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Form.990

Return of Organization Exempt From Income Tax

OMB No 1545 0047 2014

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.

Α	For the 20	014 calenc	lar year, or tax year beginning , 2014, and ending			·
В	Check if app	licable ,	C		D Employer identi	fication number
	┌ ┐	s change	KIDSTOWN INTERNATIONAL, INC	i	91-1714	579
	Name o	_	PO BOX 2129	ľ	E Telephone numb	
	H	-	BELLINGHAM, WA 98227-2129	1	360-647	-1016
	Initial re			-	300-047	-1310
	Final retu	ım/terminated				
	Amende	ed return			G Gross receipts	
	Applica	tion pending	- Name and address of principal annual	• •	group return for subor	⊢ ⊢
	_		Same As C Above	(b) Are all	subordinates included attach a list (see ins	17 Yes No
<u> </u>	Tax-exem	nt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	11 (40, 4	attach a list (see ins	indections)
÷	Website	<u> </u>		(c) Group e	exemption number	
K		rganization	X Corporation Trust Association Other L Year of formation	`		egal domicile WA
		<u> </u>		1330) IN State of the	egai doffliche WA
Pa		Summar		TYMED		
					NATIONAL I	
ø	ĪЙ	<u>ITERDEN</u>	OMINATIONAL, EVANGELICAL ORGANIZATION THAT IS I	DEDICA	TED TO HEL	PING
듩	<u> AB</u>	BANDONE	D CHILDREN LIVING IN INDIGENOULY-OPERATED CHRIS	TIAN	ORPHANAGES	IN ROMANIA,
Ë	IN	<u>IDIA, A</u>	ND NEPAL SO THAT THE CHILDREN MAY BE ALLEVIATED	<u> </u>	<u>HEIR SUFFE</u>	ERING, HAVE
₹		eck this bo		than 25°	1 - 1	
5	3 Nur	nber of vo	iting members of the governing body (Part VI, line 1a)		. 3	10
S			dependent voting members of the governing body (Part VI, line 1b)		4	10
≘	-		of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Activities & Governance			of volunteers (estimate if necessary)		6	0
Ă			ed business revenue from Part VIII, column (C), line 12		7a	0.
	b Net	unrelated	business taxable income from Form 990-T, line 34	_	7b	0.
				Pi	rior Year	Current Year
Ф			and grants (Part VIII, line 1h).	L	826,895.	1,032,156.
Ē	9 Pro	gram serv	rice revenue (Part VIII) (line 2g)			
Revenue			come (Part VIII, column (A), Jines 3, 4, and 7d)		8,109.	14,245.
ď			e (Part-VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tot	al revenue	🎒 add ქழு தெரிம் விறி 11 (ரிம்க் equal Part VIII, column (A), line 12)	<u> </u>	835,004.	1,046,401.
	13 Gra	ents and s	milar amounts paid (Part IX, column (A), lines 1-3)			
	14 Ber	nefits paid	to or for members (Part X) column (A), line 4)			
	15 Sal	aries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		137,276.	138,661.
es			fundraising fees (Part IX, column (A), line 11e)			
SE SE						
Expenses	1		sing expenses (Part IX, column (D), line 25) 109, 065.			
ш	I .		es (Part IX, column (A), lines 11a-11d, 11f-24e)		668,999.	706,294.
	18 Tot	al expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		806,275.	844,955.
_		venue less	expenses. Subtract line 18 from line 12		28,729.	<u>20</u> 1,446.
0 0				Beginnin	g of Current Year	End of Year
a a	20 Tot	al assets	(Part X, line 16)		307,737.	497,659.
\$ B	21 Tot	al liabilitie	s (Part X, line 26)		16,603.	5,079.
Net Assets Fund Balan	22 Net	l assets or	fund balances. Subtract line 21 from line 20		291,134.	492,580.
0	l		re Block	J	231/101.	152/300.
	** ** 34	Signatui	E DIOCK	Anu Impudad	ee and belief it is toic	correct and
com	er penaities of plete Declara	ation gi prepa	lare that I have exampled this return, including accompanying schedules and statements, and to the best of arer (other than officer) is based on all information of which preparer has any knowledge	dita Minwen	ige and belier, it is the	e, correct, and
_			1111	-	30 5	MYZME
c:		ignatu	ire of officer	Da		
Sig He	gii	3	EXECUTIVE DIRECTOR - MATTHEW ?	Cu.	+4	
116	1 C	Type o	r print name and title	SPCI	<u>' </u>	
		ļ				PTIN
		1		ا سرا	G	
Pa		John V	W Bruton John W Bruton 7/21	1.2	self employed	P00295507
	eparer	Firm's nam	Bruton & Schellberg, Inc., PS			
	e Only	Firm's addr	ess 119 N Commercial Suite 990		Firm's EIN ► 91	-1577936
			Bellingham, WA 98225/		Phone no (360	0)-671-0700
Ma	y the IRS	discuss th	is return with the preparer shown above? (see instructions)			X Yes No
_				A0113L 05/	28/14	Form 990 (2014)

Form 990 (2014) KIDSTOWN INTERNATIONAL, INC	91-171457	9 Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		X
1 Briefly describe the organization's mission:		
See Schedule 0		
2 Did the organization undertake any significant program services during the year which were not listed on	the prior	
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services on Schedule O.	_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	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 service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	ces, as measured to others, the tot	I by expenses. al expenses,
4a (Code:) (Expenses \$ 654, 284. including grants of \$) (F	Revenue \$)
KIDSTOWN INTN'L PROVIDES ORPHANS WITH DAY-TO-DAY LIVING NEEDS, S		SCHOOLING
		
		-
		-
		
4b (Code.) (Expenses \$ including grants of \$) (F	Revenue \$)
		-
		
		
		-
		-
		-
1 (O to) (F (C		
4c (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
		-
		
		-
	- 	
	- 	
	-	-
	- 	
	- -	- -
		
4 d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► 654, 284.		

	`		Yes	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
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		X
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		X
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		<u> </u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>X</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u>X</u>
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		<u> </u>
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		Х
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_		<u> </u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19_		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> </u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV 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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 :	a 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		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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 l	25a		Х
ı	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? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		Х
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).			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c 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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		_X
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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ь		
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
	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
BAA		Form	990 (2014)

KIDSTOWN INTERNATIONAL 91-1714579 Page 5 Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Νo 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 2 a 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3 a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a services provided to the payor b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. a initiation fees and capital contributions included on Part VIII, line 12 10 a 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a 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 13 b which the organization is licensed to issue qualified health plans

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13c

Х

14 b

Form **990** (2014)

c Enter the amount of reserves on hand

14 a Did the organization receive any payments for indoor tanning services during the tax year?

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

<u>Se</u>	ction A. Governing Body and Management							
			Yes	No				
1	a 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.							
	b Enter the number of voting members included in line 1a, above, who are independent 1b 10							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		Х				
3	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?	3						
A	Did the organization make any significant changes to its governing documents							
_	since the prior Form 990 was filed?	4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
	6 Did the organization have members or stockholders?							
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		X				
	members of the governing body?	7 a		X				
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7 b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by							
	the following:							
	a The governing body?	8 a		<u>X</u>				
	b Each committee with authority to act on behalf of the governing body?	8Ь		X				
9	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	9		Х				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reve	enue	Code) .)				
			Yes	No				
10	a Did the organization have local chapters, branches, or affiliates?	10 a		_X_				
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b						
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O							
12	12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		_				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	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?							
	a The organization's CEO, Executive Director, or top management official	15 a		Х				
	b Other officers or key employees of the organization.	15 b		<u> </u>				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х				
	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							
5-	organization's exempt status with respect to such arrangements? ction C. Disclosure	16 b	L,					
	List the states with which a copy of this Form 990 is required to be filed None							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly) av	– – – ⁄aılabl	 e				
	for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availabe the public during the tax year. See Schedule O	le to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records: >							
	MATTHEW SMITH 119 N. COMMERCIAL BELLINGHAM WA 98225 360-647-2470							

Form 990 (2014)	KIDSTOWN INTERNATIONAL,	INC		91-1714579

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)	1					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(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				
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
(1) BOARD LIST ATTACHED	- <mark>0</mark> -							0.	0.	0.
(2)										
(3)										
(4)										
(5)				•••	-				'	
<u>_</u> \odots		-								_
(8)										
(10)	-									
(11)								-		
(12)										
(13)								-		
(14)										·

Page 7

(A) Name and title	(B) Average hours per	(do	not c	Pos check	sition more erson direct	than is bot or/trus	one h an	(D) Reportable compensation from	(E) Reportable compensation from	Est	(F)
-	wook	Individual trustee or director		_		Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	comp fro orga and	ensation im the nization related nizations
(15)											
(16)											
(17)		-									, -
(18)											
(19)	-										
(20)											
(21)											
(22)											
(23)											
(24)		-			<u> </u>						
(25)											
1 b Sub-total		٠.	LI		<u> </u>		>	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A						•	0.	0.		0.
2 Total number of individuals (including but not limited from the organization • 0	ted to tho	se lis	ted	abo	ve)	who	rece			le compe	
	<u>.</u>	-							•		Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus o <i>individua</i>	itee, a/	key	emp	oloy	ee, o	r hi	ghest compensate	d employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportable r than \$15	e con 50,00	nper 0? <i>l</i> :	nsatı f 'Ye	on a	and o	the <i>lete</i>	r compensation fre Schedule J for	om	4	x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	satior e Sc	n fro hedu	m a	ny u <i>I for</i>	inrela Such	ated	l organization or in	ndıvıdual	5	X
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·						,		¢100 000		
Complete this table for your five highest compensation from the organization. Report compensation.	pensation	for t	he c	aler	ndar	year	en	ding with or within	the organization's	ax year.	
(A) Name and business addr	ess							Description o	of services	(C Compen) Isation
					-						
2 Total number of independent contractors (including	ng but not	lımıt	ed to	o th	ose	listed	d ab	pove) who received	d more than		
\$100,000 of compensation from the organization	▶ 0	TEEAC								Form 9	90 (2014)

	GIEGK II GUIRC	Zuic O contains	a respi	7.30 or flote to all	y line in this Part VII		(0)	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campa	aigns	1 a					
irar oun	b Membership dues							
s, G Am	c Fundraising even	1 c						
Gift Iar	d Related organiza	1 d						
ns, Ximi	e Government grants (c	1 e						
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions similar amounts not i		1f	1,032,156.				
ontr Id C	g Noncash contributions		a-1f: \$_		-			
<u>a</u> <u>c</u>	h Total. Add lines 1	la-1f .		Business Code	1,032,156.			
anus	2a			Business Code	-			
Program Service Revenue	b							
ŝ	c							
ervi	d							
SE	e			-				
gra	f All other program	service revenu	e					
P	g Total. Add lines 2	2a-2f		•				
	3 Investment incomother similar amo	ne (including divounts)	ridends	, interest and	14,245.	14,245.		
	4 Income from inve	estment of tax-e	xempt	bond proceeds . •	•			
	5 Royalties	5 Royalties . (i) Real (ii) Persona			•			
		(1) F	leal	(ii) Personal	-			
	6a Gross rents				-			
	b Less: rental expe				-			
	c Rental income or (los	· L.						
	d Net rental income or (loss)		urities	(ii) Other				
	7 a Gross amount from sa assets other than inve	ales of		(4) 5 2.1.5	-			
	b Less: cost or other ba and sales expenses		-					
	c Gain or (loss)	-			-			
	d Net gain or (loss))		<u> </u>				
	8a Gross income from		vonte					
Other Revenue	(not including . \$	in landraising e	VCIII	İ				
Š	of contributions r	eported on line	1c).					
æ	See Part IV, line	18 .		1				
	b Less: direct expe			o				
ర	c Net income or (lo	ss) from fundra	ising e	vents •	•			
	9 a Gross income from See Part IV, line	om gaming activ 19	ities.	a				
	b Less: direct expe		l	o				
	c Net income or (lo	oss) from gamın	g activi	ti <u>es</u>	•			
	10 a Gross sales of in and allowances	ventory, less re	turns	1				
				a	4			
	b Less: cost of goo		ا	P				
	c Net income or (lo		of inver	Nory Business Code				<u> </u>
	11 a	73 VeAeline		pusiness Code	+			
	b				 			
	c			 .				
	d All other revenue				 			
	e Total. Add lines		L	•	-			
	12 Total revenue. S			•	1,046,401.	14,245.	0.	0

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a re			ust complete column (A).	
Do l 6b,	not include amounts reported on lines 7b, 8b, 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				······································
2					· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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.	0.	0.	0.
7	Other salaries and wages	120,205.	26,517.	42,616.	51,072
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,856.	1,017.	2,222.	4,617
10	Payroll taxes	10,600.	2,338.	3,758.	4,504.
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
•	: Accounting .	7,225.		7,225.	
	i Lobbying				·-·
	Professional fundraising services. See Part IV, line 17				. <u></u> .
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	5,745.			5,745.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	11,096.		11,096.	
17	Travel	43,127.			43,127
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39.		39.	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,313.		2,313.	
2	SPONSORSHIPS	432,140.	432,140.	-	
	SPECIAL PROJECTS	135,855.	135, 855.		
	SPECIAL GIFTS	30,100.	30,100.		·
	BANK FEES	15,460.	15,460.		
	All other expenses	23,194.	10,857.	12,337.	
	Total functional expenses. Add lines 1 through 24e	844,955.	654,284.	81,606.	109,065.
26	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 if following SOP 98-2 (ASC 958-720)		,		, , , , , , , , , , , , , , , , , , , ,

Total liabilities and net assets/fund balances

34

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 140,660. 141,364 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 a 13,732 10b b Less: accumulated depreciation 13,708 63 10 c Investments - publicly traded securities 164,272 11 356,703. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets, See Part IV, line 11 2,038 15 272 16 Total assets. Add lines 1 through 15 (must equal line 34) 307,737. 16 497,659. Accounts payable and accrued expenses 16,603 17 5,079 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 16,603 26 Total liabilities. Add lines 17 through 25. 5,079. Organizations that follow SFAS 117 (ASC 958), check here ► and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. δ Capital stock or trust principal, or current funds 291,134 492,580. Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 291 134 492,580.

TEEA0111L 05/28/14

307,737

34

497,659

Form 990 (2014)

Forn	1990 (2014) KIDSTOWN INTERNATIONAL, INC	91-1/145/9		Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	F		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04	6,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	4,955.
3	Revenue less expenses. Subtract line 2 from line 1	3	_20	1,446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	1,134.
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities .	6		
7	Investment expenses .	7		
8	Prior period adjustments .	8		
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	49	2,580.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	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 compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ewed on a		
1	Were the organization's financial statements audited by an independent accountant?.		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	arate		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? .	the Single	3 a	Х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 Ь	
BAA			Form 9	90 (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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

KIDSTOWN INTERNATIONAL, INC

Employer identification number 91–1714579

Parl	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The c	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, convention of church	ches, or association o	of churches described in	section	170(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E.)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									
	name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local gove		ntal unit described in se	ction 17	0(b)(1)(A)(v).				
7	An organization that normally in section 170(b)(1)(A)(vi). (C)		al part of its support froi	n a gov	ernment	al unit or from the gene	eral public described			
8	A community trust described	n section 170(b)(1)(A	(Complete Part II.)						
9	An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organization organized an	d operated exclusivel	y to test for public safet	y. See s	section !	509(a)(4).				
11	or more publicly supported or	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.								
а	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.									
b	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.									
С	Type III functionally integrate organization(s) (see instruction	d. A supporting organ	nization operated in con lete Part IV, Sections A,	nection D, and 1	with, an E.	d functionally integrated	d with, its supported			
d	Type III non-functionally integrated. The or instructions). You must comp	rganization generally	must satisfy a distributi	connec on requi	tion with rement	n its supported organiza and an attentiveness re	ation(s) that is not equirement (see			
е	Check this box if the organiza integrated, or Type III non-fur	ition received a writte nctionally integrated s	n determination from th supporting organization.	e IRS th	at is a	Type I, Type II, Type III	functionally			
f	Enter the number of supported o	rganızatıons								
g	Provide the following information	about the supported	organization(s).							
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) la organizat in your g docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)		· · · · · · · · · · · · · · · · · · ·								
(B)										
(C)										
<u> </u>	1-7									
(D)										
(E)	(E)									
Total										

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning 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.')	396,814.	465,894.	738,215.			1,600,923.
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.	396,814.	465,894.	738,215.	0.	0.	1,600,923.
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)				1		0.
6	Public support. Subtract line 5 from line 4						1,600,923.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	396,814.	465,894.	738,215.	0.	0.	1,600,923.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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.)				đ		0.
11	Total support. Add lines 7 through 10						1,600,923.
12	Gross receipts from related activi	ties, etc (see instr	ructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and		ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	► X
	tion C. Computation of Pu						
	Public support percentage for 20		•	11, column (f))		14	%
15	Public support percentage from 2	2013 Schedule A, I	Part II, line 14			15	<u></u> %
16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .							
1 7 a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances	test, check this b	ox and stop here.	Explain in Part V	I how
	o 10%-facts-and-circumstances test or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' te	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and stop here. publicly supported	Explain in Part V Lorganization	i how the ►
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	or 17b, check this I	oox and see instri	uctions

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		-				
Calen	dar year (or fiscal yr 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	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.					-	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b .						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr 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						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	: Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 porganization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	l, third, fourth, or	fifth tax year as a	section 501(c)(3	» <u>► </u>
	tion C. Computation of Pu			12 '2		-· I	
	Public support percentage for 20	•	• •	: 13, column (f))	•	15	
	Public support percentage from 2					. 16	9/0
	tion D. Computation of Inv						
17	Investment income percentage for			-	nn (t))	17	•
18	Investment income percentage fr					18	
	33-1/3% support tests - 2014. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	. ▶ 📗
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box ai	nd stop here. The	organization qua	lifies as a publicly	supported organ	1-1/3%, and nization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV - 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.)

Section A. All Supporting Organiza	ations
------------------------------------	--------

_			Yes	No
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		
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		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ŀ	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		
c	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		
4 a	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	4 a		
t	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		
•	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		
5 a	a 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		
ŧ	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		
•	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 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	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		
ŀ	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	9Ь		
•	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	9с		
0 a	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		
ı	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.)	10Ь		

P	art IV Supporting Organizations (continued)			
11	. Has the organization accepted a gift or contribution from any of the following persons?	F	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c 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		
Se	ction B. Type I Supporting Organizations			
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. If 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	Yes	No
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	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
	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		
Se	ction 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		
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		
Se	ction 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 instruct a 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 in		ons).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	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	3ь		

Schedule A (Form 990 or	990-F7) 2014	KIDSTOWN	INTERNATIONAL,	TNC
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91-1714579

Page 6

1,	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	t on Nove Section	ember 20, 1970. See i s A through E.	nstructions. All	
Sec	Section A – Adjusted Net Income (A) Prior Year				
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).				
á	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
•	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c).	1d			
•	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	<u> </u>		
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion 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-functionally-interesting (see instructions).	grated T	ype III supporting orga	nızatıon	
BAA			Schedule A (F	orm 990 or 990-EZ) 20	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	ns (continued)	
Seç	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpoun excess of income from activity.	oses of supported organ	izations,	
3	Administrative expenses paid to accomplish exempt purposes of su			
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 organ in Part VI). See instructions	nization is responsive (p	rovide details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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:			
a				
t				
	From 2013			
1	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
t	Applied to 2014 distributable amount	ļ		
	i Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7. \$			
	Applied to underdistributions of prior years .			
	Applied to 2014 distributable amount Remainder, Subtract lines 4a and 4b from 4			
	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.			
а				
Ŀ				
-				
	Excess from 2013			
	Excess from 2014			
				

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Schedule A (Form 990 or 990-EZ) 2014

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)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	KIDSTOWN INTERNATIONAL, IN			91-1714579		
Pai	Organizations Maintaining Done Complete if the organization ans	or Advised Funds or Other wered 'Yes' to Form 990. F	r Similar Funds or A			
		(a) Donor advised fun-		Funds and other accounts		
1	Total number at end of year .	(a) Donor advised fur	(6)	unds and other accounts		
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 don are the organization's property, subject to the			unds Yes No		
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?					
Pai	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of a historica	lly important land area		
	Protection of natural habitat		Preservation of a certified	historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	n held a qualified conservation co	ontribution in the form of a	conservation easement on the		
	last day of the tax year.		E			
	Total annulus of consequences			Held at the End of the Tax Year		
	a Total number of conservation easements		2a			
	Total acreage restricted by conservation easer		. 2b			
•	Number of conservation easements on a certif	ea nistoric structure included in (a	a) <u>2c</u>			
•	Number of conservation easements included in structure listed in the National Register		. 2d			
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguishe	d, or terminated by the org	ganization during the		
4	Number of states where property subject to co	nservation easement is located 🟲	<u></u>			
5	Does the organization have a written policy regard enforcement of the conservation easemen		spection, handling of viola	tions, Yes No		
6						
7	Amount of expenses incurred in monitoring, in: ▶\$	specting, and enforcing conservat	ion easements during the	year		
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	ements of section 170(h)(4	P)(B)(i) Yes No		
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its the organization's financial state	revenue and expense sta ments that describes the o	tement, and balance sheet, and organization's accounting for		
Par	Organizations Maintaining Collect Complete if the organization ans	ions of Art, Historical Treas wered 'Yes' to Form 990, F	ures, or Other Similar Part IV, line 8.	Assets.		
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, educat	ion, or research in furthera	t and balance sheet works of ance of public service, provide,		
ı	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items. 	SFAS 116 (ASC 958), to report in d for public exhibition, education,	its revenue statement an or research in furtherance	d balance sheet works of art, of public service, provide the		
	(i) Revenue included in Form 990, Part VIII, In	ne 1		. ►\$		
	(ii) Assets included in Form 990, Part X			. ►\$ ►\$		
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other sir 16 (ASC 958) relating to these ite	milar assets for financial ga	ain, provide the following		
á	Revenue included in Form 990, Part VIII, line 1	•		► \$		
	Assets included in Form 990, Part X			► \$		

Schedule D (Form 990) 2014 KIDST				91-171		Page 2
Part III Organizations Maintain	ing Collections	of Art, Historical	Treasures, or Oth	er Similar Assets ('continued)	
3. Using the organization's acquisition items (check all that apply):	on, accession, and o	ther records, check	any of the following t	hat are a significant us	e of its collection	i
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIII.		and explain how th	ey further the organiz	ation's exempt purpose	: in	
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the orga	nization's collection?			No
Part IV Escrow and Custodia line 9, or reported an	Arrangements amount on Form	Complete if the 1990, Part X, li	e organization ar ne 21.	nswered 'Yes' to Fe	orm 990, Part	IV,
1 a Is the organization an agent, trust on Form 990, Part X?		•		r assets not included	Yes	No
b If 'Yes,' explain the arrangement	n Part XIII and com	plete the following	table:	r 		
					Amount	
c Beginning balance				1 c		
d Additions during the year	•			. 1d		
 Distributions during the year 				. 1e		
f Ending balance	•			1f		
2a Did the organization include an ar	nount on Form 990,	Part X, line 21, for	escrow or custodial a	ccount liability? .	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII, Check h	ere if the explanati	on has been provided	ın Part XIII .		
Part V Endowment Funds. Co	mplete if the org	anızatıon answe	ered 'Yes' to Form	990, Part IV, line	10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years b	ack
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships .						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance .					1	
2 Provide the estimated percentage	of the current year	end balance (line 1	g, column (a)) held as	s.	•	
a Board designated or quasi-endow	· ·	8				
b Permanent endowment ►	8					
c Temporarily restricted endowmen	<u></u>	%				
The percentages in lines 2a, 2b, a		100%.				
3 a Are there endowment funds not in organization by.	the possession of t	he organization tha	it are held and admini	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations listed a	s required on Sche	dule R?		3b	
4 Describe in Part XIII the intended	uses of the organiz	ation's endowment	funds.			
Part VI Land, Buildings, and Complete if the organization		'Yes' to Form ^o	90. Part IV. line 1	l 1a. See Form 990	Part X. line	10.
Description of property	(a) Cos	st or other basis	(b) Cost or other	(c) Accumulated	(d) Book valu	
	(1	nvestment)	basis (other)	depreciation		
1 a L and						
b Buildings .						
c Leasehold improvements						

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings .				
c Leasehold improvements				
d Equipment				
e Other		13,732.	13,708.	24.
Total. Add lines 1a through 1e. (Column (d) r	nust equal Form 990. Part X. co	lumn (B), line 10c.)	>	24.

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Schedule **D** (Form 990) 2014

Part VII Investments — Other Securities.	l 'Yes' to Form 990	N/A , Part IV, line 11b. See Form 990, Part X,	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
(1) Financial derivatives	 	(-,	
(2) Closely-held equity interests .			
(3) Other			
(A)		.	
(B)	-		_
(C)	•		
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	-	=	
Part VIII Investments - Program Related.	5	N/A	. 13
		, Part IV, line 11c. See Form 990, Part X,	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year man	rket value
(1)			
(2)			
(3)	<u> </u>		
(4)	-		
(5)			
(6)			
<u>(7)</u>			
(8)			
(10)		-	
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)	<u></u>		
Part IX Other Assets.	N/A	1	***************************************
Complete if the organization answered "		art IV, line 11d. See Form 990, Part X, line	
	escription	(b) Boo	k value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	<u>3), line 15.).</u>	>	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form	990 Part IV line 11e or	11f See Form 990 Part Y line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
		<u> </u>	
(7)			
(8)			
(8)			
(8) (9) (10)			
(8) (9) (10) (11)			
(8) (9) (10)	potnote to the organization's fir	nancial statements that reports the organization's liability for time	ertain

Schedule D (Form 990) 2014 KIDSTOWN INTERNATIONAL, INC	91-1714579	Page -
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		<u></u>
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities .		
c Recoveries of prior year grants . 2c	\neg 1	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities . 2a		
b Prior year adjustments . 2b		
c Other losses . 2c		
d Other (Describe in Part XIII.)		

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII.)c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule **D** (Form 990) 2014

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

KIDSTOWN INTERNATIONAL, INC

Employer identification number

91-1714579

Form 990, Part III, Line 1 - Organization Mission

KIDSTOWN INTERNATIONAL IS AN INTERDENOMINATIONAL, EVANGELICAL ORGANIZATION THAT IS DEDICATED TO HELPING ABANDONED CHILDREN LIVING IN INDIGENOULY-OPERATED CHRISTIAN ORPHANAGES IN ROMANIA, INDIA, AND NEPAL SO THAT THE CHILDREN MAY BE ALLEVIATED OF THEIR SUFFERING, HAVE HOPE FOR THE FUTURE, AND BECOME PRODUCTIVE ADULTS WHO LOVE THE LORD AND WHO WILL CONTRIBUTE POSITIVELY TO THEIR SOCIETY.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.

Kidstown International Board of Directors (as of February 3, 2015)

Bo Wilde 1352 Colony Court, Lynden, WA 98264 360-354-8932 wilde51@msn.com Manager at Bellingham Athletic Club

Jackie Hollander
1525 Foxtail Street, Lynden, WA 98264
jackiehollander@comcast net
Deli Manager at Woods Coffee

Deni Starbuck
7043 Mecklem Road, Everson, WA 98247
360-733-1337
DeniS@CTKbellingham.com
Director of Missions at Bellingham Christ the King Church

Rich Munson
5108 Yellow Brick Rd , Bellingham, WA 98226
rich munson@lwwsd org
Engineer for the City of Bellingham

Randy Duggan 1808 Pine Street, Lynden, WA 98264 randall duggan@rbc com Financial adviser at RBC Wealth Management

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.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

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If you ar	re filing for an Additional (Not Automatic) 3-Mon	th Extension,	, complete only Part II (on page 2 of this	form).				
Do not com	plete Part II unlessyou have already been grante	ed an automa	atic 3-month extension on a previously fil	ed Forr	n 8868.			
corporation request an e	Iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which no filing of this form, visit www.irs.gov/efile and click	it automatic) Part I or Pai nust be sent	3-month extension of time. You can elect It II with the exception of Form 8870, Infi to the IRS in paper format (see instruction	tronicà ormatio	lly file Forn	n 8868 to or Transfers		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation	on required to file Form 990-T and requesting an	automatic 6-	month extension - check this box and c	omplete	Part I only	y . ► □		
All other col income tax	rporations (including 1120-C filers), partnerships, returns.	REMICs, an	d trusts must use Form 7004 to request Enter filer's identi					
	Name of exempt organization or other filer, see instructions			Employ	yer identification	on number (EIN) or		
Type or print	KIDSTOWN INTERNATIONAL, INC			91 –	1714579	ı		
File by the	Number, street, and room or suite number If a P O box, see instructions			Social security number (SSN)				
due date for	PO BOX 2129							
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions	BELLINGHAM, WA 98227-2129							
Enter the Re	eturn code for the return that this application is fo	or (file a sepa	arate application for each return)			01		
Application Is For		Return Code	. I F			Return Code		
Form 990 or	Form 990-EZ	m 990-EZ 01 Form 990-T (corporation)			07			
Form 990-B	orm 990-BL 02 Form 1041-A			08				
Form 4720 (rm 4720 (individual) 03 Form 4720 (other than individual)			09				
Form 990-P	rm 990-PF 04 Form 5227			10				
Form 990-T	(section 401(a) or 408(a) trust)	05	05 Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Telepho If the or If this is check the	nsion is for.	r digit Group check this bo	United States, check this box Exemption Number (GEN) . I ox I and attach a list with the na			J .		
until The ex ► ∑ • [X] 2 If the	est an automatic 3-month (6 months for a corpor 8/15 , 20 15 , to file the exempt orgonatension is for the organization's return for: calendar year 20 14	ganization ret	urn for the organization named above.	nal retu	rn			
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	nt allowed as	s á credit .	3 b	\$	0.		
c Balane EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ir payment w instructions	ith this form, if required, by using	3 c	\$	0.		

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.