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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 12-01-2017 , and ending 11-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WASHINGTON STATE 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 province, country, and ZIP or foreign postal code

PUYALLUP, WA 98371

F Name and address of principal officer

JERRY LARSON

110 - 9TH AVENUE SW

PUYALLUP, WA 98371

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

26-1250496

E Telephone number

(253) 847-5000

G Gross receipts \$ 1,795,702

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.THEFAIR.COM

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

L Year of formation 2007

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE WASHINGTON STATE FAIR FOUNDATION IS TO FINANCIALLY SUPPORT THE SCHOLARSHIP AND EDUCATIONAL PROGRAMS OF THE WASHINGTON STATE 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶165,382

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Signature of officer

2019-10-14

Date

KENT HOJEM SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CHRISTY ENGELMANN

Preparer's signature

CHRISTY ENGELMANN

Date

Check ☐ if self-employed

PTIN

P00745224

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 1145 BROADWAY PLAZA SUITE 900

Phone no (253) 572-7111

TACOMA, WA 984023523

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MISSION OF THE WASHINGTON STATE FAIR FOUNDATION IS TO FINANCIALLY SUPPORT THE SCHOLARSHIP AND EDUCATIONAL PROGRAMS OF THE WASHINGTON STATE FAIR AND TO HELP PRESERVE AND IMPROVE THE WASHINGTON STATE FAIR 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 100,500 including grants of \$ 100,500) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,231,910 including grants of \$ 1,231,910) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 37,460 including grants of \$) (Revenue \$)
THE WASHINGTON STATE FAIR FOUNDATION INCURS AND RECOGNIZES MISCELLANEOUS EXPENSES AND REVENUES TO SUPPORT THE OPERATION OF ACTIVITIES

4d Other program services (Describe in Schedule O)
(Expenses \$ 37,460 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,419,870

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 instructions)? 	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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 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, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	15	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	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 or note to any line 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 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. 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 or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENT HOJEM DIRECTOR, SECRETARY	10.00 40.00	X		X				0	219,642	20,509
(2) RENEE MCCLAIN DIRECTOR, TREASURER	10.00 40.00	X		X				0	129,012	8,207
(3) MICHAEL NELSON DIRECTOR, VICE-PRESIDENT	10.00 3.00	X		X				0	17,000	0
(4) JERRY LARSON DIRECTOR, PRESIDENT	10.00 3.00	X		X				0	14,000	0
(5) BRIEN ELVINS DIRECTOR	2.00	X						0	0	0
(6) DALE T MITCHELL DIRECTOR	2.00	X						0	0	0
(7) GARY LARSON DIRECTOR	2.00	X						0	0	0
(8) JEFF JEWETT DIRECTOR	2.00	X						0	0	0
(9) JEFF MCVICKER DIRECTOR	2.00	X						0	0	0
(10) KRISTINA STAMBAUGH-COONS DIRECTOR	2.00	X						0	0	0
(11) LISA GIMMESTAD DIRECTOR	2.00	X						0	0	0
(12) LYN ANDERSON DIRECTOR	2.00	X						0	0	0
(13) MIKE EGAN DIRECTOR	2.00	X						0	0	0
(14) PATTI HOGENSON DIRECTOR	2.00	X						0	0	0
(15) CLINT ABSHER DIRECTOR	2.00	X						0	0	0
(16) JEFF CHAMBERS DIRECTOR	2.00	X						0	0	0

[illegible]

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

Section B. Independent Contractors

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

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	169,096			
	d Related organizations	1d	96,572			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,201,359			
	g Noncash contributions included in lines 1a-1f \$ _____		169,024			
	h Total. Add lines 1a-1f ▶		1,467,027			
Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		128,285			128,285
	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) ▶					
	8a Gross income from fundraising events (not including \$ _____ 169,096 of contributions reported on line 1c) See Part IV, line 18 a	195,584				
	b Less direct expenses b	168,937				
	c Net income or (loss) from fundraising events ▶	26,647			26,647	
	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 MISCELLANEOUS	900099	4,806	4,806			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		4,806				
12 Total revenue. See Instructions ▶		1,626,765	4,806	0	154,932	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**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 domestic organizations and domestic governments. See Part IV, line 21.	1,281,910	1,281,910		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	100,500	100,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 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.	149,499		52,927	96,572
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	3,010		3,010	
10 Payroll taxes.	4,737		4,737	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	90,690	21,880		68,810
12 Advertising and promotion.				
13 Office expenses.	5,902		5,902	
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.	8,782		8,782	
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a OTHER	19,097	15,580	3,517	
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	1,664,127	1,419,870	78,875	165,382
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		427,948	1	195,956
	2	Savings and temporary cash investments		43,665	2	149,337
	3	Pledges and grants receivable, net		327,737	3	474,172
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,735	8	3,321
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	18,217		
	b	Less: accumulated depreciation	10b	0		
				13,027	10c	18,217
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		3,073,667	12	2,893,019
	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)		3,888,779	16	3,734,022	
Liabilities	17	Accounts payable and accrued expenses		48,292	17	40,082
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		48,292	26	40,082
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		289,700	27	187,022
	28	Temporarily restricted net assets		3,550,787	28	3,506,918
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		3,840,487	33	3,693,940
34	Total liabilities and net assets/fund balances		3,888,779	34	3,734,022	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,626,765
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,664,127
3	Revenue less expenses Subtract line 2 from line 1	3	-37,362
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,840,487
5	Net unrealized gains (losses) on investments	5	-109,185
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,693,940

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 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	Yes	
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?		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		

Additional Data

Software ID:
Software Version:
EIN: 26-1250496
Name: WASHINGTON STATE FAIR FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE WASHINGTON STATE FAIR FOUNDATION SCHOLARSHIP PROGRAM ASSISTS WASHINGTON STATE STUDENTS PURSUING HIGHER EDUCATION BY PROVIDING SCHOLARSHIPS EACH YEAR A SELECTION OF SCHOLARSHIPS ARE AWARDED TO MOTIVATED STUDENTS WORKING TOWARD DIRECT CAREER PATHS FOR FISCAL YEAR ENDING NOVEMBER 30, 2018, 41 AWARDS WERE GIVEN TOWARD STUDENTS' TUITION AND BOOKS THESE AWARDS TOTALED \$100,500 FOR 2018 AND WERE PAID TO THE COLLEGES, UNIVERSITIES AND VOCATIONAL TECHNICAL SCHOOLS AWARDEES ATTENDED

Form 990, Part III, Line 4b:

THE FOUNDATION SUPPORTS THE OPERATION OF THE WASHINGTON STATE FAIR'S TRAVELING FARM, WHICH BRINGS AGRICULTURAL EDUCATION, NUTRITIONAL AWARENESS, AND AN APPRECIATION FOR THE ROLE OF FARMING TO YOUNG CHILDREN IN A FIELD TRIP EXPERIENCE AT THEIR SCHOOL CAMPUS. THE TRAVELING FARM VISITS SCHOOLS WITH LIVE ANIMALS AND INTERACTIVE, EDUCATIONAL EXHIBITS AT NO COST TO SCHOOLS, TEACHERS OR FAMILIES. ANNUALLY, THE TRAVELING FARM VISITS AN AVERAGE OF 10,000 STUDENTS.

Form 990, Part III, Line 4c:

THE WASHINGTON STATE FAIR FOUNDATION FUNDED THE FARM ON THE GO THE FARM ON THE GO PROJECT, COMPLEMENTS THE FARM AT SILLYVILLE FARM ON THE GO CONSISTS OF EQUIPMENT NEEDED TO RUN A FARM SUCH AS A COMBINE, TRACTOR AND TRUCK THIS FARM EQUIPMENT HAS BEEN STRATEGICALLY PLACED THROUGHOUT THE FARM AT SILLYVILLE TO PROMOTE EDUCATION AND SHOW HOW THESE KEY ITEMS MAKE A HUGE DIFFERENCE TO OUR FARMERS AND HOW THEY HELP TO KEEP FARMS RUNNING THESE ITEMS ARE ON DISPLAY WITH SIGNAGE THAT GIVES KIDS THE INFORMATION WHY EACH PIECE OF EQUIPMENT IS IMPORTANT IN FARMING THE SECONDARY EDUCATIONAL THREAD IS THE CAREERS IN FARMING ALSO INCLUDE EQUIPMENT MANUFACTURERS AND THE ENGINEERS THAT DESIGN THE EQUIPMENT THERE ARE MULTIPLE EDUCATIONAL PIECES FOR THESE ITEMS

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WASHINGTON STATE 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	307,630	286,621	574,811	762,115	1,467,027	3,398,204
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	307,630	286,621	574,811	762,115	1,467,027	3,398,204
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)						
6	Public support. Subtract line 5 from line 4						3,398,204

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	307,630	286,621	574,811	762,115	1,467,027	3,398,204
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,372	96,996	115,259	102,438	128,285	518,350
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 VI)						
11	Total support. Add lines 7 through 10						3,916,554
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 86.770 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 83.650 %
16a	33 1/3% support test—2017. 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—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐	
17a	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐	
b	10%-facts-and-circumstances test—2016. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 26-1250496

Name: WASHINGTON STATE FAIR FOUNDATION

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493288014179

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON STATE 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" on Form 990, Part IV, line 6.

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

5

Did the organization inform all donors and donor advisors in writing that the assets held 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 can 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" on 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on 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 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

Using the organization's acquisition, 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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	1,712,585	1,610,160	1,498,532	1,470,842	1,559,095
b Contributions	187,999			89,249	134,854
c Net investment earnings, gains, and losses	127,647	102,425	115,323	96,984	75,351
d Grants or scholarships	237,947			95,665	194,541
e Other expenditures for facilities and programs				62,878	101,624
f Administrative expenses	154,445		3,695		2,293
g End of year balance	1,635,839	1,712,585	1,610,160	1,498,532	1,470,842

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

51 000 %

b

Permanent endowment

49 000 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		18,217		18,217
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,217

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SCHOLARSHIP INVESTMENT FUNDS	2,893,019	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,893,019	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

[illegible]

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 26-1250496
Name: WASHINGTON STATE FAIR FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SUPPORT ORGANIZATION'S CHARITABLE ACTIVITIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	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, 2018 AND 2017 THE ASSOCIATION AND THE FOUNDATION FILE FOR MS 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, 2015 AND PRIOR

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 168,936

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	UNREIMBURSED EXPENSES PAID BY WWFA ON WA STATE FAIR FDN'S BEHALF 86,572 NON-CASH AUCTION CONTRIBUTIONS 80,862 CONTRIBUTION ELIMINATED IN CONSOLIDATION FROM WWFA 10,000

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 168,936

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NON-CASH AUCTION CONTRIBUTIONS 80,862 UNREIMBURSED EXPENSES PAID BY WWFA ON WA STATE FAIR FDN'S BEHALF 86,572 CONTRIBUTION ELIMINATED IN CONSOLIDATION FROM WWFA 10,000

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WASHINGTON STATE FAIR FOUNDATION

Employer identification number
26-1250496

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ROUND-UP AUCTION (event type)	ROCK THE ROLLER COASTER (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	273,397	76,773	14,510	364,680
	2 Less Contributions	103,431	62,475	3,190	169,096
	3 Gross income (line 1 minus line 2)	169,966	14,298	11,320	195,584
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,273	3,823		6,096
	7 Food and beverages	17,670	8,456		26,126
	8 Entertainment	5,934	1,807		7,741
	9 Other direct expenses	114,452	4,640	9,882	128,974
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				168,937
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				26,647

Part III Gaming. Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter 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 of the third party					
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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WASHINGTON STATE FAIR FOUNDATION

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTERN WASHINGTON FAIR ASSOCIATION 110 - 9TH AVENUE SW PUYALLUP, WA 98371	91-0470250	501(C)(3)	1,281,910				TO PROMOTE THE FOUNDATION'S MISSION THROUGH FAIR RELATED ACTIVITIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							1
3 Enter total number of other organizations listed in the line 1 table ▶							

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL SCHOLARSHIPS, WITH THE EXCEPTION OF WRANGLER ENDOWED SCHOLARSHIPS, ARE PAID DIRECTLY TO THE STUDENTS' SCHOOLS. AMOUNTS REPORTED ON PART III ARE NET OF ANY SCHOLARSHIPS REFUNDED TO THE GRANTOR. DESCRIPTION OF THE WASHINGTON STATE 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 WASHINGTON STATE FAIR FOUNDATION COMMITTEE WILL BE MADE BEFORE RENEWAL OF THE SCHOLARSHIP THE FOUNDATION COMMITTEE RECOMMENDS THE FOLLOWING CRITERIA FOR USE IN SELECTION OF WASHINGTON STATE 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 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 WASHINGTON STATE FAIR FOUNDATION'S DAFFODIL FESTIVAL QUEEN'S SCHOLARSHIP DONATION (ONE OFFERED EACH YEAR) 1 THE WASHINGTON STATE 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 FESTIVAL AT THE QUEEN'S CORONATION 3 THE RECIPIENT 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 WASHINGTON STATE 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 SIX 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 WASHINGTON STATE 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 WASHINGTON STATE FAIR FOUNDATION'S FRED OLDFIELD SCHOLARSHIP FOR THE ARTS 1 RECIPIENTS MUST BE GRADUATING SENIORS FROM PUYALLUP, ROGERS, EMERALD RIDGE, SUMNER, BONNEY LAKE HIGH SCHOOLS, AND SOTA (SCHOOL OF THE ARTS) 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 WASHINGTON STATE FAIR FOUNDATION'S BILL STONER ENDOWMENT SCHOLARSHIP (FOUR OFFERED EACH YEAR) FOUR ENDOWMENT SCHOLARSHIPS CONSISTING OF \$1,250 EACH 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 THE APPLICANT'S FINANCIAL NEED WILL BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE IN THE SELECTION OF THE SCHOLARSHIP RECIPIENTS THIS SCHOLARSHIP IS LIMITED TO WASHINGTON STATE RESIDENTS DESCRIPTION OF THE WASHINGTON STATE 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 C PREFERENCE WILL BE GIVEN TO A STUDENT, WHO HAS EXPRESSED AN INTEREST AND DISPLAYED TALENT IN THE ART OF WRITING, BE IT JOURNALISM, PROSE OR POETRY, THEATER OR FILM SEE SCHEDULE O FOR ADDITIONAL DESCRIPTIONS

Additional Data

Software ID:
Software Version:
EIN: 26-1250496
Name: WASHINGTON STATE FAIR FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
HERITAGE SCHOLARSHIP \$3,000 PER YEAR FOR TWO YEARS PUYALLUP, ROGERS, EMERALD RIDGE, SUMNER, BONNEY LAKE HIGH SCHOOLS	5	15,000			
FRED OLDFIELD SCHOLARSHIP FOR THE ARTS 1 YEAR ART SCHOLARSHIPS AT \$1,000 EACH, BONNEY LAKE, ROGERS, PUYALLUP, EMERALD RIDGE HS, TACOMA SCHOOL OF THE ARTS	6	7,000			
DAFFODIL FESTIVAL FOUNDATION SCHOLARSHIP FUND, DAFFODIL SCHOLARSHIP	1	5,000			
1 YEAR GENERAL SCHOLARSHIPS, 4 AT \$1,250, STONER ENDOWMENT SCHOLARSHIP	4	5,000			
CAMPBELL/MONTGOMERTY - \$1,000, PUYALLUP SCHOOL DISTRICT	1	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KORUM FAMILY ART SCHOLARSHIP, SCHOOLS TO BE DETERMINED	2	3,500			
WRANGLER SCHOLARSHIP FOR AGRICULTURE EDUCATION AT \$1,500, APPLICANTS MUST BE GRADUATING SENIORS IN PUYALLUP, SUMNER, ORTING, BETHEL, EATONVILLE, WHITE RIVER, OR ENUMCLAW SCHOOL DISTRICT	1	3,000			
ANDERSON CRIMINAL JUSTICE SCHOLARSHIP AT \$5,000 PER YEAR FOR TWO YEARS	1	5,000			
ANDERSON VETERINARY SCHOOL SCHOLARSHIP AT \$5,000 PER YEAR FOR TWO YEARS	1	5,000			
THE COLLEGE ACCESS PROGRAM SCHOLARSHIPS WERE AWARDED TO STUDENTS PARTICIPATING, AND DEMONSTRATING SUCCESS, IN THREE SPECIFIC COLLEGE ACCESS PROGRAM EACH SCHOLARSHIP IS \$2,500	2	5,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
THE ABSHER FAMILY ENDOWMENT SCHOLARSHIP AWARD IS INTENDED TO SUPPORT OF A LOCAL STUDENT WHO WILL ATTEND THE UNIVERSITY OF WASHINGTON THE AWARD IS \$2,000	1	2,000			
FAIR CHANCE SCHOLARSHIP, 2 OR 4 YEAR COLLEGE, UNIVERSITY OR TRADE SCHOOL SCHOLARSHIPS AT \$3,000 PER YEAR APPLICANTS MUST BE EITHER A GRADUATING HIGH SCHOOL SENIOR OR AN ADULT LEARNER APPLICANTS MUST ALSO BE CURRENTLY WORKING, VOLUNTEERING, OR INVOLVED IN A SCHOOL SPONSORED ACTIVITY AT LEAST 8 HOURS PER MONTH, ON AVERAGE	14	40,500			
COMMUNITIES IN SCHOOL PUYALLUP STUDENT CITIZEN OF THE YEAR SCHOLARSHIP, 1 LOCAL STUDENT TO BE AWARDED \$2,500	1	2,500			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization WASHINGTON STATE FAIR FOUNDATION	Employer identification number 26-1250496
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Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☒ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☒ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☒ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☒ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☒ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees										
☒ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td>☒ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☒ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☒ Compensation committee	☐ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee					
☒ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>No</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	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		
a Receive a severance payment or change-of-control payment?	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									
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

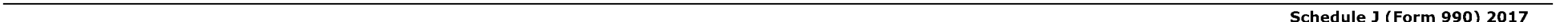
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, SECTION 3	THE WASHINGTON STATE 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)

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization
WASHINGTON STATE 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 noncash 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 ► (UNREIMBURSED EXPENSES)	X	1	86,572	FAIR MARKET VALUE
26 Other ► (AUCTION ITEMS)	X	178	80,862	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				
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	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?				Yes No 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 nonstandard contributions?				Yes No 31 No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No 32a No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
WASHINGTON STATE FAIR FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

26-1250496

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE WASHINGTON STATE FAIR FOUNDATION FUNDED THE FARM ON THE GO THE FARM ON THE GO PROJECT COMPLEMENTS THE FARM AT SILLYVILLE FARM ON THE GO CONSISTS OF EQUIPMENT NEEDED TO RUN A FARM SUCH AS A COMBINE, TRACTOR AND TRUCK THIS FARM EQUIPMENT HAS BEEN STRATEGICALLY PLACED THROUGHOUT THE FARM AT SILLYVILLE TO PROMOTE EDUCATION AND SHOW HOW THESE KEY ITEMS MAKE A HUGE DIFFERENCE TO OUR FARMERS AND HOW THEY HELP TO KEEP FARMS RUNNING THESE ITEMS ARE ON DISPLAY WITH SIGNAGE THAT GIVES KIDS THE INFORMATION WHY EACH PIECE OF EQUIPMENT IS IMPORTANT IN FARMING THE SECONDARY EDUCATIONAL THREAD IS THE CAREERS IN FARMING ALSO INCLUDE EQUIPMENT MANUFACTURERS AND THE ENGINEERS THAT DESIGN THE EQUIPMENT THERE ARE MULTIPLE EDUCATIONAL PIECES FOR THESE ITEMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON FORM W-3 THE FOUNDATION REIMBURSES ITS RELATED PARTY FOR THE COMPENSATION OF ITS ONE EMPLOYEE ALL PAYROLL RETURNS ARE FILED BY THE RELATED PARTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE WASHINGTON STATE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE WASHINGTON STATE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE WASHINGTON STATE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE I, PART IV	DESCRIPTION OF THE WASHINGTON STATE FAIR FOUNDATION'S KORUM FAMILY ART SCHOLARSHIP (FIRST, SECOND & THIRD OFFERED EACH YEAR) THIS SCHOLARSHIP IS INTENDED TO SHOWCASE THE ENTIRE STATE OF WASHINGTON, 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 IN ADDITION THESE SCHOLARSHIPS ARE AVAILABLE TO ANY JUNIOR FROM THE STATE OF WASHINGTON THE \$2,500, THE \$1,500 AND THE \$1,000 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 KORUM FAMILY ART SCHOLARSHIP SELECTION COMMITTEE THE FIRST PLACE PIECE WILL BE AUCTIONED AT THE ANNUAL WASHINGTON STATE FAIR FOUNDATION ROUNDUP AUCTION WITH THE PROCEEDS GOING TO THE WASHINGTON STATE FAIR FOUNDATION'S KORUM FAMILY ART SCHOLARSHIP DESCRIPTION OF THE WASHINGTON STATE FAIR FOUNDATION'S ANDERSON CRIMINAL JUSTICE SCHOLARSHIP ONE SCHOLARSHIP WILL BE AWARDED FOR \$2,500 PER YEAR, UP TO TWO 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 4 MUST ATTEND A COLLEGE IN THE STATE OF WASHINGTON 5 AN ANNUAL REVIEW BY THE WASHINGTON STATE 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 WASHINGTON STATE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE I, PART IV	N AN ANNUAL REVIEW BY THE WASHINGTON STATE FAIR FOUNDATION SCHOLARSHIP COMMITTEE BEFORE RE NEWAL OF THE SCHOLARSHIP RECIPIENT MUST SUBMIT A TRANSCRIPT OF PRIOR YEAR'S GRADES BY JUL Y 15TH EACH YEAR THE MONIES MAY BE USED FOR BOOKS AND TUITION ONLY AND WILL BE PAID DIREC TLY TO THE INSTITUTION OR SCHOOL DESCRIPTION OF THE WASHINGTON STATE FAIR FOUNDATION'S CO LLEGE ACCESS PROGRAM SCHOLARSHIPS THE SCHOLARSHIP IN THE AMOUNT OF \$2,500, IS INTENDED FO R STUDENTS PARTICIPATING, AND DEMONSTRATING SUCCESS, IN TWO SPECIFIC COLLEGE ACCESS PROGRA MS - COLLEGE BOUND AND TRIO TALENT SEARCH, BOTH RUN BY THE METROPOLITAN DEVELOPMENT COUNCI L OF TACOMA THESE PROGRAMS ARE DESIGNED TO SUPPORT STUDENTS WHO ARE TYPICALLY CONSIDERED TO BE IN "UNDERSERVED" POPULATIONS DESCRIPTION OF THE WASHINGTON STATE FAIR FOUNDATION'S ABSHER FAMILY ENDOWMENT SCHOLARSHIP THE SCHOLARSHIP IN THE AMOUNT OF \$2,500, IS INTENDED TO TO SUPPORT OF A LOCAL STUDENT WHO WILL ATTEND THE UNIVERSITY OF WASHINGTON THE FOLLOWI NG GUIDELINES ARE USED IN SELECTING THE RECIPIENTS 1 GRADUATING SENIOR FROM PUYALLUP SCH OOL DISTRICT, SUMNER HIGH SCHOOL OR CASCADE CHRISTIAN 2 ATTENDING UNIVERSITY OF WASHINGTO N DESCRIPTION OF THE WRANGLER SCHOLARSHIP FOR AGRICULTURE EDUCATION THE WRANGLER AGRICULT URE EDUCATION SCHOLARSHIP ENDOWMENT WAS FUNDED BY THE WASHINGTON STATE FAIR RODEO WRANGLER S TO SUPPORT STUDENTS INTERESTED IN PURSUING A DEGREE IN AN AGRICULTURE-RELATED FIELD THE \$1,500 AWARD IS PAID DIRECTLY TO THE RECIPIENT'S COLLEGE OR UNIVERSITY TO BE USED TOWARD TUITION OR BOOKS APPLICANTS MUST BE SENIORS GRADUATING FROM HIGH SCHOOL IN THE PUYALLUP, SUMNER, ORTING, BETHEL, EATONVILLE, WHITE RIVER OR ENUMCLAW SCHOOL DISTRICT, ATTENDING AN ACCREDITED TWO OR FOUR YEAR COLLEGE OR UNIVERSITY WITH DEMONSTRATED FINANCIAL NEED PREFER ENCE MAY BE GIVEN TO STUDENTS WHO HAVE PARTICIPATED IN FFA OR 4-H

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WASHINGTON STATE 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 (if applicable) 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 entity?	
						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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WESTERN WASHINGTON FAIR ASSOCIATION	B	1,281,910	
(2)WESTERN WASHINGTON FAIR ASSOCIATION	O	96,572	

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)