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Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011

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

C Name of organization
PUYALLUP FAIR FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
110 - 9TH AVENUE SW

City or town, state or country, and ZIP + 4
PUYALLUP, WA 98371

D Employer identification number
26-1250496

E Telephone number
(253) 847-5000

G Gross receipts $ 442,976

F Name and address of principal officer
KENT HOJEM
110 - 9TH AVENUE SW
PUYALLUP, WA 98371

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PUYALLUPFAIRFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE PUYALLUP FAIR FOUNDATION IS TO FINANCIALLY SUPPORT THE SCHOLARSHIP AND EDUCATIONAL PROGRAMS OF THE WESTERN WASHINGTON FAIR ASSOCIATION (FAIR) AND TO HELP PRESERVE AND IMPROVE THE FAIR FOR FUTURE GENERATIONS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	52
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	621,216	351,744
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,762	45,802
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-76,422	-55,143
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	583,556	342,403
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	709,685	168,060
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,344	42,190
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,939		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	157,309	77,243
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	909,338	287,493
19	Revenue less expenses Subtract line 18 from line 12	-325,782	54,910

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,195,602	2,261,172
21	Total liabilities (Part X, line 26)	34,860	2,561
22	Net assets or fund balances Subtract line 21 from line 20	2,160,742	2,258,611

Part II Signature Block

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

Sign Here

****** | 2012-08-31
Signature of officer | Date

KENT HOJEM SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CHRISTY ENGELMANN	CHRISTY ENGELMANN			

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶

Firm's address ▶ 1145 BROADWAY PLAZA SUITE 900
TACOMA, WA 984023523 | Phone no ▶ (253) 572-7111

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE MISSION OF THE PUYALLUP FAIR FOUNDATION IS TO FINANCIALLY SUPPORT THE SCHOLARSHIP AND EDUCATIONAL PROGRAMS OF THE WESTERN WASHINGTON FAIR ASSOCIATION AND TO HELP PRESERVE AND IMPROVE THE WESTERN WASHINGTON FAIR ASSOCIATION FOR FUTURE GENERATIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 60,500 including grants of $ 60,500) (Revenue $)

THE PUYALLUP FAIR SCHOLARSHIP PROGRAM IS COMMITTED TO ASSISTING WASHINGTON STATE STUDENTS PURSUING ACADEMIC GOALS THE PROGRAM PROVIDES LOCAL STUDENTS WITH SCHOLARSHIPS FOR CONTINUING EDUCATION AND TRAINING EACH YEAR A SELECTION OF SCHOLARSHIPS ARE PRESENTED TO MOTIVATED STUDENTS WORKING TOWARD DIRECT CAREER PATHS FOR FISCAL YEAR ENDING NOVEMBER 30, 2011, OVER 40 STUDENTS RECEIVED FUNDS FOR HIGHER EDUCATION AT COLLEGES, UNIVERSITIES AND VOCATIONAL TECHNICAL SCHOOLS TOTALING $60,500

4b (Code) (Expenses $ 107,560 including grants of $ 107,560) (Revenue $)

SINCE THE PUYALLUP FAIR FOUNDATION COMPELTED THE DEVELOPMENT/CONSTRUCTION OF THE TRAVELING FARM PROGRAM, THE FOUNDATION CONTINUES TO SUPPORT THE OPERATING COSTS OF THIS PROGRAM VIA CONTRIBUTIONS TO WESTERN WASHINGTON FAIR ASSOCIATION THE PURPOSE OF THIS PROGRAM IS TO TEACH YOUNG CHILDREN ABOUT ANIMALS AND AGRICULTURE, HEALTHY EATING AND THE NEED TO PRESERVE LAND FOR FARMING

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 168,060

Part IV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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?		6a		No
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).**				
a	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6			No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WA

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KENT HOJEM
110 - 9TH AVENUE SW
PUYALLUP, WA 98371
(253) 847-5000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY LARSON DIRECTOR, PRESIDENT	10 00	X		X				0	12,000	0
(2) MICHAEL NELSON DIRECTOR, VICE-PRESIDENT	10 00	X		X				0	13,500	0
(3) KENT HOJEM DIRECTOR, SECRETARY	10 00	X		X				0	194,784	11,843
(4) RENEE MCCLAIN DIRECTOR, TREASURER	10 00	X		X				0	111,835	7,009
(5) JEROME KORUM DIRECTOR, (WWFA PRESIDENT)	2 00	X		X				0	25,500	0
(6) BOB CARLSON DIRECTOR	2 00	X						0	0	0
(7) BRIEN ELVINS DIRECTOR	2 00	X						0	0	0
(8) LYN ANDERSON DIRECTOR	2 00	X						0	0	0
(9) BEVERLY CORLISS DIRECTOR	2 00	X						0	0	0
(10) MIKE EGAN DIRECTOR	2 00	X						0	0	0
(11) JOHN LISICICH DIRECTOR	2 00	X						0	0	0
(12) MARC GASPARD DIRECTOR	2 00	X						0	0	0
(13) LISA GIMMESTAD DIRECTOR	2 00	X						0	0	0
(14) KRISTIN HOGAN DIRECTOR	2 00	X						0	0	0
(15) MICHAEL MAHER DIRECTOR	2 00	X						0	0	0
(16) DALE T MITCHELL DIRECTOR	2 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RICK MYERS DIRECTOR	2 00	X						0	0	0
(18) KATHLEEN OLSON DIRECTOR	2 00	X						0	0	0
(19) LAURA STONER DIRECTOR	2 00	X						0	0	0
(20) GREG MEEKER DIRECTOR	2 00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	357,619	18,852

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c	150,307			
	d Related organizations . . .	1d	54,273			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	147,164			
	g Noncash contributions included in lines 1a-1f $		159,343			
	h **Total.** Add lines 1a-1f . . . . . ▶		351,744			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶					
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		45,802			45,802
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ 150,307 of contributions reported on line 1c) See Part IV, line 18 . . . a		45,430			
	b Less direct expenses . . . b		100,573			
	c Net income or (loss) from fundraising events . . ▶		-55,143			-55,143
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		342,403	0	0	-9,341

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	107,560	107,560		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	60,500	60,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,280		34,280	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,975		1,975	
9	Other employee benefits	2,400		2,400	
10	Payroll taxes	3,535		3,535	
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	7,437		7,437	
12	Advertising and promotion				
13	Office expenses	4,725		4,725	
14	Information technology				
15	Royalties . .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,953		6,953	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONSULTING	54,273			54,273
b	DONOR RECOGNITION/FUNDR	1,666			1,666
c	BAD DEBT	1,650		1,650	
d					
e					
f	All other expenses	539		539	
25	**Total functional expenses.** Add lines 1 through 24f	287,493	168,060	63,494	55,939
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	39,190	1	165,344
	2	Savings and temporary cash investments	47,203	2	47,244
	3	Pledges and grants receivable, net	516,800	3	315,288
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,330	9	0
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	1,591,079	12	1,733,296
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,195,602	16	2,261,172
Liabilities	17	Accounts payable and accrued expenses	2,716	17	2,561
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	32,144	25	0
	26	**Total liabilities.** Add lines 17 through 25	34,860	26	2,561
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	466,716	27	516,910
	28	Temporarily restricted net assets	1,694,026	28	1,741,701
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,160,742	33	2,258,611
	34	Total liabilities and net assets/fund balances	2,195,602	34	2,261,172

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	342,403
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,493
3	Revenue less expenses Subtract line 2 from line 1	3	54,910
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,160,742
5	Other changes in net assets or fund balances (explain in Schedule O)	5	42,959
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,258,611

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		1,206,513	1,463,745	621,216	311,744	3,603,218
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		1,206,513	1,463,745	621,216	311,744	3,603,218
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)						745,786
6 **Public Support.** Subtract line 5 from line 4						2,857,432

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		1,206,513	1,463,745	621,216	311,744	3,603,218
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		3,626	76,313	38,762	45,802	164,503
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						3,767,721

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☑

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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.** 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. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,352,551	1,185,529			
b Contributions	145,356	289,910	1,162,251		
c Investment earnings or losses	45,681	37,228	73,038		
d Grants or scholarships	61,750	55,750	48,639		
e Other expenditures for facilities and programs	30,027	104,366	1,121		
f Administrative expenses					
g End of year balance	1,451,811	1,352,551	1,185,529		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 66 000 %
- b Permanent endowment ▶ 34 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SCHOLARSHIP INVESTMENT FUNDS	1,733,296	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,733,296	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	342,403
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	287,493
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	54,910
4	Net unrealized gains (losses) on investments	4	42,959
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	42,959
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	97,869

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	391,460
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	42,959		
b	Donated services and use of facilities	2b	12,356		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	100,573		
e	Add lines **2a** through **2d**			2e	155,888
3	Subtract line **2e** from line **1**			3	235,572
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	4a			
b	Other (Describe in Part XIV)	4b	106,831		
c	Add lines **4a** and **4b**			4c	106,831
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	342,403

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	293,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	12,356		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	100,573		
e	Add lines **2a** through **2d**			2e	112,929
3	Subtract line **2e** from line **1**			3	180,662
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	4a			
b	Other (Describe in Part XIV)	4b	106,831		
c	Add lines **4a** and **4b**			4c	106,831
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	287,493

Part XIV Supplemental Information

Complete this part to 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 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SUPPORT ORGANIZATION'S CHARITABLE ACTIVITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS, SINCE THE ASSOCIATION AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, THE ORGANIZATION HAS DONE AN ASSESSMENT OF ANY UNCERTAIN TAX POSITIONS AS REQUIRED UNDER FASB ACCOUNTING STANDARDS CODIFICATION ASC 740, AND HAS DETERMINED THEY CURRENTLY HAVE NO UNCERTAIN TAX BENEFITS TO RECORD AS A LIABILITY AT NOVEMBER 30, 2011 AND 2010 THE ASSOCIATION AND THE FOUNDATION FILE FORMS 990 AND 990-T, IF APPLICABLE, WHICH ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN THE ASSOCIATION AND THE FOUNDATION'S FORMS 990 AND 990-T, IF APPLICABLE, ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED NOVEMBER 30, 2007 AND PRIOR
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 100,573
PART XII, LINE 4B - OTHER ADJUSTMENTS		UNREIMBURSED EXPENSES PAID BY WWFA ON PUYALLUP FAIR FDN'S BEHALF 54,273 NON-CASH CONTRIBUTIONS 52,558
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 100,573
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NON-CASH CONTRIBUTIONS 52,558 UNREIMBURSED EXPENSES PAID BY WWFA ON PUYALLUP FAIR FDN'S BEHALF 54,273

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ROUND-UP AUCTION (event type)	(b) Event #2 SPRING FLING (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	146,365	20,296	29,076	195,737
	2 Less Charitable contributions	129,045	9,446	11,816	150,307
	3 Gross income (line 1 minus line 2)	17,320	10,850	17,260	45,430
Direct Expenses	4 Cash prizes			1,588	1,588
	5 Non-cash prizes	52,558	5,450	2,507	60,515
	6 Rent/facility costs	2,336	255	6,750	9,341
	7 Food and beverages	7,132	4,502	3,328	14,962
	8 Entertainment	28			28
	9 Other direct expenses	10,189	3,833	117	14,139
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				100,573
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-55,143

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WESTERN WASHINGTON FAIR ASSOCIATION110 - 9TH AVENUE SW PUYALLUP,WA 98371	91-0470250	501(C)(3)	107,560				TO COVER OPERATING EXPENSES OF PUYALLUP FAIR FOUNDATION'S TRAVELING FARM PROGRAM

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION ACADEMIC SCHOLARSHIPS (FIVE OFFERED EACH YEAR) (EMERALD RIDGE, PUYALLUP, ROGERS, SUMNER AND BONNEY LAKE HIGH SCHOOLS) 1 THE HIGH SCHOOL SCHOLARSHIP COMMITTEE WILL DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP 2 THIS IS A FOUR-YEAR SCHOLARSHIP AT $ 1,250 PER YEAR 3 SCHOLARSHIP MUST BE USED IN CONTIGUOUS YEARS 4 THE SCHOLARSHIP WAS DESIGNED TO BE FLEXIBLE WITH REGARD TO THE RECIPIENT'S CHOICE OF EITHER A TWO OR A FOUR-YEAR INSTITUTION 5 AN ANNUAL REVIEW BY THE PUYALLUP FAIR FOUNDATION COMMITTEE WILL BE MADE BEFORE RENEWAL OF THE SCHOLARSHIP THE FOUNDATION COMMITTEE RECOMMENDS THE FOLLOWING CRITERIA FOR USE IN SELECTION OF PUYALLUP FAIR FOUNDATION'S HIGH SCHOOL SCHOLARSHIP RECIPIENTS 1 RECIPIENT MUST BE A GRADUATING SENIOR FROM HIGH SCHOOL 2 RECIPIENT SHOULD HAVE A 3 0 MINIMUM HIGH SCHOOL G P A AS AN INDICATION OF SCHOLASTIC APTITUDE AND THE INTENT TO SERIOUSLY PURSUE A CAREER 3 RECIPIENT MUST DEMONSTRATE CHARACTER, DISCIPLINE, CITIZENSHIP, AND RESPONSIBILITY 4 FINANCIAL NEED IS NOT A CRITERIA THE PURPOSE OF THIS SCHOLARSHIP IS TO CHOOSE THE BEST CANDIDATE HOWEVER, WHERE TWO CANDIDATES, SIMILAR IN OTHER AREAS INCLUDING ACADEMICS ARE BEING CONSIDERED, FINANCIAL NEED SHOULD BE A FACTOR IN THE DECISION 5 PREFERABLY THE AWARD SHOULD BE GRANTED TO A STUDENT WHO HAS NOT RECEIVED OTHER SUBSTANTIAL SCHOLARSHIPS 6 APPLICANT'S PRIOR INVOLVEMENT WITH THE FAIR MAY BE CONSIDERED IN MAKING THE AWARD (IE 4-H/FFA) 7 THE RECIPIENT MUST MAINTAIN AN ACCEPTABLE G P A FOR HIS OR HER COLLEGE OR UNIVERSITY AND BE A FULL TIME STUDENT TO REMAIN ELIGIBLE IN SUBSEQUENT YEARS DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S SCHOLARSHIP FOR PACIFIC LUTHERAN UNIVERSITY (ONE OFFERED EACH YEAR) 1 THE PACIFIC LUTHERAN UNIVERSITY SCHOLARSHIP COMMITTEE WILL DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP 2 THIS SCHOLARSHIP CAN BE AWARDED TO A STUDENT IN ANY AGRICULTURE / EDUCATION RELATED COURSE OF STUDY 3 THIS IS A ONE-YEAR $2,500 SCHOLARSHIP FOUNDATION COMMITTEE RECOMMENDS THE FOLLOWING CRITERIA FOR USE IN SELECTION OF PUYALLUP FAIR FOUNDATION'S PACIFIC LUTHERAN UNIVERSITY SCHOLARSHIP RECIPIENT 1 RECIPIENT SHOULD HAVE AN ACCEPTABLE G P A FOR PACIFIC LUTHERAN UNIVERSITY AS AN INDICATION OF SCHOLASTIC APTITUDE AND THE INTENT TO SERIOUSLY PURSUE A CAREER 2 RECIPIENT MUST BE A FULL TIME STUDENT 3 RECIPIENT MUST DEMONSTRATE CHARACTER, RESPONSIBILITY, CITIZENSHIP AND DISCIPLINE 4 FINANCIAL NEED IS NOT A CRITERIA THE PURPOSE OF THIS SCHOLARSHIP IS TO CHOOSE THE BEST CANDIDATE HOWEVER, WHERE TWO CANDIDATES, SIMILAR IN OTHER AREAS INCLUDING ACADEMICS ARE BEING CONSIDERED, FINANCIAL NEED SHOULD BE A FACTOR IN THE DECISION 5 APPLICANT'S PRIOR INVOLVEMENT WITH THE FAIR MAY BE CONSIDERED IN MAKING THE AWARD (IE 4-H/FFA) 6 PREFERABLY THE AWARD SHOULD BE GRANTED TO A STUDENT WHO HAS NOT RECEIVED OTHER SUBSTANTIAL SCHOLARSHIPS, INCLUDING OTHER PUYALLUP FAIR FOUNDATION SCHOLARSHIPS DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S VET TECH SCHOLARSHIP FOR PIERCE COLLEGE (ONE OFFERED EACH YEAR) 1 THE PIERCE COLLEGE SCHOLARSHIP COMMITTEE WILL DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP 2 THIS IS A $2,500 TWO-YEAR SCHOLARSHIP, AT $1,250 PER YEAR 3 SCHOLARSHIP MUST BE USED IN CONTIGUOUS YEARS THE FOUNDATION COMMITTEE RECOMMENDS THE FOLLOWING CRITERIA FOR USE IN SELECTION OF PUYALLUP FAIR FOUNDATION'S PIERCE COLLEGE VET-TECH SCHOLARSHIP RECIPIENTS 1 RECIPIENT SHOULD HAVE A 3 0 MINIMUM HIGH SCHOOL G P A 2 RECIPIENT MUST MAINTAIN AN ACCEPTABLE G P A FOR PIERCE COLLEGE AS AN INDICATION OF SCHOLASTIC APTITUDE AND THE INTENT TO SERIOUSLY PURSUE A CAREER AND BE A FULL TIME STUDENT TO REMAIN ELIGIBLE FOR THE SECOND YEAR OF THE SCHOLARSHIP 3 RECIPIENT MUST DEMONSTRATE CHARACTER, RESPONSIBILITY, CITIZENSHIP AND DISCIPLINE 4 FINANCIAL NEED IS NOT A CRITERIA THE PURPOSE OF THIS SCHOLARSHIP IS TO CHOOSE THE BEST CANDIDATE HOWEVER, WHERE TWO CANDIDATES, SIMILAR IN OTHER AREAS INCLUDING ACADEMICS ARE BEING CONSIDERED, FINANCIAL NEED SHOULD BE A FACTOR IN THE DECISION 5 APPLICANT'S PRIOR INVOLVEMENT WITH THE FAIR MAY BE CONSIDERED IN MAKING THE AWARD (IE 4-H/FFA) 6 PREFERABLY THE AWARD SHOULD BE GRANTED TO A STUDENT WHO HAS NOT RECEIVED OTHER SUBSTANTIAL SCHOLARSHIPS, INCLUDING OTHER PUYALLUP FAIR FOUNDATION SCHOLARSHIPS DESCRIPTION OF PUYALLUP FAIR FOUNDATION'S DAFFODIL FESTIVAL QUEEN'S SCHOLARSHIP DONATION (ONE OFFERED EACH YEAR) 1 THE PUYALLUP FAIR FOUNDATION WILL CONTRIBUTE $5,000 TO THE DAFFODIL FESTIVAL FOUNDATION QUEEN'S SCHOLARSHIP FUND 2 THE RECIPIENT WILL BE THE DAFFODIL QUEEN WHO IS CHOSEN FROM THE PRINCESSES BY A PANEL OF JUDGES SELECTED BY THE DAFFODIL FOUNDATION AT THE QUEEN'S CORONATION 3 THE RECIPIENT SHOULD HAVE A 3 25 GPA AND MUST USE THE SCHOLARSHIP FOR TUITION OR BOOKS FROM A COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL 4 THE RECIPIENT MUST ELECT TO USE THE SCHOLARSHIP WITHIN TWO YEARS OF RECEIVING IT AND COMPLETE IT WITHIN FOUR YEARS DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S FRED OLDFIELD SCHOLARSHIP FOR THE ARTS (FIVE OFFERED EACH YEAR) 1 EACH HIGH SCHOOL SCHOLARSHIP COMMITTEE WILL DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP 2 THIS IS A ONE-YEAR $1,000 SCHOLARSHIP FOR FIVE AREA HIGH SCHOOLS FUNDS FOR THESE SCHOLARSHIPS ARE ALL OR PARTIALLY FUNDED BY THE PROCEEDS GENERATED BY THE FRED OLDFIELD PAINTING WHICH IS AUCTIONED DURING THE PUYALLUP FAIR 3 THE SCHOLARSHIP MUST BE USED IN AN ACCREDITED TWO OR FOUR YEAR INSTITUTION OR ACCREDITED SCHOOL FOR THE ARTS 4 THIS SCHOLARSHIP SHALL BE BASED ON THE RECIPIENT'S TALENT, NOT SCHOLASTIC ABILITY HOWEVER, THE RECIPIENT'S G P A MUST BE SUFFICIENT TO ALLOW ENTRY INTO THE INSTITUTION OF THEIR CHOICE THE FOUNDATION COMMITTEE RECOMMENDS THE FOLLOWING CRITERIA FOR SELECTING THE RECIPIENTS OF THE PUYALLUP FAIR FOUNDATION'S FRED OLDFIELD SCHOLARSHIP FOR THE ARTS 1 RECIPIENTS MUST BE GRADUATING SENIORS FROM PUYALLUP, ROGERS, EMERALD RIDGE, SUMNER AND BONNEY LAKE HIGH SCHOOLS 2 THE RECIPIENTS MUST BE INVOLVED IN THE STUDY OF THE ARTS, I E MUSIC, THEATER, ART, AND DEMONSTRATE AN INTENTION TO SERIOUSLY PURSUE A CAREER IN THE ARTS 3 FINANCIAL NEED IS NOT A CRITERION HOWEVER, SHOULD IT BE A CHOICE BETWEEN TWO EQUALLY TALENTED INDIVIDUALS, FINANCIAL NEED WILL BECOME THE DECIDING FACTOR DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S BILL STONER ENDOWMENT SCHOLARSHIP (TWO OFFERED EACH YEAR) TWO ENDOWMENT SCHOLARSHIPS CONSISTING OF ONE FOR $1,000 TO THE FIRST CHOICE RECIPIENT AND ONE FOR $500 TO THE SECOND CHOICE RECIPIENT WILL BE AWARDED TO A WASHINGTON STATE RESIDENT WHO PLANS TO ATTEND AN ORGANIZED ACADEMIC, ARTS, TRADE OR VOCATIONAL INSTITUTION (THIS INCLUDES ADULTS WHO ARE FURTHERING THEIR EDUCATION AS WELL AS STUDENTS RECENTLY OUT OF SCHOOL IN ADDITION TO GRADUATING SENIORS FROM HIGH SCHOOL) THESE SCHOLARSHIPS ARE INTENDED TO ASSIST RECIPIENTS IN REACHING THEIR CAREER GOALS APPLICANTS MUST USE THE SCHOLARSHIP MONIES TO OBTAIN TRAINING FROM AN ORGANIZED INSTITUTION, TRADE OR VOCATIONAL SCHOOL THE SCHOLARSHIP FUNDS WILL BE PAID DIRECTLY TO THE INSTITUTION OR SCHOOL THE APPLICANT'S FINANCIAL NEED WILL BE CONSIDERED BY THE ENDOWMENT ADVISORY COMMITTEE IN THE SELECTION OF THE SCHOLARSHIP RECIPIENTS THIS SCHOLARSHIP IS LIMITED TO WASHINGTON STATE RESIDENTS WITH INFORMATION GIVEN TO THOSE INSTITUTIONS AND NEWSPAPERS IN PIERCE COUNTY DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S CAMPBELL-MONTGOMERY ENDOWMENT SCHOLARSHIP (ONE OFFERED EACH YEAR) THE CAMPBELL/MONTGOMERY SCHOLARSHIP WAS CREATED BY ROBERT CAMPBELL AND MARNA MONTGOMERY CAMPBELL IN HOPES IT WILL SPUR BETTER WRITING, BETTER COMMUNICATION AND BETTER THINKING THROUGH SCHOLARSHIPS TO GRADUATING SENIORS OF GENUINE MERIT FROM PUYALLUP AREA HIGH SCHOOLS THE $1,000 SCHOLARSHIP IS INTENDED TO ASSIST THE RECIPIENT IN REACHING HIS OR HER CAREER GOAL APPLICANTS MUST USE THE SCHOLARSHIP IN ORDER TO ATTEND A COLLEGE OF HIS OR HER CHOICE THE MONEY WILL BE PAID DIRECTLY TO THE INSTITUTION THE CRITERIA FOR THE SCHOLARSHIP ARE AS FOLLOWS A THE RECIPIENT MUST BE A GRADUATING SENIOR FROM PUYALLUP, ROGERS OR EMERALD RIDGE HIGH SCHOOLS B THE RECIPIENT MUST HAVE A NOTABLE ACADEMIC RECORD SUITABLE FOR COLLEGE LEVEL EDUCATION

Additional Data Return to Form

Software ID:
Software Version:
EIN: 26-1250496
Name: PUYALLUP FAIR FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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 YEAR ACADEMIC SCHOLARSHIPS AT $1,250 PER YEAR, SUMNER, BONNEY LAKE, ROGERS, PUYALLUP, EMERALD RIDGE HS	19	23,750			
1 YEAR ART SCHOLARSHIPS AT $1,000 EACH, SUMNER, BONNEY LAKE, ROGERS, PUYALLUP, EMERALD RIDGE HS	5	5,000			
2 YEAR VET-TECH SCHOLARSHIPS AT $1,250 PER YEAR, PIERCE COLLEGE	2	2,500			
1 YEAR ED/AG SCHOLARSHIP AT $2,500 PER YEAR, PACIFIC LUTHERAN UNIVERSITY	1	2,500			
DAFFODIL FESTIVAL FOUNDATION SCHOLARSHIP FUND, DAFFODIL SCHOLARSHIP	1	5,000			
1 YEAR GENERAL SCHOLARSHIPS, 1 AT $500, 1 AT $1,000, STONER ENDOWMENT SCHOLARSHIP	2	1,500			
CAMPBELL/MONTGOMERTY - $1,000, PUYALLUP SCHOOL DISTRICT	1	1,000			
KORUM FAMILY ART SCHOLARSHIP, SCHOOLS TO BE DETERMINED	3	3,500			
VITICULTURE & ENCOLOGY 2 YEAR SCHOLARSHIP AT $1,000 PER YEAR, WASHINGTON STATE UNIVERSITY	2	2,000			
AMERICRAFT PARTNERSHIP IN PATRIOTISM SCHOLARSHIP - SCHOLARSHIP AT $1,250 TO BE PAID TO SCHOOL OF RECIPIENT'S CHOICE OF SCHOOL ONCE ENROLLED	1	1,250			
ANDERSON CRIMINAL JUSTICE SCHOLARSHIP AT $1,250 PER YEAR, UP TO FOUR YEARS	1	2,500			
ANDERSON VETERINARY SCHOOL SCHOLARSHIP AT $2,500 PER YEAR FOR TWO YEARS	1	5,000			
COMMUNITIES IN SCHOOLS OF PUYALLUP STUDENT CITIZEN OF THE YEAR SCHOLARSHIP -$500 TO STUDENT, $500 TO CHARITY OF STUDENT'S CHOICE, $500 TO RECIPIENT'S SCHOOL OF ENROLLMENT	1	1,500			
WALLA WALLA COMMUNITY COLLEGE ENOLOGY & VITICULTURE SCHOLARSHIP	2	2,000			
WRANGLER AGRI-SCIENCE SCHOLARSHIP - $1,500 IN SCHOLARSHIPS TO ASSIST WINNERS OF STATE FFA AGRI-SCIENCE COMPETITION WITH TRAVEL AND LODGING COSTS FOR THE NATIONAL CONVENTION	1	1,500			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENT HOJEM	(i)	0	0	0	0	0	0	0
	(ii)	184,784	10,000	0	11,400	443	206,627	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, SECTION 3 THE PUYALLUP FAIR FOUNDATION RELIED ON THE WESTERN WASHINGTON FAIR ASSOCIATION (RELATED ORGANIZATION) TO DETERMINE THE COMPENSATION REPORTED IN SCHEDULE J, PART II THE WESTERN WASHINGTON FAIR ASSOCIATION USES THE FOLLOWING METHODS TO DETERMINE COMPENSATION 1) COMPENSATION COMMITTEE, 2) COMPENSATION STUDY/MARKET PRICING, 3) APPROVAL BY COMPENSATION COMMITTEE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▸ (AUCTION ITEMS)	X	176	52,558	FAIR MARKET VALUE
26 Other ▸ (TRACTOR)	X	1	40,000	FAIR MARKET VALUE
27 Other ▸ (UNREIMBURSED EXPENSES)	X	1	54,273	FAIR MARKET VALUE
28 Other ▸ (SPECIAL EVENTS)	X	1	12,512	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE PUYALLUP FAIR FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM UPON COMPLETION OF THE RETURN, IT IS REVIEWED IN DETAIL BY THE ORGANIZATION'S TREASURER A COPY OF THE RETURN IS ALSO AVAILABLE TO EACH BOARD MEMBER FOR HIS/HER REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	THE PUYALLUP FAIR FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST AND IS POSTED ON GUIDESTAR'S WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 42,959
	FORM 990, PART XI, LINE 2C	THE PUYALLUP FAIR FOUNDATION UNDERGOES AN ANNUAL FINANCIAL STATEMENT AUDIT PERFORMED BY AN INDEPENDENT ACCOUNTING FIRM THE AUDITED FINANCIAL STATEMENTS ARE PRESENTED ON A CONSOLIDATED BASIS WITH THE WESTERN WASHINGTON FAIR ASSOCIATION (RELATED ORGANIZATION) THE FINANCE AND BUDGET/INTERNAL AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT, AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM
	FORM 990, SCHEDULE I, PART IV	DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S KORUM FAMILY ART SCHOLARSHIP (FIRST, SECOND & THIRD OFFERED EACH YEAR) THIS SCHOLARSHIP IS INTENDED TO SHOWCASE THE UNIQUENESS AND/OR THE HERITAGE OF THE PUYALLUP COMMUNITY, AND TO ENCOURAGE YOUNG ARTISTS IN THE PURSUIT OF THEIR ARTISTIC/EDUCATIONAL GROWTH THESE SCHOLARSHIPS ARE AVAILABLE TO GRADUATING SENIORS FROM THE FOLLOWING AREA HIGH SCHOOLS PUYALLUP, ROGERS, EMERALD RIDGE, WALKER, CASCADE CHRISTIAN, SUMNER, BONNEY LAKE AND ORTING THE $2,000, THE $1,000 AND THE $500 SCHOLARSHIPS ARE INTENDED TO ASSIST THE RECIPIENTS IN PURSUIT OF THEIR ARTISTIC/EDUCATIONAL GOALS APPLICANTS MUST USE THE SCHOLARSHIP IN ORDER TO ATTEND A COLLEGE OF HIS OR HER CHOICE MONIES WILL BE FORWARDED DIRECTLY TO THE RECIPIENT'S CHOICE OF EDUCATIONAL INSTITUTION ONLY ORIGINAL FLAT AND 3 DIMENSIONAL WORK IS ELIGIBLE FOR JUDGING A SELECTION COMMITTEE AT EACH HIGH SCHOOL WILL CHOOSE FIVE CANDIDATES THESE 40 CANDIDATES WILL COMPETE FOR THE THREE SCHOLARSHIPS THE WINNERS WILL BE CHOSEN BY THE PUYALLUP FAIR FOUNDATION KORUM FAMILY ART SCHOLARSHIP SELECTION COMMITTEE THE FIRST PLACE PIECE WILL BE AUCTIONED AT THE ANNUAL PUYALLUP FAIR FOUNDATION ROUNDUP AUCTION WITH THE PROCEEDS GOING TO THE PUYALLUP FAIR FOUNDATION'S KORUM FAMILY ART SCHOLARSHIP DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S WSU SCHOLARSHIP FOR ENOLOGY AND VITICULTURE (ONE OFFERED EACH YEAR) THIS SCHOLARSHIP WILL BE AWARDED ANNUALLY TO A WASHINGTON STATE UNIVERSITY STUDENT IN THE AMOUNT OF $1000 PER YEAR FOR TWO CONSECUTIVE YEARS THE PURPOSE OF THE SCHOLARSHIP IS TO ASSIST AND ENCOURAGE TALENTED STUDENTS IN THEIR PURSUIT OF A CAREER IN THE WASHINGTON WINE INDUSTRY PREFERENCE WILL BE GIVEN TO STUDENTS WHO ARE FROM THE STATE OF WASHINGTON THE SELECTION OF THE RECIPIENT WILL BE BY A COMMITTEE INCLUDING THE WWCC ENOLOGY AND VITICULTURE INSTRUCTORS AND TWO WINEMAKERS FROM THE WALLA WALLA APPELLATION DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION AND COMMUNITIES IN SCHOOLS OF PUYALLUP STUDENT CITIZEN OF THE YEAR SCHOLARSHIP (ONE OFFERED EACH YEAR) THE PUYALLUP FAIR FOUNDATION AND COMMUNITIES IN SCHOOLS OF PUYALLUP WILL RECOGNIZE ONE LOCAL STUDENT EACH YEAR WHO HAS DEMONSTRATED CONSISTENT CONCERN FOR THEIR COMMUNITY AND THEN MATCHED IT WITH BOTH ACTION AND CONSEQUENCE THE ANNUAL SCHOLARSHIP WILL CONSIST OF A CASH AWARD TOTALING $1,500 FROM THE PUYALLUP FAIR FOUNDATION SCHOLARSHIP FUND THE $1,500 IS DIVIDED INTO THREE DISTINCT CATEGORIES - $500 GOES DIRECTLY TO THE STUDENT, $500 GOES TO A COLLEGE SCHOLARSHIP FUND AND $500 WILL BE DISTRIBUTED TO CHARITIES AND CAUSES OF THE RECIPIENT'S CHOICE STUDENTS ARE NOMINATED BY STAFF AND FACULTY OF THE PUYALLUP SCHOOL DISTRICT THE FINAL SELECTION IS MADE BY THE BOARD OF DIRECTORS OF COMMUNITIES IN SCHOOLS OF PUYALLUP DESCRIPTION OF THE AMERICRAFT PARTNERSHIP IN PATRIOTISM SCHOLARSHIP (ONE OFFERED EACH YEAR) AMERICRAFT PARTNERSHIP IN PATRIOTISM SCHOLARSHIP THIS IS A WRITING COMPETITION THAT PROVIDES HIGH SCHOOL STUDENTS PURSUING A COLLEGE EDUCATION THE OPPORTUNITY TO EXPRESS THEIR VIEWS ON ALLEGIANCE CONTESTANTS WILL WRITE AN 800-1000 WORD ESSAY BASED ON AN ANNUAL PATRIOTIC THEME APPLICATIONS WILL BE CONSIDERED WITH THE FOLLOWING CRITERIA SCHOLASTIC STANDING, CITIZENSHIP & LEADERSHIP, FINANCIAL NEED, AND PRESENTATION OF APPLICATION THE SCHOLARSHIP IS OPEN TO GRADUATING SENIORS AT PUYALLUP, SUMNER, ROGERS, BONNEY LAKE AND EMERALD RIDGE HIGH SCHOOLS A ONE-YEAR $1,250 SCHOLARSHIP (FUNDED BY AMERICRAFT) WILL BE AWARDED TO THE RECIPIENT OF THE WINNING ESSAY THIS SCHOLARSHIP IS INTENDED TO ASSIST THE RECIPIENT IN PURSUING A COLLEGE EDUCATION ALL AWARDS WILL BE PAID DIRECTLY TO AN AMERICAN UNIVERSITY OR COLLEGE AT TIME OF TUITION ACCEPTANCE THE PUYALLUP FAIR FOUNDATION SCHOLARSHIP COMMITTEE WILL DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S ANDERSON CRIMINAL JUSTICE SCHOLARSHIP ONE SCHOLARSHIP WILL BE AWARDED FOR $1,250 PER YEAR, UP TO FOUR YEARS, AS LONG AS THE STUDENT IS STILL IN A CRIMINAL JUSTICE PROGRAM WHEN THEIR MAJOR IS DECLARED 1 SCHOLARSHIP MUST BE USED IN CONTIGUOUS YEARS 2 THE SCHOLARSHIP WAS DESIGNED TO BE FLEXIBLE WITH REGARD TO THE RECIPIENT'S CHOICE OF EITHER A TWO OR A FOUR-YEAR INSTITUTION 3 THIS SCHOLARSHIP IS LIMITED TO WASHINGTON STATE RESIDENTS ONLY AND WHO ARE STARTING THEIR POST SECONDARY EDUCATION IN THE FALL/AUTUMN QUARTER OF 2011 4 MUST ATTEND A COLLEGE IN THE STATE OF WASHINGTON 5 AN ANNUAL REVIEW BY THE PUYALLUP FAIR FOUNDATION SCHOLARSHIP COMMITTEE WILL BE MADE BEFORE RENEWAL OF THE SCHOLARSHIP RECIPIENT MUST SUBMIT A TRANSCRIPT OF PRIOR YEAR'S GRADES BY JULY 15TH EACH YEAR THIS SCHOLARSHIP IS INTENDED TO ASSIST RECIPIENTS IN REACHING THEIR CAREER GOALS APPLICANTS MUST USE THE SCHOLARSHIP MONIES TO OBTAIN TRAINING FROM A COLLEGE, UNIVERSITY OR ACCREDITED TRADE OR VOCATIONAL SCHOOL IN WASHINGTON STATE THE MONIES MAY BE USED FOR BOOKS AND TUITION ONLY AND WILL BE PAID DIRECTLY TO THE INSTITUTION OR SCHOOL DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S ANDERSON VETERINARY SCHOOL SCHOLARSHIP ONE SCHOLARSHIP WILL BE AWARDED TO A THIRD YEAR VETERINARY SCHOOL STUDENT ATTENDING WASHINGTON STATE UNIVERSITY WITH AN EMPHASIS IN EQUINE MEDICINE THE SCHOLARSHIP IS $2,500 PER YEAR FOR TWO YEARS 1 MUST BE USED IN CONTIGUOUS YEARS 2 IS LIMITED TO STUDENTS WHO GRADUATED FROM A HIGH SCHOOL IN WASHINGTON STATE 3 MUST HAVE DOCUMENTED FINANCIAL NEED 4 IS CONTINGENT ON AN ANNUAL REVIEW BY THE PUYALLUP FAIR FOUNDATION SCHOLARSHIP COMMITTEE BEFORE RENEWAL OF THE SCHOLARSHIP RECIPIENT MUST SUBMIT A TRANSCRIPT OF PRIOR YEAR'S GRADES BY JULY 15TH EACH YEAR THE MONIES MAY BE USED FOR BOOKS AND TUITION ONLY AND WILL BE PAID DIRECTLY TO THE INSTITUTION OR SCHOOL DESCRIPTION OF THE PUYALLUP FAIR FOUNDATION'S WRANGLER ENDOWED SCHOLARSHIPS AGRI-SCIENCE WINNERS BEGINNING IN 2011, THE WINNERS OF THE STATE FFA AGRI-SCIENCE COMPETITION, HELD DURING THE SPRING FAIR IN PUYALLUP, WILL RECEIVE SCHOLARSHIPS TOTALING $1,500 TO ASSIST WITH TRAVEL AND LODGING COSTS FOR THE NATIONAL CONVENTION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PUYALLUP FAIR FOUNDATION

Employer identification number
26-1250496

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) WESTERN WASHINGTON FAIR ASSOCIATION 110 - 9TH AVENUE SW PUYALLUP, WA 98371 91-0470250	TO PROVIDE SPRING & FALL FAIRS FOR THE EDUCATIONAL BENEFIT OF THE COMMUNITY	WA	501(C)(3)	9	N/A		No

Part III **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	1o	Yes	
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN WASHINGTON FAIR ASSOCIATION	B	107,560	
(2) WESTERN WASHINGTON FAIR ASSOCIATION	C	54,273	
(3) WESTERN WASHINGTON FAIR ASSOCIATION	N		
(4) WESTERN WASHINGTON FAIR ASSOCIATION	O	34,280	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation