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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , and ending				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Puyallup Main Street Association		D Employer identification number 94-3116104
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 476		E Telephone number 253-840-2631
		City or town, state or country, and ZIP + 4 Puyallup WA 98371		F Group Exemption Number ▶
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶</p> <p>I Website: ▶ www.puyallupmainstreet.com</p> <p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p> <p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 395,679</p>				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	103,676
2 Program service revenue including government fees and contracts	40,007
3 Membership dues and assessments	12,259
4 Investment income	467
5a Gross amount from sale of assets other than inventory	
5b Less: cost or other basis and sales expenses	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	239,270
b Less: direct expenses other than fundraising expenses	210,904
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	28,366
7a Gross sales of inventory, less returns and allowances	
7b Less: cost of goods sold	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ▶)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	184,775
10 Grants and similar amounts paid (attach schedule)	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	97,655
13 Professional fees and other payments to independent contractors	4,424
14 Occupancy, rent, utilities, and maintenance	14,145
15 Printing, publications, postage, and shipping	9,768
16 Other expenses (describe ▶ See Statement 2)	126,317
17 Total expenses. Add lines 10 through 16	252,309
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-67,534
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	103,361
20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	35,827

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II.)	
22 Cash, savings, and investments	(A) Beginning of year 98,100 (B) End of year 48,440
23 Land and buildings	
24 Other assets (describe ▶ See Statement 3)	9,551
25 Total assets	107,651
26 Total liabilities (describe ▶ See Statement 4)	4,290
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,361

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. None		
42a The organization's books are in care of Puyallup Main Street Asso Telephone no. 253-840-2631 P.O. Box 476 Located at Puyallup, WA ZIP +4 98371		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Michele L. McGill
Signature of officer
MICHELE L. McGill
Type or print name and title.

Date

9-21-10

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Gary A. Carlington

Gary A. Carlington, CPA, Inc.
317 4th St Northwest
Puyallup, WA 98371-4313

Date

08/13/10

Check if self-employed

☐

Preparer's Identifying Number (See instr.)

P00039018

EIN

Phone

no 253-848-2907

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Puyallup Main Street Association

Employer identification number

94-3116104

Part I. Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

[illegible]

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73,965	116,872	115,122	239,946	103,676	649,581
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	73,965	116,872	115,122	239,946	103,676	649,581
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)						145,314
6 Public support. Subtract line 5 from line 4						504,267

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	73,965	116,872	115,122	239,946	103,676	649,581
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108	163	83	559	467	1,380
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 IV.)						
11 Total support. Add lines 7 through 10						650,961
12 Gross receipts from related activities, etc. (see instructions)					12	412,593
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.47 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.14 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 12,259
Total	\$ 12,259

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Advertising	11,347
Software	336
Repair	514
Office Expendables	4,526
Travel	2,234
Conferences	702
Insurance	7,444
Association Dues	275
Board Retreat	1,311
Community Contributions	1,166
Design Committee	71,660
Event Equip & Facilities	844
Event Supplies	11,508
Finance Committee	40
Hosting Expenses	1,277
Marketing Task Force	150
Operations Committee	750
Other Board Expenses	20
Other Program & Event Exp	110
Other Staff Expense	38
Performance & Service Fee	3,596
Permits	2,917
Promotional Items	693
Promotions Committee	800
Staff Education	298
Volunteer Expenses	498
Website	1,263
Total	\$ 126,317

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Land, Bldgs & Equipment	\$ 30,390	\$ 35,778
Less Accumulated Depreciation	20,839	27,036
	9,551	8,742

Federal Statements**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 4,290	\$ 16,000
Payroll Liabilities	4,290	5,355
	<u>4,290</u>	<u>21,355</u>

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

To revitalize, develop and enhance the economic growth of the city of Puyallup by improving, promoting and encouraging businesses to build a positive image of the total community.

94-3116104

Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
36	Network Installation	1/08/09	1,723			X	862	5 HY 200DB	0	1,034
38	Lexmark Printer	4/16/09	328			X	164	5 HY 200DB	0	197
			<u>2,051</u>				<u>1,026</u>		<u>0</u>	<u>1,231</u>
7-year GDS Property:										
37	Office Equipment	4/14/09	717			X	359	7 HY 200DB	0	410
39	Tractor	7/23/09	1,154			X	577	7 HY 200DB	0	660
40	Telephone System	12/02/09	1,466			X	733	7 HY 200DB	0	838
			<u>3,337</u>				<u>1,669</u>		<u>0</u>	<u>1,908</u>
Prior MACRS:										
1	Computer Equipment - Various	12/15/97	3,278				3,278	5 HY 200DB	3,278	0
2	Computer - Compaq	1/15/01	693				693	5 HY 200DB	693	0
3	Computer	4/11/03	605			X	423	5 HY 200DB	554	0
4	Canopies	1/15/96	900				900	5 HY 200DB	900	0
5	2 Way Radios	12/15/97	1,961				1,961	5 HY 200DB	1,961	0
6	Brother Intellifax 770	4/15/99	207				207	5 HY 200DB	197	0
7	Epson Scanner	1/15/01	171				171	5 HY 200DB	171	0
8	Mitel 3100 Integrated Comm. Platform	12/15/03	1,919			X	959	5 HY 200DB	1,919	0
9	Desk	12/17/03	282			X	141	5 HY 200DB	282	0
10	Sylvania 15" LCD TV/DVD Player	4/04/06	381				381	5 HY 200DB	271	44
11	Holiday Snowflakes	8/23/06	7,176				7,176	7 HY 200DB	4,038	896
12	Epson LCD Projector	6/01/07	800				800	7 HY 200DB	310	140
13	Sharp AR-407 Copier	7/01/03	0			X	0	7 HY 200DB	0	0
14	HP4550 Color Laser Printer	7/01/03	0			X	0	5 HY 200DB	0	0
15	Haier Office Refrigerator	7/01/03	0			X	0	7 HY 200DB	0	0
16	Holiday Snowflakes	7/12/07	4,238				4,238	7 HY 200DB	1,643	742
17	Holiday Snowflakes	12/13/07	178				178	7 HY 200DB	69	31
18	HP DeskJet 1120C Printer	7/01/03	0			X	0	5 HY 200DB	0	0
19	12' Conference Table & 14 Chairs	7/01/03	0			X	0	7 HY 200DB	0	0
23	Networking	10/03/08	152			X	76	5 HY 200DB	91	25
24	Hard Drive	10/06/08	80			X	40	5 HY 200DB	48	13
25	Computers	2/07/08	252			X	126	5 HY 200DB	151	40
26	Computer Equipment	5/15/08	439			X	220	5 HY 200DB	263	70
27	Office Equipment	6/20/08	401			X	200	7 HY 200DB	229	49
28	Meeker Days Manager's Computer	8/19/08	986			X	493	5 HY 200DB	591	158
29	Office Manager's Computer	8/20/08	964			X	482	5 HY 200DB	578	155
30	Server Hard Drive	9/02/08	849			X	425	5 HY 200DB	509	136
31	Laptop Computer	9/08/08	434			X	217	5 HY 200DB	260	70
32	Office Equipment	9/24/08	144			X	72	7 HY 200DB	82	18
33	Monitor	8/25/08	251			X	125	5 HY 200DB	151	40
34	Computer, Monitor & Printer	8/26/08	930			X	465	5 HY 200DB	558	149
35	Dell Computer	9/02/08	701			X	351	5 HY 200DB	420	112
			<u>29,372</u>				<u>24,798</u>		<u>20,217</u>	<u>2,888</u>
Other Depreciation:										
20	GoToMyPC	5/02/08	179			X	89	3 MOAmort	110	30
21	Software	5/07/08	571			X	286	3 MOAmort	349	95
22	Constant Contact	6/26/08	270			X	135	3 MOAmort	161	45
	Total Other Depreciation		<u>1,020</u>				<u>510</u>		<u>620</u>	<u>170</u>
	Total ACRS and Other Depreciation		<u>1,020</u>				<u>510</u>		<u>620</u>	<u>170</u>
	Grand Totals		35,780				28,003		20,837	6,197
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>35,780</u>				<u>28,003</u>		<u>20,837</u>	<u>6,197</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
36	Network Installation	1/08/09	1,723			X	862	5 HY 200DB	0	1,034
38	Lexmark Printer	4/16/09	328			X	164	5 HY 200DB	0	197
			<u>2,051</u>				<u>1,026</u>		<u>0</u>	<u>1,231</u>
7-year GDS Property:										
37	Office Equipment	4/14/09	717			X	359	7 HY 200DB	0	410
39	Tractor	7/23/09	1,154			X	577	7 HY 200DB	0	660
40	Telephone System	12/02/09	1,466			X	733	7 HY 200DB	0	838
			<u>3,337</u>				<u>1,669</u>		<u>0</u>	<u>1,908</u>
Prior MACRS:										
1	Computer Equipment - Various	12/15/97	3,278				3,278	5 HY 150DB	3,278	0
2	Computer - Compaq	1/15/01	693				693	5 HY 150DB	693	0
3	Computer	4/11/03	605			X	423	5 HY 200DB	605	0
4	Canopies	1/15/96	900				900	5 HY 150DB	900	0
5	2 Way Radios	12/15/97	1,961				1,961	5 HY 150DB	1,961	0
6	Brother Intellifax 770	4/15/99	207				207	5 HY 150DB	207	0
7	Epson Scanner	1/15/01	171				171	5 HY 150DB	171	0
8	Mitel 3100 Integrated Comm. Platform	12/15/03	1,919			X	959	5 HY 200DB	1,919	0
9	Desk	12/17/03	282			X	141	5 HY 200DB	282	0
10	Sylvania 15" LCD TV/DVD Player	4/04/06	381				381	5 HY 150DB	222	64
11	Holiday Snowflakes	8/23/06	7,176				7,176	7 HY 150DB	3,221	879
12	Epson LCD Projector	6/01/07	800				800	7 HY 150DB	239	120
16	Holiday Snowflakes	7/12/07	4,238				4,238	7 HY 150DB	1,265	637
17	Holiday Snowflakes	12/13/07	178				178	7 HY 150DB	53	27
24	Hard Drive	10/06/08	80			X	40	5 HY 200DB	48	13
25	Computers	2/07/08	252			X	126	5 HY 200DB	151	40
26	Computer Equipment	5/15/08	439			X	220	5 HY 200DB	263	70
27	Office Equipment	6/20/08	401			X	200	7 HY 200DB	229	49
28	Meeker Days Manager's Computer	8/19/08	986			X	493	5 HY 200DB	591	158
29	Office Manager's Computer	8/20/08	964			X	482	5 HY 200DB	578	155
30	Server Hard Drive	9/02/08	849			X	425	5 HY 200DB	509	136
31	Laptop Computer	9/08/08	434			X	217	5 HY 200DB	260	70
32	Office Equipment	9/24/08	144			X	72	7 HY 200DB	82	18
33	Monitor	8/25/08	251			X	125	5 HY 200DB	151	40
34	Computer, Monitor & Printer	8/26/08	930			X	465	5 HY 200DB	558	149
35	Dell Computer	9/02/08	701			X	351	5 HY 200DB	420	112
			<u>29,220</u>				<u>24,722</u>		<u>18,856</u>	<u>2,737</u>
Other Depreciation:										
13	Sharp AR-407 Copier	7/01/03	0				0	0 HY	0	0
14	HP4550 Color Laser Printer	7/01/03	0				0	0 HY	0	0
15	Haier Office Refrigerator	7/01/03	0				0	0 HY	0	0
18	HP DeskJet 1120C Printer	7/01/03	0				0	0 HY	0	0
19	12' Conference Table & 14 Chairs	7/01/03	0				0	0 HY	0	0
23	Networking	10/03/08	0				0	0 HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		34,608				27,417		18,856	5,876
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>34,608</u>				<u>27,417</u>		<u>18,856</u>	<u>5,876</u>

Bonus Depreciation Report

FYE: 12/31/2009

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Dep
Activity: Form 990, Page 1								
20	GoToMyPC	5/02/08	179		0	0	90	89
21	Software	5/07/08	571		0	0	285	286
22	Constant Contact	6/26/08	270		0	0	135	135
3	Computer	4/11/03	605	100	0	0	182	423
8	Mitel 3100 Integrated Comm. Platform	12/15/03	1,919		0	0	960	959
9	Desk	12/17/03	282		0	0	141	141
13	Sharp AR-407 Copier	7/01/03	0		0	0	0	0
14	HP4550 Color Laser Printer	7/01/03	0		0	0	0	0
15	Haier Office Refrigerator	7/01/03	0		0	0	0	0
18	HP DeskJet 1120C Printer	7/01/03	0		0	0	0	0
19	12' Conference Table & 14 Chairs	7/01/03	0		0	0	0	0
23	Networking	10/03/08	152		0	0	76	76
24	Hard Drive	10/06/08	80		0	0	40	40
25	Computers	2/07/08	252		0	0	126	126
26	Computer Equipment	5/15/08	439		0	0	219	220
27	Office Equipment	6/20/08	401		0	0	201	200
28	Meeker Days Manager's Computer	8/19/08	986		0	0	493	493
29	Office Manager's Computer	8/20/08	964		0	0	482	482
30	Server Hard Drive	9/02/08	849		0	0	424	425
31	Laptop Computer	9/08/08	434		0	0	217	217
32	Office Equipment	9/24/08	144		0	0	72	72
33	Monitor	8/25/08	251		0	0	126	125
34	Computer, Monitor & Printer	8/26/08	930		0	0	465	465
35	Dell Computer	9/02/08	701		0	0	350	351
36	Network Installation	1/08/09	1,723		0	861	0	862
37	Office Equipment	4/14/09	717		0	358	0	359
38	Lexmark Printer	4/16/09	328		0	164	0	164
39	Tractor	7/23/09	1,154		0	577	0	577
40	Telephone System	12/02/09	1,466		0	733	0	733
Form 990, Page 1			<u>15,797</u>		<u>0</u>	<u>2,693</u>	<u>5,084</u>	<u>8,020</u>
Grand Total			<u>15,797</u>		<u>0</u>	<u>2,693</u>	<u>5,084</u>	<u>8,020</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Computer Equipment - Various	0	0	0
Page 1	1	2	Computer - Compaq	0	0	0
Page 1	1	3	Computer	0	0	0
Page 1	1	4	Canopies	0	0	0
Page 1	1	5	2 Way Radios	0	0	0
Page 1	1	6	Brother Intellifax 770	0	0	0
Page 1	1	7	Epson Scanner	0	0	0
Page 1	1	8	Mitel 3100 Integrated Comm. Platform	0	0	0
Page 1	1	9	Desk	0	0	0
Page 1	1	10	Sylvania 15" LCD TV/DVD Player	44	64	-20
Page 1	1	11	Holiday Snowflakes	896	879	17
Page 1	1	12	Epson LCD Projector	140	120	20
Page 1	1	16	Holiday Snowflakes	742	637	105
Page 1	1	17	Holiday Snowflakes	31	27	4
Page 1	1	24	Hard Drive	13	13	0
Page 1	1	25	Computers	40	40	0
Page 1	1	26	Computer Equipment	70	70	0
Page 1	1	27	Office Equipment	49	49	0
Page 1	1	28	Meeker Days Manager's Computer	158	158	0
Page 1	1	29	Office Manager's Computer	155	155	0
Page 1	1	30	Server Hard Drive	136	136	0
Page 1	1	31	Laptop Computer	70	70	0
Page 1	1	32	Office Equipment	18	18	0
Page 1	1	33	Monitor	40	40	0
Page 1	1	34	Computer, Monitor & Printer	149	149	0
Page 1	1	35	Dell Computer	112	112	0
Page 1	1	36	Network Installation	1,034	1,034	0
Page 1	1	37	Office Equipment	410	410	0
Page 1	1	38	Lexmark Printer	197	197	0
Page 1	1	39	Tractor	660	660	0
Page 1	1	40	Telephone System	838	838	0
				<u>6,002</u>	<u>5,876</u>	<u>126</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Direct Public Support	\$ 158,333	\$ 145,314
Total	\$ 158,333	\$ 145,314

Federal Statements**Special Events Direct Expenses**

Description	Amount
Column A	\$
Farmer's Market	
Salaries and Wages	53,419
Employee Benefits	1,094
Payroll Taxes	3,723
Supplies	1,010
Postage and Shipping	10
Repairs/Maintenance	19,926
Printing and Publications	1,019
Travel	60
Conferences and Meetings	125
Dues	900
Office Space	581
Other	128
Permits	3,001
Promotional Items	2,734
Publication Subscriptions	20
Staff Education	35
Volunteer Expenses	51
Advertising	5,877
SubTotal	93,713
Column B	
Meeker Days Festival	
Salaries and Wages	44,444
Employee Benefits	1,225
Payroll Taxes	5,244
Supplies	3,471
Postage and Shipping	91
Repairs/Maintenance	11,521
Printing and Publications	284
Travel	165
Conferences and Meetings	295
Other	150
Performance & Service Fee	22,835
Permits	295
Promotional Items	5,168
Staff Education	50
Volunteer Expenses	225
Advertising	21,728
SubTotal	117,191
Total	210,904

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Puyallup Main Street Association

Identifying number

94-3116104

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,693
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	170

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	2,888
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,026	5.0	HY	200DB	206
c 7-year property		1,669	7.0	HY	200DB	240
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,197
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return. See instructions.	Puyallup Main Street Association	94-3116104
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 476	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Puyallup WA 98371	

Check type of return to be filed (file a separate application for each return):

- ☐ Form 990
☐ Form 990-BL
☒ Form 990-EZ
☐ Form 990-PF

- ☐ Form 990-T (corporation)
☐ Form 990-T (sec. 401(a) or 408(a) trust)
☐ Form 990-T (trust other than above)
☐ Form 1041-A

- ☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

- The books are in the care of ► **Puyallup Main Street Assoc.**

Telephone No. ► **253-840-2631**FAX No. ► **253-840-2943**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification number
	Puyallup Main Street Association	94-3116104
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 476	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Puyallup WA 98371	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Puyallup Main Street Assoc.**
Telephone No. **253-840-2631** FAX No. **253-840-2943**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**.

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Gary L. Carlington**

Title **CPA**

Date **08/13/10**

Form **8868** (Rev. 4-2009)