(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

► Go to www.irs gov/Form990 for instructions and the latest information.

Open to Public Inspection

4 F	or th	2019 calendar year, or tax year beginning	, 2019), and ending	<u> </u>	, 20
		C Name of organization			D Employer Identification	on number
-	neck if a -	BUILD-A-BEAR FOUNDATION			33-1007188	
	Addre				Ì	
	1	hange Number and street (or P O box if mail is not delivered to	street address)	Room/surte	E Telephone number	
	Initial	eturn 1954 INNERBELT BUSINESS CENTE	R DR	1	(314) 423-80	00
	Final termi	City or town, state or province, country, and ZIP or fore	gn postal code			
	Amen				G Gross receipts \$	682,7
	Appli	F Name and address of principal officer RAY MI	JELLER		H(a) Is this a group return	
·	J pendi	1954 INNERBELT BUS CTR DR, ST		3114	subordinates? H(b) Are all subordinates inclu	rded? Yes
	Tax-ex		sert no) 4947(a)(1)		If "No," attach a list	
		■ WWW.BUILDABEAR.COM/FOUNDATION	citilo) 4947(a)(1)	7.01 327	H(c) Group exemption num	
		organization X Corporation Trust Association	Other ►	I Vear of forma	ition 2001 M State of	
	rt l	Summary	- Cuici P	E rear or forma	tion 2002 in State of	- regar dominate
Ť	1	Briefly describe the organization's mission or most signifi	cont actuation BULLID	-A-REAR FOIN	JOATION SEEKS	TO ADD A
اه	•	LITTLE MORE HEART TO LIFE BY SHARI	NG HIGS AND MA	KING DAYS A	T.TTTLE	
ĕ		BIT BRIGHTER FOR THOSE IN NEED.	NG HOGS AND HA	MING DATO A	<u> </u>	
ž.	-			DEOF	(markets and a second	
Governance		Check this box If the organization discontinued	its operations or dispos		E Piet assets	
න්		number of voting members of the governing body (Part V	ı, iine ia)			
	4	Number of independent voting members of the governing) body (Part VI, line VE)	NOV ' 0 6 20	2n · c · · 4	
Activities	5	Fotal number of individuals employed in calendar year 20	19 (Paπ V, line 2a)			
اخ اخ	6	Total number of volunteers (estimate if necessary)		OCOCA	<u> </u>	
1		Fotal unrelated business revenue from Part VIII, column (C	,), iine 12	OGDEN,		
\dashv	D	Net unrelated business taxable income from Form 990-T,	line 39		7b	
	_	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		 	Prior Year	Current Yea
9		Contributions and grants (Part VIII, line 1h)			900,425.	673,5
Revenue		Program service revenue (Part VIII, line 2g)			0.	
		nvestment income (Part VIII, column (A), lines 3, 4, and 7			3,918.	9,1
- (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			0.	(00 7
		otal revenue - add lines 8 through 11 (must equal Part V			904,343.	682,7
		Grants and similar amounts paid (Part IX, column (A), lines			497,527.	383,5
		Benefits paid to or for members (Part IX, column (A), line			0.	
do I		Salaries, other compensation, employee benefits (Part IX,			0.	
ens	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
ᇵ	b	otal fundraising expenses (Part IX, column (D), line 25)	·	0	·	
- ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			54,270.	62,2
		otal expenses Add lines 13-17 (must equal Part IX, colu			551,797.	445,8
	19	Revenue less expenses Subtract line 18 from line 12	<u></u>		352,546.	236,8
ses		-			nning of Current Year	End of Year
Balanc	20	otal assets (Part X, line 16)	<i></i>		1,381,650.	1,598,4
וסו	21	otal liabilities (Part X, line 26)		🗀	141,336.	121,2
Į,	22	let assets or fund balances Subtract line 21 from line 20			1,240,314.	1,477,1
	t II	Signature Block				
Jnde	er pen	lties of perjury, I declare that I have examined this return, inclut, and complete. Declaration of preparer (others than officer) is bas	ding accompanying sched	lules and statements,	and to the best of my kno	owledge and belie
rue,	corre	t, and complete Declaration of preparer (other than officer) is bas	ed on all information of wh	ich preparer has any k	nowledge	/
		De Mulle			8/19/	20
igr		Signature of/officer			Date /	
er	e	RAY MUELLER	TREASU	IRER		
		Type or print name and title	21.2.100			
		Print/Type preparer's name Preparer's sig	ınature	Date	Chock J. PTI	N
aıd			· · · -		Check if '''	
	arer			L	 	
rep		Firm's name			Firm's EIN ▶	
•	Only					
se (Firm's address RS discuss this return with the preparer shown abo			Phone no	Yes X

BUILD-A-BEAR FOUNDATION

	BUILD-A-BEAR FOUNDATION 33-1007188
For	m 990 (2019)
	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	MAKE-A-WISH CHILDREN'S HEALTH AND WELLNESS PROGRAM - DONATIONS TO CHARITABLE ORGANIZATIONS TO SUPPORT THEIR EFFORTS IN CHILDREN'S
	HEALTH AND WELLNESS PROGRAMS.
4b	(Code) (Expenses \$ 36,158 including grants of \$ 36,158) (Revenue \$) ASSOCIATE DISASTER RELIEF - DONATIONS TO ORGANIZATIONS THAT
	SUPPORT BABW ASSOCIATES IN NEED OF FINANCIAL RELIEF.
4c	(Code) (Expenses \$ 9,000 including grants of \$ 9,000) (Revenue \$)
	ASSOCIATE SCHOLARSHIP- DONATIONS TO BABW ASSOCIATES AND FAMILY
	MEMBERS WHO APPLIED AND WERE ACCEPTED TO RECEIVE THE SCHOLARSHIPS.
4d	Other program services (Describe on Schedule O)
4-	(Expenses \$ 318,434 including grants of \$ 318,434.) (Revenue \$) Total program service expenses ► 383,592.
+e	Total program service expenses ► 383,592.

Par	Checklist of Required Schedules			
			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	Χ	
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		Χj·
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u>, , , , , , , , , , , , , , , , , , , </u>
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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		-		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
9	complete Schedule D, Part III	8		<u></u>
9	·			
	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 donor-restricted endowments	-		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		9, 6, te	ı
• •	VII, VIII, IX, or X as applicable	معالی مودر در دراه است در		33.4
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	المطاسح واد	116.62 0	* town
a	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	- 14		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	- 10		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
а	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	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	, ,	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	· · · · · · · · · · · · · · · · · · ·	14a		X
	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			
		14b	х	
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		Х
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	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part Vill, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	Х
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		Х
20 a		20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	T		
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	x	

Par	Checklist of Required Schedules (continued)	•		Ter.
			Yes	No
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			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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		X'
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	!	
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
		25a	_	X
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?			
	•	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		i	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28		21		
20	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)	٠,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		Х
24	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		İ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Part		36		
rait				
	Check if Schedule O contains a response or note to any line in this Part V	 ,		لميا
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	١,		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		,	
	reportable gaming (gambling) winnings to prize winners?	1c		

	BUILD-A-BEAR FOUNDATION 33-100	7188	77. 19	4
Form	990 (2019)		F	Page 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ī-	44.7
			Yes	No
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)			١,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x [*]
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)	١,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		X
b	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).	`		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	'		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			٠,,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨_ │		.,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		Х
_	sponsoring organization have excess business holdings at any time during the year?	-		Λ.
9	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders	,		,
	Gross income from other sources (Do not net amounts due or paid to other sources	1	-	
D	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•	-	_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		<u>, </u>	-
	the organization is licensed to issue qualified health plans	-		

Form **990** (2019)

14a

15

excess parachute payment(s) during the year?.......

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

	,	~ _	_ '	
Form 9	BUILD-A-BEAR FOUNDATION 33-100	- ≅ 7188̀		Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			[X]
Sect	ion A. Governing Body and Management			
			Yes	No
1a	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 on Schedule O	-		
b	Enter the number of voting members included on line 1a above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following			l
а	The governing body?	8a	Х	1
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		1
11a		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	taran da antara da a	12a	X	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	1-0		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
13	describe in Schedule O how this was done	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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	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	1,,	•	Х
	with a taxable entity during the year?	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	1		
Soct:	organization's exempt status with respect to such arrangements?	16b		L
ecti	UII C. DISCIUSUIE			

17	List the states with which a copy of this Form 990 is required to be filed	ATTACHMENT	2

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website X Another's website X Upon request Other (explain on Schedule O) 18

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ RAYMOND MUELLER 1954 INNERBELT BUS CTR DR ST LOUIS, MO 63114 20

Form **990** (2019)

JSA

9E1042 2 000

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

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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor	any related	orga	nıza	ition	COI	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, office Individu	unie	Pos heck ss pe	rson	han both Highest compensated employee	an	(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
(1) CHRIS HURT	40.00									
DIRECTOR	0.	х						0.	418,930.	0.
(2) VOIN TODOROVIC	40.00									
PRESIDENT, DIRECTOR	0.	X		Х		<u> </u>		0.	377,541.	0.
(3)MIKE EARLY	40.00									
SECRETARY, DIRECTOR	0.	X		Х				0.	232,686.	0.
(4)MARY ANN MACKEY	40.00									
DIRECTOR	0.	Х			<u> </u>			0.	210,697.	0.
(5) RAY MUELLER	40.00									_
TREASURER, DIRECTOR	0.	Х	_	Х				0.	205,851.	0.
(6) ARVETTA POWELL	40.00									•
DIRECTOR	0.	Х	_					0.	197,964.	0.
(7)MARSHA FUCHS	40.00								177 400	
DIRECTOR	0.	Х			_			0.	177,498.	<u> </u>
(8) ELIZABETH BELTRAN	40.00								125 000	0
DIRECTOR	0.	Х						0.	135,092.	0.
(9) ANN GRIMMET	40.00						١,,	_	02.460	0
DIRECTOR	0.						Х	0.	83,468.	0.
(10) MAXINE CLARK	0.	v		,				0	_	0
CHAIRMAN, DIRECTOR	0.	Х		Х				0.	0.	0.
(11)										
(12)						-				
(13)							-		,	
(14)				-						

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Emplo	yeės (d	continued)
(A) Name and title	(B) _ Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportab compensatio related	table ition from ted	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizi (W-2/109		compensation from the organization and related organizations
	- 										
		_									
					:				0.00	202	
1b Sub-total	ection A 🔒						* * *	0. 0.	2,039	0.	0. 0.
Total number of individuals (including but not l reportable compensation from the organization		nosel		d at	oove	e) who	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 le J for suc	r, or chindi	tru <i>ividu</i>	iste	e, I	key e	mp	oloyee, or highest	compen	sated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greundividual	ater than	\$15	0,0	002	If	"Yes					4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	on f	rom	any	uni per	related organization	on or indiv	idual	5 X
Complete this table for your five highest components on from the organization Report of year.											
(A) Name and business addr	ess							(B) Description of se	rvices	C	(C) Compensation
NONE											
Total number of independent contractors (in more than \$100,000 in compensation from the				ııtec	l to		e li	sted above) who	received		

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Part	VIII	· · · · · <u>· · · · · · · · · · · · · · </u>	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 673,56 Noncash contributions included in lines 1a-1f	,			
	h	Total. Add lines 1a-1f	673,585	~,		
Program Service Revenue	2a b c d	All other program service revenue	е			
	g	Total. Add lines 2a-2f	0	,		
	3 4	Investment income (including dividends, interest, and other similar amounts)	9,118			
	6a	(i) Real (ii) Personal			,	
	c d 7a	Rental income or (loss) 6c Net rental income or (loss)			· · · · · · · · · · · · · · · · · · ·	
er Revenue	b	sales of assets other than inventory 7a Less cost or other basis and sales expenses . 7b Gain or (loss) 7c			ožu –	
Ξ.	d		0			
Othe	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a	0	, , , , ,		
	b c 9a	Less direct expenses	,			
	ь	activities See Part IV, line 19 9a Less direct expenses 9b	0			
			0			
	10a	Gross sales of inventory, less returns and allowances	0	,		
		Net income or (loss) from sales of inventory) 0.			
scellaneous Revenue	11a	Business Cod	e			
ilar	b					
Misce Re	c d	All other revenue				
		Total. Add lines 11a-11d		<u> </u>		
	12	Total revenue See instructions	► 682,703			J .

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a 10

Part IX Statement of Functional Expenses

<u>Se</u>	ction 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a resp				
	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	347,434.	347,434.		
2	Grants and other assistance to domestic	36,158.	36,158.	•	
	individuals See Part IV, line 22	30,130.	30,130.		
3	Grants and other assistance to foreign			, ,	
	organizations, foreign governments, and foreign	0.			,
4	Individuals See Part IV, lines 15 and 16	0.1		• •	
	Benefits paid to or for members			-	
5	Compensation of current officers, directors,	0.			
_	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
7	persons described in section 4958(c)(3)(B)	0.	<u> </u>		
	Other salaries and wages	0.			· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include	0.			
_	section 401(k) and 403(b) employer contributions)	0.		····	
	Other employee benefits	0.			
10	·	0.			
	Fees for services (nonemployees)	0.			
	Management	3,672.		3,672.	
	Legal	10,750.		10,750.	
	Accounting	0.		10,730.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	f Investment management fees	0.1			
ç	Other (If line 11g amount exceeds 10% of line 25, column	25 200		35,280.	
	(A) amount, list line 11g expenses on Schedule O)	35,280.		33,260.	
	Advertising and promotion	794.		794.	
13		794.	····	794.	
14	5 ,	0.		-	
15	,	0.		-	
16	Occupancy	0.			
17					
18		0.			
	for any federal, state, or local public officials	0.	<u> </u>		
	Conferences, conventions, and meetings	0.			
	Interest	0.1			
21	·	0.			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	0.			
23	Insurance				
24	Other expenses Itemize expenses not covered		, e	` .	,, ^{;-}
	above (List miscellaneous expenses on line 24e If			, , ,	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	, ,	·	, ,	
	· · · · · · · · · · · · · · · · · · ·	2 400	* * *	2,400.	·
_	FEE FOR SCHOLARSHIPS	2,400.		9,336.	
b	OTHER PROFESSIONAL SERVICES	9,336.		9,330.	
C					· · · · · · · · · · · · · · · · · · ·
d					
	All other expenses	445 004	202 [02	60 000	
	Total functional expenses Add lines 1 through 24e	445,824.	383,592.	62,232.	
∠ ti	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)	0.			

Form	990	(201	9

	111 990 (Page 1-1
Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,376,806.	2	1,476,824.
	3	Pledges and grants receivable, net	0.	3	120,432.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
,		trustee, key employee, creator or founder, substantial contributor, or 35%	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined		, ,	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
şţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges ATCH . 3	4,844.	9	1,172.
	10a	Land, buildings, and equipment cost or other		•	
		basis Complete Part VI of Schedule D 10a	Sec. 13. 2. 30.	٠.,	1. 1. 1. 1. 1. 1. 1. 1.
	b	Less accumulated depreciation		10c	0.
	11	Investments - publicly traded securities			0.
	12	Investments - other securities See Part IV, line 11		1.5	0.
	13	Investments - program-related See Part IV, line 11	0.	· · ·	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	0.		0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,381,650.		1,598,428.
	17	Accounts payable and accrued expenses	50,000.	17	810. 40,000.
	18	Grants payable	30,000.	18	40,000.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	<u> </u>
Liabilities	22	Loans and other payables to any current or former officer, director,	, ,		٠ - ٦
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	, ,	22	0.
<u></u>	22	controlled entity or family member of any of these persons	0.	_	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	25	Other liabilities (including federal income tax, payables to related third	·	24	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	91,336.	25	80,425.
	26	Total liabilities. Add lines 17 through 25	141,336.		121,235.
′0		Organizations that follow FASB ASC 958, check here ► X		-	
š	1	and complete lines 27, 28, 32, and 33.		٠, ٠	, , ,
ılan	27	Net assets without donor restrictions	992,567.	27	1,247,337.
ã	28	Net assets with donor restrictions,	247,747.	28	229,856.
Ę		Organizations that do not follow FASB ASC 958, check here ▶	, , , , , , ,		-1,1
Ī		and complete lines 29 through 33.			
Assets or Fund Balances	29	Capital stock or trust principal, or current funds	,	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	-
Asŧ	31	Retained earnings, endowment, accumulated income, or other funds		31	-
-					

1,598,428. Form **990** (2019)

1,477,193.

1,240,314. 32

1,381,650.

32 33

Total liabilities and net assets/fund balances........

BUILD-A-BEAR FOUNDATION

Form 9	90 (2019)				· Pa	ige-12
Part	XI Reconciliation of Net Assets					7
	Check if Schedule O contains a response or note to any line in this Part XI					\Box .
1	Total regenue (must equal Part VIII, column (A), line 12)	1				703.
2	Total e penses (must equal Part IX, column (A), line 25)	2		4	45,	324.
3	Rever de less expenses Subtract line 2 from line 1	3		2	36,	379.
4	Net sets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,2	40,	314.
5	Net/inrealized gains (losses) on investments	5				0.
6	Do/ated services and use of facilities	6				0.
7	In/estment expenses	7				0,.
8	F rior period adjustments	8				0″.
9	ther changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
/	/32, column (B))	10		1,4	77,	193.
Par.	XII Financial Statements and Reporting	-				
//	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 Accrual Other			1	÷	
//	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ı ın	>	-:	· ,`.
//	Schedule O			٠.,	, ;	. '
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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			· `		٠,
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a		•	
	separate basis, consolidated basis, or both					١.
	Separate basis Consolidated basis Both consolidated and separate basis					ľ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on		_	ì
	Schedule O				-	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3ь		L
				Form	990	(2019)

JSA

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.

► Go to www.irs gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUILD-A-BEAR FOUNDATION

Employer identification number 33-1007188

	110	I Duint I Combinition					00 100/1		
Рa	rt I	Reason for Public Cha	arity Status (All	organizations must d	complet	e this pa	art) See instructions		
The	org	anization is not a private fou	indation because i	t is (For lines 1 throu	gh 12, ch	eck only	one box)		
1		A church, convention of ch	urches, or associa	ation of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E	(Form 99	90 or 990)-EZ))		
3	\sqcap	A hospital or a cooperative			•			;	
4	П	A medical research organi	•	-				(iii). Enter the	
		hospital's name, city, and s		,	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5		An organization operated		a college or universi	tv owne	d or ope	erated by a governme	ental unit described in	
•	ш	section 170(b)(1)(A)(iv). (0		a concest annuale.	.,	а с. орс			
6		A federal, state, or local go		ernmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organization that norm	=					om the general public	
•	لبت	described in section 170(b		•	.pp 011 111	J 4 J.		om me general passe	
8		A community trust describe		· ·	e Part II)				
9	П	An agricultural research or	·		-		i in conjunction with a	land-grant college	
	ш	or university or a non-land-							
		university	J J	• • • • • • • • • • • • • • • • • • • •	,		,	· ·	
10		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)							
11	\vdash	An organization organized		•	-				
12	Ш	An organization organized	•	•				• • • •	
		of one or more publicly su	• •						
	_	Check the box in lines 12a t	-			-	•	_	
а	L	Type I. A supporting org		•	-				
		the supported organization				ajority of	f the directors or truste	es of the	
	г	supporting organization `	•						
b	L								
		control or management of	-	-	the sam	e persor	is that control or man	age the supported	
	_	organization(s) You must							
С	<u> </u>	Type III functionally inte						ily integrated with,	
		ts supported organization		•		-			
d	_	☐ Type III non-functionally							
		that is not functionally into	-	•	-		•	an attentiveness	
		requirement (see instruct	•	•				. .	
е	L	☐ Check this box if the orga						і, туре ііі	
	En	functionally integrated, or		tionally integrated sup	porting	organizai	lion		
'		ter the number of supported	•	orted organization(s)				• • • • • • • • • • • • • • • • • • • •	
9		ovide the following information ame of supported organization	(ii) EIN		(m) la tho	0.000.000.00	(v) Amount of monetary	(vi) Amount of	
	(1) 14	arie or supported organization	(11) = 114	(III) Type of organization (described on lines 1-10		organization ur governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
		····-			Yes	No			
(A)			DEC	CEIVED					
			TIE!	VEIVED !	-				
(B)			l ω	0.6.2020	}				
			NO,	0 6 2020					
(C)									
			OG	DEN, UT					
(D)				<u> </u>					
(E)									
					 				
Tota	al			1	1				

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) Part II

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	541,850	564,112	380,218	900,423	673,585	3,060,188
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	541,850	564,112	380,218	900,423	673,585	3,060,188
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			· · · · · ·			3,060,188
Sec	tion B. Total Support		<u>'</u>			L \	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	541,850	564,112	380,218	900,423	673,585	3,060,188
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889	3,860	3,387	3,918	9,118	22,172
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)						00
11	Total support Add lines 7 through 10	`		-			3,082,360
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years If the Form 990 is forganization, check this box and stop here.		· · · · · · · · · · · ·	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin						99.28%
15	Public support percentage from 2018					15	99.49%
16a	33 1/3 % support test - 2019. If the org	janization did n	ot check the bo	x on line 13, an	id line 14 is 33	1/3 % or more, cl	neck this
_	box and stop here. The organization qu	ialifies as a pub	licly supported	organization			▶ 🛆
b	331/3% support test - 2018. If the org						F
47-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets the state of the state o						
b	organization		anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	▶ ☐
40	Explain in Part VI how the organization supported organization	on meets the "	facts-and-circum	stances" test	The organizatio	n qualifies as a	publicly ▶ □
18	Private foundation. If the organization instructions		•				▶ 🔲

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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					į į	į.
	furnished in any activity that is related to the						<i>y</i>
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the			-	_		
	organization's benefit and either paid to	I					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	I					
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						. <u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	,	,	**		1/25	
	line 6)	-				,	
Sec	tion B. Total Support					· · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	(Explain in Part VI)						····
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.	<u> </u>			· · · · · · · · ·		▶
Sec	tion C. Computation of Public Sup		-T				
15	Public support percentage for 2019 (line 8,					15	%%
16	Public support percentage from 2018 Sche					16	%_
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	<u>%</u>
18	Investment income percentage from 2018	3chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did n	ot check the bo	x on line 14, a	nd line 15 is mo	ore than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and stor	here The orga	anızatıon qualifie	s as a publicly	supported organiz	zation . ▶ 📗
þ	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line	19a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3%, check	this box and st	top here. The or	ganızatıon qualıfı	es as a publicly	supported organiz	zation ►
20	Private foundation. If the organization of	lid not check a	box on line 14	1, 19a, or 19b,	check this box	and see instruc	tions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

Jecu	ion A. All Supporting Organizations			
			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	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		4
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	Зс		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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	•	-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	- 1	
С	Did a disqualified person (as defined in line 9a) 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		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		

Schear	Jie A (Form 990 or 990-E2) 2019			Page 5
Part	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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	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	L	
Secti	ion B. Type I Supporting Organizations			
			Yes	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. 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			١.
	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,			1
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	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	Ì		
	the supported organization(s)	1		
Secti	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, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		ŀ	
	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	ŀ		
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations	l	·	
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	ınstru	ctions)	
				No
2	Activities Test Answer (a) and (b) below.	<u> </u>	1 1 1	
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		}
	that these activities constituted substantially all of its activities	<u> 2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ '
	reasons for the organization's position that its supported organization(s) would have engaged in these	١		
	activities but for the organization's involvement	_2b_		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			١.
а	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? Provide details in Part VI.	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	3b		

.007188	7	*****
	5.	- Dage

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatic	ons	-
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sections	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		٠,٠
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)
1 Aggregate fair market value of all non-exempt-use assets (see	Ţ.		
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	-		1
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	The second of	
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		1100 400 \$ 50 100	
emergency temporary reduction (see instructions)	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functionally	/ integ	grated Type III supporting of	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part	V. Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions		r	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	
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			E
7	Total annual distributions. Add lines 1 through 6			,
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iiı)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		LXCESS DISTIBUTIONS	Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	11.5	***	
2	Underdistributions, if any, for years prior to 2019			110
	(reasonable cause required - explain in Part VI) See			13.5
	instructions			
3	Excess distributions carryover, if any, to 2019	* 1 * 1	1 7 A	
а	From 2014	5 1 E 2	The State of the S	15 15 16 17 17 17
b	From 2015		- 1,	No.
• с	From 2016			1 Nov. 2
<u>d</u>	From 2017		., 1 / -	
е	From 2018		1, 1, 4, 5, 5,	
f	Total of lines 3a through e		5 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
g	Applied to underdistributions of prior years	*		7: -4:
h	Applied to 2019 distributable amount		Sec. 12. 12. 12. 12.	
1	Carryover from 2014 not applied (see instructions)	-	1 13 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-47 E #1-1
<u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		12. 1511(宝 65)(65)	
4	Distributions for 2019 from	The state of the s	1. O Market Garage	
	Section D, line 7 \$			ि , शें अक्षक के स्टाइन्ट्रेडिंडिंड
a	Applied to underdistributions of prior years	State of the state		The second of the second of the second of
<u>b</u>	Applied to 2019 distributable amount	- W	17 17 11 13 11 13	
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		1,51 (4),51 (5)	The same of the same
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions	1 - 1 - 20 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
6	Remaining underdistributions for 2019 Subtract lines 3h	[세 열립시킨 사기	· 医多层 2000 1000 1000 1000 1000 1000 1000 100	•
	and 4b from line 1 For result greater than zero, explain in	Low Maria And A		
	Part VI. See instructions	14.20 2 12.30	(A) 1 B) (A)	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c		The state of the s	
8	Breakdown of line 7		The state of the s	4. 14. 17 11 11 11 11 11 11 11 11
a	Excess from 2015	स्राप्त हा स्रोतिसा	製造して供養をござい。こ。	trailer in the partition
<u>b</u> _	Excess from 2016	12 384 4 3 () 1	多人。1975年第一代大人	white the same
<u>C</u>	Excess from 2017	19 19 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	や。特殊会にはない。	E LANGE COL
d	Excess from 2018	1467	177	Market Table
е	Excess from 2019	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	[5] "一","自己就是他们是一	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

► Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

Inter	nal Revenue Service	► Go to www irs gov	/Form990 for instruction	s and the latest inforr		Inspection
Nam	e of the organization				Employer identific	ation number
BU:	ILD-A-BEAR FOU	JNDATION			33-10071	.88
Pa	irt Organiza	tions Maintaining Donor Adv	ised Funds or Other	Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6		
			Vos rono (a)	sed runds	(b) Funds and	d other accounts
1	Total number at e	nd of year	RECE	EIVED		,
2		of contributions to (during year)		78		
3		of grants from (during year)	₩ NOV 0	6 2020		
4		at end of year	B NOV 0	S		
5			advisors in with mo	ray the acrets held	in donor advised	
•	funds are the orga	ion inform all donors and donor inization's property, subject to the	organization's avoirs	ve legal controls	iii donor advisca	Yes No
6	Did the organization	on inform all grantees, donors, a	and donor advisors in	writing that grant fi	inds can be used	
•		purposes and not for the bene				
		issible private benefit?				
Pa		tion Easements.		· · · · · · · · · · · · · · · · · · ·		
		e if the organization answered	"Yes" on Form 990.	Part IV. line 7		
1		servation easements held by the				
		n of land for public use (for example			of a historically in	portant land area
		of natural habitat	,	F1	of a certified histo	
	Preservation	n of open space				
2		through 2d if the organization h	eld a qualified conserv	ation contribution in	the form of a cor	nservation
		ast day of the tax year	·			End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easement			2b	
С		vation easements on a certified			2c	
d		vation easements included in (
		sted in the National Register			2d	
3		rvation easements modified, tra			nated by the org	anization during the
	tax year ▶					J
4	•	where property subject to conse	rvation easement is loc	ated ▶		
5		ation have a written policy reg			ion, handling of	
		orcement of the conservation ea		-	-	Yes No
6		hours devoted to monitoring, insp				nents during the year
	>					
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violation	ons, and enforcing co	onservation easen	nents during the year
	▶ \$.			,
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	equirements of section	on 170(h)(4)(B)(ı)	
	and section 170(h)	(4)(B)(n)?				Yes No
9	In Part XIII, describ	be how the organization reports				
		d include, if applicable, the text of		rganization's financi	al statements that	describes the
	organization's acco	ounting for conservation easeme	nts.			
Pa	rt III Organizat	tions Maintaining Collections	of Art, Historical Tr	easures, or Other	r Similar Assets	
	Complete	if the organization answered	"Yes" on Form 990,	Part IV, line 8.		
1a	If the organization	elected, as permitted under FA	SB ASC 958, not to i	eport in its revenue	e statement and I	balance sheet works
	of art, historical tr	elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote	ts held for public ext	nbition, education,	or research in fu	urtherance of public
b		elected, as permitted under FA				
U		sures, or other similar assets he				
		ng amounts relating to these iter		, oddodaion, or room		
	(i) Revenue includ	led on Form 990, Part VIII, line 1			▶ \$	
		d in Form 990, Part X				
2		received or held works of a				
	_	required to be reported under F.				J. , p. 2
а		on Form 990, Part VIII, line 1			> \$	
_b	Assets included in	Form 990, Part X			> s	
	s de Barde et	Act Notice see the Instructions for	F 222			

Sche	dule D (Form 990) 2019									Page Z
Pa	rt ∭ Organizations Maintain	ing Collections of	Art, Histo	rical Tre	asures, c	or Other S	imilar Assets (contınu	ēd)	degr.
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of th	ne followir	ig that make sigi	nıfıcant	use o	of its
	collection items (check all that app	oly)								
а	Public exhibition		d [Loan	or exchang	e program				
b	Scholarly research		e 🗀	Other						
C	Preservation for future gene	rations								
4	Provide a description of the orga		s and evola	un how t	hev furthe	r the oras	nization's exemp	t nurno	se in	Part
•	XIII	Zation o ooilootioni	o dilo explo	1101	incy runtile	ino orga		т рагро		
5	During the year, did the organization	on solicit or receive	donations o	fart bist	orical trace	tures or of	har similar			
3	assets to be sold to raise funds rati							Yes		่าี่ ทธ์
Da	irt IV Escrow and Custodial A		anieu as pa	it of the t	Jiganizatio	il s collecti	0117 [1163		J NO
LE	Complete if the organiza		es" on Forr	m 000 E	Part IV/ Jun	a 0 or re	oorted an amou	nt on F	orm	
	990, Part X, line 21	alion answered Te	55 0111-011	11 990, F	aitiv, mi	e 3, 01 1e)	Joiled all alliou	iit Oii i	OHIII	
4.0		a aughadian ay ath						***		
ıa	Is the organization an agent, truste									٦.,.
	included on Form 990, Part X?						[Yes	· L	_∣ No
р	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole					
	_				<u> </u>		Amount	<u> </u>		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am							Yes		∐No
b	If "Yes," explain the arrangement i	n Part XIII Check h	ere if the ex	planation	has been	provided or	Part XIII	<u> </u>		
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, lin	e 10				
		(a) Current year	(b) Prior	year	(c) Two ye	ars back	(d) Three years back	(e) Fou	r years	back
1 a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains,									
·	and losses							-		
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses		_			-				
_	End of year balance							l		
2	Provide the estimated percentage			e (line 1g,	column (a)) held as				
a	Board designated or quasi-endown		_%							
b	Permanent endowment >	%								
С	Term endowment ▶	.%								
	The percentages on lines 2a, 2b, a									
3 a	Are there endowment funds not in	the possession of the	ne organiza	tion that	are held a	nd adminis	tered for the	í		- N.
	organization by								Yes	No
	(i) Unrelated organizations							3a(i)		-
	(ii) Related organizations							3a(ıi)		L
b	If "Yes" on line 3a(ii), are the relate							3b		L
4	Describe in Part XIII the intended u		tion's endoy	vment fur	nds					
Pa	rt VI Land, Buildings, and Equ	ipment.	aa" aa Faw	000 [7amil () lun	o 110 Co	o Form 000 Ba	V 1:-	40	
	Complete if the organization of property	(a) Cost or				(c) Accur		IT A, III I) Book va		·
			tment)		or other basis ther)	(c) Accur deprec		ij book va	nut	
1a	Land			· -		٠,	1			
b	Buildings									
C	Leasehold improvements					T				
d	Equipment									
	Other						1			
	I. Add lines 1a through 1e (Column		n 990. Part	X column	(B), line 1	0c)	•			
		, , 545017 011	, r with	.,	(-/)	/•••••				

Schedule D (Form 990) 2019

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Part VII	Investments - Other Securities.	1111/4-11 5 000	Dat IV has 44b Cas Frais 000 F	To at V. June 40
	Complete if the organization answered	T T	 	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)				
(E)				
(F)				
(G)				
(H)			<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 12) .		The Charles of the State of the	5,775 3
Part VIII	Investments - Program Related. Complete if the organization answered	l "Vos" on Form 000	Part IV line 11c See Form 900 F	lart V lina 12
	· · · · · · · · · · · · · · · · · · ·		T	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)			, , , , , , , , , , , , , , , , , , , ,	
(1)				,
(2)	-			
(4)	·····			
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13) .		- 3.7 7.75	7 - 1 - 3 - 4 - 4
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, F	Part X, line 15
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		······································		
(6)				•
(7)	 			
(8)				
(9)	ımn (b) must equal Form 990, Part X, col (B) li			
Part X	Other Liabilities.	ne (5)	<u></u>	
rait A	Complete if the organization answered	"Yes" on Form 990	Part IV line 11e or 11f See Form	000 Part Y
	line 25	1 103 0111 01111 000	, railiv, mie rie di rii dee raini	550, T att 7.
1		tion of liability		(b) Book value
	al income taxes	tion of hability		(b) book value
	TO RELATED PARTY			80,425.
(3)				007123
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)			80,425.
	r uncertain tax positions. In Part XIII, provide the			

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1 000 17188S 764N 8/19/2020 Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements	
1 Total revenue, gains, and other support per audited financial statements	
Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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) c Add lines 4a and 4b c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4, Part IV, lines 1b and 2b, Part V, lines	700,529.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. 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 Part XIII I I I I I I I I I I I I I I I I I	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not 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) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Amounts included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line Part XIII Supplemental Information.	
c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d	
d Other (Describe in Part XIII) e Add lines 2a through 2d	
e Add lines 2a through 2d	•
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	17,826,
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) c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. 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 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 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 Part XIII V Inter 1 and 1 and 2 b, Part V, line 1 and 2 b, Part V, line 2 and 4 b, Part V, line 2 and 4 b, Part V, lines 1 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 2 b, Part IV, line 2 and 4 Part IV, lines 1 b and 2 b, Part V, line 2 and 4 Part IV, line 2 and 4 Part IV, line 2 and 4 Part IV	682,703.
b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. 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 Part XIIII Supplemental Information.	
b Other (Describe in Part XIII) c Add lines 4a and 4b	
c Add lines 4a and 4b	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	682,703.
Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	
Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	463,650.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Part XIII Supplemental Information. 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, lines 1b and 2b,	
b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 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, lines 1b and 2b, P	
c Other losses. d Other (Describe in Part XIII)	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	
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	17,826.
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	445,824.
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part XIII Supplemental Information. 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, lines 1b and 2b	1.15 00.1
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, lines 1b and 2b a	445,824.
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Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

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.

► Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BUI	LD-A-BEAR FOUNDATION				33-10071	88
Pai	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl		
1	For grantmakers. Does the order assistance, the grantees' award the grants or assistance? For grantmakers. Describe in	eligibility for t	the grants or	assistance, and the selec	ction criteria used to	X Yes No
•	outside the United States		2 4-64		waadad \	
3	Activities per Region (The follow	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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	(f) Total expenditures for and investments in the region
(1)	NORTH AMERICA	0	0	GRANTMAKING	N/A	
(2)	EUROPE	0	0	GRANTMAKING	N/A	
(3)						
(4)						
(5)						
(6)					CEIVED	
(7)				D093	V 0 6 2020	
(8)				OG	DEN, UT	
(9)						_
(10)		-		•		
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(1 <u>6)</u> (17)						
3 a b						

Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Page 2

Part	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000. Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	ance to Organizat cipient who received	ions or Entities Outside the United States. Complete if the organization answered ed more than \$5,000. Part II can be duplicated if additional space is needed.	de the United Part II can be d	States. Comple uplicated if addition	e if the organial	ınızatıon answer needed.		"Yes" on Form 990,
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(2)									
(3)									
(4)			-						
(5)			-						
(9)		J-14-100T							
(6)									
(10)							-		
(12)			i.						
(13)11.6				•					
(14)									
(15)			•						
(16)			`						
-									-

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities. m 8

Schedule F (Form 990) 2019,

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BUILD-A-BEAR FOUNDATION

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 Schedule F (Form 990) 2019

Part III Grants an

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()	2)	3)	1)	2)	(6	7)	3)	(6	(((1	3)	3)	(1	(5)	(6	(1)	€	ASC

PAGE 28

Schedule F (Form 990) 2019

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)	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 separately 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, don't file with Form 990)	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)	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)	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	X No

Schedule F (Form 990) 2019

Page **5**

Part V Supplemental Information

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 REVIEW THE APPLICATION. THE BOARD OF DIRECTORS THEN APPROVE THE PROPOSED GRANTS. AFTER APPROVAL FROM THE BOARD OF DIRECTORS, THE GRANT IS GIVEN TO RECIPIENTS WHICH WERE LOCATED IN CANADA OR THE UK.

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

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

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

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Open to Public

Name of t	iame of the organization	Employer identification number	
BUILD	BUILD-A-BEAR FOUNDATION	33-1007188	
Parti	Part I General Information on Grants and Assistance		
1 D	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance and	
ţ	the selection criteria used to award the grants or assistance?	X Yes	Ž
2 De	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States]
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990	in answered "Yes" on Form	000

The state of the control of the cont		James and install	na Doillestic Gov	ernments.	ipiete ii ine organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient that received	hat received	more than \$5,	,000. Part II can b	e duplicated if a	more than \$5,000. Part II can be duplicated if additional space is needed.	needed.	
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 noncash assistance	(h) Purpose of grant or assistance
(1) OTHER < \$5,000							
		501 (C) (3)		143, 384. COST	COST	SKINS/STUFFING	
(2) MARINE TOYS FOR TOTS							
18251 QUANTICO GATEWAY DRIVE		501 (C) (3)	150,000.				TOYS FOR LOW INCOME
(3) INTERNATIONAL SCHOLARSHIP AND TUITION SERVI							
1321 MURFREESBORO PIKE, STE 800	62-1247492	501 (Č) (3)	000'6				SCHOLARSHIPS
(4) MAKE-A-WISH US							
4742 NORTH 24TH STREET PHOENIX, AZ 85016	86-0481941	501 (C) (3)	35,050				GENERAL SUPPORT
(5) PFLAG, INC							
	ī						

SUPPORT

10,000.

501 (C) (3)

1828 L STREET, NW SUITE 660

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OGDEN,

Schedule I (Form 990) (;		30.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
A		1 table	3 Enter total number of other organizations listed in the line 1 table.
A : : : : : : : : : : : : : : : : : : :		rganizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
			(12)
			1447
			(10)
	E 20		
	20		(6)
	6		
	0		(8)
	0 V		
	N		(7)

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(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
4 REVERTY FIND					
	TP	36,158			
2 OTHER < \$5,000				COST	SKINS/STUFFING
3					
4					
5					
9					
7					
Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	information re	quired in Part I,	ine 2, Part III, c	olumn (b), and any ot	her additional

US GRANTS

A CONTRIBUTIONS COMMITTEE MEETS TO CHARITIES APPLY FOR A GRANT ONLINE. REVIEW THE APPLICATION. THE BOARD OF DIRECTORS THEN APPROVE THE PROPOSED

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

TO RECIPIENTS WHICH WERE LOCATED IN THE U.S. GIVEN

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PAGE 32

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.

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047-

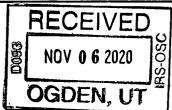
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUILD-A-BEAR FOUNDATION

Employer identification number 33-1007188

Part	Questions Regarding Compensation			
			Yes	¹ No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	道網		253
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			減過
	First-class or charter travel Housing allowance or residence for personal use	160	外 想	震源!
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3.4		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			300
	Employed and the state of the s		in the	* V
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	1342	是是	3.17
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1 _b		
2	explain	Z.M.	4629 0	77 E-15
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	Server.	511(87.75	. Marie A
	1a?	2		
		29 isla	the M	14/16/20
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			20.7
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III		营業	25.00
	X Compensation committee Written employment contract		談	
	Independent compensation consultant Compensation survey or study	經過	語	
	Form 990 of other organizations Approval by the board or compensation committee			7
				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		322	
•	organization or a related organization Receive a severance payment or change-of-control payment?	10 A 0	HURTS	area X
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X	
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	22.53	STATES S	数温電視
	Tes to any or lines 44-6, list the persons and provide the applicable amounts for each item in Fatt in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of			
•	The organization?	5a	2,782,873	TÜKKÜL! X
b	Any related organization?	5b		<u> </u>
D	If "Yes" on line 5a or 5b, describe in Part III	第:38 多	热感物	A3447
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ü	compensation contingent on the net earnings of			新疆
а	The organization?	6a	han karanta	X
b	Any related organization?	6b	- x	
b	If "Yes" on line 6a or 6b, describe in Part III	365	V5134.20C	13.6723
_	·			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7~		х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'		
0	Were any amounts reported on 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
۵	In Part III	8	<u> </u>	
9		1 1	Markifeli	141
or D-	Regulations section 53 4958-6(c)?	9	rm 997	1) 2010
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Schedule J (Form 990) 2019

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 on 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 aren't 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

(F) Compensation in column (B) reported as deferred on prior Form 990 182,884 471,105 506,275 83,468 211,237 258,385 203,350 216,083 (E) Total of columns (B)(I)-(D) 5,386. 5,386 5,386 25,699 5,386 87,345 93,564 (D) Nontaxable benefits (C) Retirement and other deferred compensation ö 0 Ö 0. 0 ö 80,084. (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation Ö ö 0 0. o. Ö ö ö Ö (ii) Bonus & incentive compensation 377,541. 205,851. 232,686. 210,697. 197,964. 418,930. Ö 177,498. 3,384 (I) Base compensation ΞΞ ΞΞ ΞΞ ΞΞ Ξ Ξ Ξ Ξ Ξ ΞΞ 3TREASURER, DIRECTOR PRESIDENT, DIRECTOR DIRECTOR (A) Name and Title MARY ANN MACKEY VOIN TODOROVIC ARVETTA POWELL MARSHA FUCHS RAY MUELLER ANN GRIMMET CHRIS HURT MIKE EARLY 4SECRETARY, 7DIRECTOR BDIRECTOR 1DIRECTOR 6DIRECTOR SDIRECTOR 6 15 10 12 13 4

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

Supplemental Information Part III

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 FOUNDATION 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 FOUNDATION ARE EMPLOYEES OF THE

RELATED ORGANIZATION, BUILD-A-BEAR WORKSHOP, INC. AND PARTICIPATE IN A

BONUS PLAN.

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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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 . 2019
Open to Public Inspection

Name of the organization

BUILD-A-BEAR FOUNDATION

Employer Identification number 33-1007188

OTHER PROGRAM SERVICES

GRANTS WERE APPROVED OF CASH AND NON-CASH TO CHARITABLE ORGANIZATIONS
THAT SUPPORT OUR MISSION.

GOVERNING BODY AND MANAGEMENT

BUILD-A-BEAR FOUNDATION OFFICERS AND DIRECTORS ARE EMPLOYEES OF
BUILD-A-BEAR WORKSHOP, INC., A RELATED PARTY. BUILD-A-BEAR FOUNDATION
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 FOUNDATION 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 FOUNDATION ANNUALLY POSTS THEIR FORM 990 ON THE RELATED

PARTY, BUILD-A-BEAR WORKSHOP, INC'S WEBSITE. WE WILL ALSO PROVIDE COPIES

.Page **2**

Name of the organization

BUILD-A-BEAR FOUNDATION

Employer identification number 33-1007188

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 BELIEVES IN THE POWER OF HUGS AND THE SIMPLE COMFORT OF HAVING A FURRY FRIEND BY YOUR SIDE. BUILD-A-BEAR AND BUILD-A-BEAR FOUNDATION FOCUS OUR PURPOSE AND GIVING EFFORTS ON THE WELL-BEING OF CHILDREN THROUGH OPPORTUNITIES TO MAKE THEIR DAYS A LITTLE BIT BRIGHTER.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

DC, FL, GA, 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, PR,

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

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

ENDING BOOK VALUE

SCHOLARSHIP FEE

CSC REGISTERED AGENT

1,064.

WEBSITE HOSTING FEE

108.

TOTALS

1,172.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

BUILD-A-BEAR FOUNDATION

Part

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No 1545-0047

► Go to www irs.gov/Form990 for instructions and the latest information.

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 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II 2 (3) 9 9 Ξ (4)

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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 (h) (i)
Percentage 512(b)(13)
connership controlled entity? Page 2 Yes Percentage ownership (J) General or Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. managing partner? ŝ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Yes (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionals ŝ Yes (g) Share of end-of-(e)
Type of entity
(C corp. S corp, or trust) year assets CORP CORP CORP o (f) Share of total (d)
Direct controlling
entity ıncome N/A N/A N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) Ŗ, S 띮 (b) Primary activity RETAIL SALES RETAIL SALES RETAIL SALES (d)
Direct controlling entity 43-1883836 865035422 05651132 (c) Legal domicile (state or foreign country) 63114 MO 63114 MO 63114 ę (a)Name, address, and EIN of related organization (b) Primary activity 1954 INNERBELT BUSINESS CENTER DRIVE ST. LOUIS, 1954 INNERBELT BUSINESS CENTER DR SAINT LOUIS, 1954 INNERBELT BUSINESS CENTER DR SAINT LOUIS, BUILD-A-BEAR WORKSHOP, INC (a) Name, address, and EIN of related organization BUILD-A-BEAR CANADA BUILD-A-BEAR UK Part IV Part III (2) ව Ξ <u>ල</u> 3 (5) 9 9 0 E ন্ত 9 9 €

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<u>~</u>	Yes No	0
1 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?	ted organizations lis	ted in Parts II-IV?	L		<u> </u>	Ι.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1 1	<u> </u>	×
c Gift, grant, or capital contribution from related organization(s).				100	<u> </u>	×
d Loans or loan guarantees to or for related organization(s)				1d	_	×
e Loans or loan quarantees by related organization(s)				10		×
			:	,	1	1.
f Dividends from related organization(s)				<u>+</u>		
٠ ,:			:	10	<u> ~</u>	×
		· · · · · · · · · · · · · · · · · · ·	:	╀	×	1
i Exchange of assets with related organization(s),				=	_	×
Lease of facilities, equipment, or other assets to related organization(s)				1,5	_	\times
:						١,
k Lease of racilities, equipment, or other assets from related organization(s)			:	¥ =	1	< ا >
			:	- 1	+	: >
				4	<u>`</u>	اہ
			<u> </u>	4	<u>ا</u> د ا :	-
o Sharing of paid employees with related organization(s)			<u>- </u>	9	× ·	- 1
n Doimhireamont hard to related organization(s) for evinence					×	
			:	1	+	>
q Reimbursement paid by related organization(s) for expenses			<u>-</u> -	2	+	٠
r Other transfer of cash or property to related organization(s)					×	
				↓_	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including cove	red relationships and transa	ction thresh	spe		I
	(q)	(c)	<u>U</u>	F		1
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	determ Involve	guug S	
(1) BUILD-A-BEAR WORKSHOP, INC. A RELATED PARTY,				,		
(2) SHARES FACILITIES AND EMPLOYEES WITH BUILD-A-						1
(3) BEAR FOUNDATION. EMPLOYEES OF			•			
(4) BUILD-A-BEAR WORKSHOP, INC ARE VOLUNTEERS FOR			:		- · ·	
(5) THE ORGNAIZATION. BUILD-A-BEAR FOUNDATION					Ē-	
(6) PURCHASES MERCHANDISE AT COST FROM					- "	_
V		Sch Sch	Schedule R (Form 990) 2019	m 99	0) 20	10

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ins. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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the or
te if 1
Comple
Organizations.
Related C
With
Transactions
Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No S
1 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?	lated organizations lis	ted in Parts II-IV?		
a Recept of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			19	
b Gift, grant, or capital contribution to related organization(s)			1b	
c. Gift grant or capital contribution from related organization(s)				
				1
		• • • • • • • • • • • • • • • • • • • •	2 , :	ļ
e Loans of loan guarantees by related ofganization(s)			1e	1
f Dividends from related organization(s)			7	_
h Purchase of assets from related organization(s)			==	4
i Exchange of assets with related organization(s)			1 <u>i</u>	
j Lease of facilities, equipment, or other assets to related organization(s)			1	
k Lease of facilities, equipment, or other assets from related organization(s)				
l Performance of services or membership or fundraising solicitations for related organization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	
o Sharing of paid employees with related organization(s)			10	
p Reimbursement paid to related organization(s) for expenses			1p	4
q Reimbursement paid by related organization(s) for expenses			19	_
			1	
s Other transfer of cash or property from related organization(s)			1 1	-
1	s line, including cove	red relationships and transa	action thresholds.	
, (a)	(q)	(c)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	gur _
(1) BUILD-A-BEAR WORKSHOP, INC.				
(2) BUILD-A-BEAR WORKSHOP, INC COLLECTS PIN PAD				:
(3) DONATIONS ON BEHALF OF BUILD-A-BEAR				
(4) FOUNDATION AND TRANSFERS THEM THE CASH.				- <u>-</u>
A. W. C.				
(5)				-
(9)				7-7
YSF .		los '*,	Schedule R (Form 990), 20.19	, 20.19
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Schedule R (Form 990) 2019

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

																					n .	
(k) Percentage ownership	ı							 	-				_		ļ			_	 _	 _		
l) General or managing partner?	No.	_		_		_	 				_				ļ							
	Yes							 	-				1					_	 -			
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(1000)																					
	No																					
(h) Disproportionale ellocations?	Yes																					
(9) Share of end-of-year assets																						
(I) Share of total income														-								
	٥ ۷	\dagger		-					\dagger		\dashv		+			1		+				
(e) Are all partners section 501(c)(3) organizations?	Yes No	\dagger									\dashv		\dagger									
(d) Predominant A income (related, unrelated, excluded from tax under	sections 512-514)								-													
(c) Legal domicile (state or foreign country)					•												-		;			
(b) Primary activity			-	-									•									
(a) Name, address, and EIN of entity												;										

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Schedule R (Form 990) 2019

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions.