Hugs Foundation with Build-A-Bear Workshop Foundation as the survivor. The board of directors of Build-A-Bear Workshop Bear Hugs Foundation is scheduled to vote to approve the merger on August 7, 2015.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

	re filing for an Automatic 3-Month Extensio re filing for an Additional (Not Automatic) 3-						. ▶ 🗆
	omplete Part II unless you have already bee						368.
a corpora 8868 to r Return fo	c filing (e-file). You can electronically file Fo tion required to file Form 990-T), or an additi equest an extension of time to file any of the or Transfers Associated With Certain Perso ns). For more details on the electronic filing o	ional (not auto le forms liste lnal Benefit (omatic) 3-month exte d in Part I or Part II o Contracts, which mu	nsion of time. You ca with the exception of st be sent to the IF	n ele Forn IS in	ctronically n 8870, Inf paper for	file Form ormation mat (see
Part I	Automatic 3-Month Extension of Til	me. Only sul	bmit original (no co	pies needed).			
A corpor Part I only	ation required to file Form 990-T and req	uesting an a	utomatic 6-month e	xtension-check this	box	and com	plete
	corporations (including 1120-C filers), partne	rships, REMIC	Cs, and trusts must u	se Form 7004 to requ	iest a	n extensio	n of time
to-file inc	ome tax returns.						
				Enter filer's identifying			tructions
Type or	Name of exempt organization or other filer, se	e instructions.		Employer identification	numb	er (EIN) or	
print	BUILD-A-BEAR WORKSHOP FOUNDATION				00718		
File by the	Number, street, and room or suite no. If a P O	-	uctions	Social security number	(22N)		
due date for filing your	City, town or post office, state, and ZIP code.		ddroce eae leatructions	· · · · · · · · · · · · · · · · · · ·			
return. See		For a foreign a	daress, see instructions				
Enter the	ST. LOUIS MO 63114 Return code for the return that this application	on is for (file a	separate application	for each return) .			
Applica Is For	tion	Return Code	Application Is For				Return Code
	0 av Form 000 F7					-	
	0 or Form 990-EZ	01	Form 990-T (corpo	ration)			07
Form 99	0-BL 20 (Individual)	03	Form 4720 (other th	an individual)			08
Form 99		03	Form 5227	ian individual)			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				- 10
	0-T (trust other than above)	06	Form 8870		-		12
1011100	or (trade offer than above)		1 0111 0070			I	
Telepho	one No. 314-423-8000 ganization does not have an office or place of for a Group Return, enter the organization's	of business in			· · ·	If this	. ▶□
		_	·	this box	• [
	the names and EINs of all members the exte	•	5, ,				
tu fo	equest an automatic 3-month (6 months for a ntil 8/17 , 20 15 , to file the er the organization's return for: Calendar year 20 14 or					The exten	sion Is
_	T tay year beginning	20	and ending			20	
	the tax year entered in line 1 is for less than 1	12 months, ch	eck reason. Initia	I return	'n	, 20	
	Change in accounting period this application is for Forms 990-BL, 990-PF,	990-T 4720	or 6069 enter the to	intative tax less any		1	
	onrefundable credits See instructions	1,4120,	, or occo, enter the te	manto tax, loca ally	3a	s	_
	this application is for Forms 990-PF, 990-	T. 4720 or	6069 enter any refu	indable credits and	Ja		0
	stimated tax payments made. Include any price				3b	s	_
	alance due. Subtract line 3b from line 3a. Inc		•			-	0
E	FTPS (Electronic Federal Tax Payment System	m). See instru	ctions.		3c	 	0
Caution. Instruction	f you are going to make an electronic funds withdr is.	awal (direct del	oit) with this Form 8868	see Form B453-EO and	Form	8879-EO fo	ır payment

Cat No 27916D