

2007 - 2008 FISCAL YEAR FINANCIAL SUMMARY

INCORPORATED NAME OF SOCIETY _____

2008 FAIR DATES _____ CITY _____

ESTIMATED ATTENDANCE _____ CARNIVAL (name) _____

GROUND'S ADMISSION paid _____ free _____ GRANDSTAND ADMISSION paid _____ free _____

Following Financial Report for Fiscal Year (start date) _____ to (end date) _____.

--- SUMMARY OF RECEIPTS AND EXPENSES ---

--- All categories **MUST** be filled out ... use "N/A" if category does not apply --- **DO NOT ALTER THIS FORM** ---

AREA	FAIR RECEIPTS	AREA	FAIR EXPENSES
CARNIVAL	\$	ADVERTISING	\$
CONCESSIONS (SOLD BY FAIR)	\$	ENTERTAINMENT	\$
COUNTY AID - FAIR	\$	INSURANCE	\$
COMMERCIAL EXHIBITOR SPACE RENTAL FEES	\$	JUDGES, 4-H & FFA	\$
ENTRY/STALL FEES	\$	JUDGES, OPEN CLASSES	\$
GATE/GROUND'S SALES	\$	PAYROLL	\$
GRANDSTAND SALES	\$	PREMIUMS, 4-H & FFA	\$
PARKING FEES	\$	PREMIUMS, OPEN CLASSES	\$
SPONSORSHIPS	\$	UTILITIES	\$
MISCELLANEOUS	\$	OTHER	\$
TOTAL FAIR RECEIPTS	\$	TOTAL FAIR EXPENSES	\$
AREA	NON FAIR RECEIPTS	AREA	NON FAIR EXPENSES
INTERIM EVENTS ***	\$	INTERIM EVENTS ***	\$
COUNTY AID	\$	INSURANCE	\$
STATE AID	\$	PAYROLL	\$
DONATIONS/GRANTS	\$	ROUTINE MAINTENANCE	\$
MISCELLANEOUS	\$	OTHER	\$
TOTAL NON FAIR RECEIPTS	\$	TOTAL NON FAIR EXPENSES	\$

*** Interim events – building and grounds rentals, non-fair events and related

RECEIPTS		EXPENSES	
FAIR INCOME	\$	TOTAL FAIR EXPENSES	\$
NONFAIR INCOME	+\$	TOTAL NONFAIR EXPENSES	+\$
MONEY BORROWED	+\$	CAPITOL IMPROVEMENTS	+\$
		PAYMENTS TO DEBTS	+\$
TOTAL RECEIPTS **	=\$	TOTAL EXPENSES ****	=\$

SIMPLE CASH RECONCILIATION

BEGINNING CASH BALANCE, FIRST DAY OF FISCAL YEAR ----- \$ _____

PLUS TOTAL RECEIPTS **----- + \$ _____

LESS TOTAL EXPENSES ****----- - \$ _____

ENDING CASH BALANCE, LAST DAY OF FISCAL YEAR ----- \$ _____

LESS TOTAL INDEBTEDNESS (BALANCE OF LOANS PAYABLE) ----- - \$ _____

NET ENDING CASH STANDING (AS OF LAST DAY OF FISCAL YEAR) --- \$ _____

PLEASE FILL OUT REVERSE SIDE

PREMIUMS PAID AFFIDAVIT

FAIR: _____

We, the undersigned President, Secretary and Treasurer of _____ (Incorporated name of Fair or Society), being duly sworn on oath depose and say the said Association/Society, being duly incorporated under the laws of the State Of Iowa held a Fair known as the

_____ on these days of _____, in or near the city of _____, and said Fair consists of a true exhibition of livestock, together with agricultural products and farm implements as contemplated by law (either Section 174.1 or 174.10).

We further depose and say that the following is a statement of the actual amount paid in cash premiums by the Association/Society for the current year, this statement corresponds with the published offer of premiums, and that no deductions have been made for entry fees, stall or pen rent.

We further depose and say that no part of the below statement was paid for speed events or to secure games or amusements.

We further depose and say that state appropriated funds received were used for infrastructure purposes only.

STATEMENT OF CASH PREMIUMS

4-H & FFA DEPARTMENTS		OPEN CLASS DEPARTMENTS	
Cattle	\$	Cattle	\$
Dairy	\$	Dairy	\$
Dog	\$	Goats	\$
Goats	\$	Horse	\$
Horse	\$	Poultry/Rabbit	\$
Poultry	\$	Sheep	\$
Rabbit	\$	Swine	\$
Sheep	\$	Arts & Crafts, Textiles & Related	\$
Swine	\$	Culinary & Related	\$
Static Exhibits	\$	Flowers/Plants	\$
Other (not listed above)	\$	Other	\$
TOTAL	\$	TOTAL	\$

NUMBER OF EXHIBITORS AND EXHIBITS

	4-H & FFA	OPEN CLASS
Livestock Exhibitors		
Livestock Exhibits		
Non Livestock Exhibitors		
Non Livestock Exhibits		

OFFICERS OF THE ASSOCIATION/SOCIETY

PLEASE PRINT CLEARLY NAME ADDRESS PHONE

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Please sign:

President

Secretary

Treasurer

Complete all areas and return by November 15, 2008 to:

Association of Iowa Fairs, 242 8th Avenue West, Cresco, IA 52136

IMPORTANT NOTE -- AS PER THE CODE OF IOWA, FAILURE TO COMPLETE THIS REPORT IN ITS ENTIRETY AND SUBMIT TO THE AIF OFFICE BY NOVEMBER 15 WILL RESULT IN FORFEITURE OF STATE AID