

**Department of Agriculture**

Fair Administration

Ellington Agricultural Center

P. O. Box 40627

Nashville, TN 37204

(615) 837-5160

***SUMMARY OF ORGANIZATION and
ANNUAL FINANCIAL ACTIVITY
OF A FAIR RECEIVING STATE AID***

Date of Filing _____

2023 Fair Dates _____

INSTRUCTIONS

A fair or exposition must use this form to report financial activities. If you have not completed a full year of operation, you must submit a proposed budget for your first year of operation. This form is due by **November 1** of each year. Please **type or print** all items on this form that are applicable to your organization.

Gross revenue includes all monies received by your organization from all sources, before expenses are deducted.

This form, including attachments, is a public record.

Name of Organization _____

Federal Employer Identification Number _____

Address of principal office _____

City

State

ZIP

County

If organization does not maintain an office, give the name and address of the person having custody of its financial records

Mailing address, if different from principal office _____

Phone (____) _____ Fax (____) _____

E-mail address _____

1. Describe the purpose of the organization _____

2.a. Legal entity of the organization _____ Corporation _____ Partnership _____ Association
_____ Other (specify) _____

2.b. When and where was the legal entity organized? Date _____
City, State _____

2.c. Beginning and ending dates for fiscal year of organization _____

3. Please **attach** a copy of the charter, bylaws, and/or other similar governing document.

4.a. Has organization received tax exemption from the Internal Revenue Service? _____ Yes _____ No

4.b. Has the tax-exempt status classification ever been revoked by the Internal Revenue Service? _____ Yes _____ No
If yes, **attach** a copy of the letter of revocation and a written summary of the basis of the revocation.

4.c. If you have applied for a tax-exempt classification with the Internal Revenue Service **but have not received final determination letter**

(1) Attach a copy of the application _____ Yes _____ N/A

(2) Attach a copy of the Internal Revenue Service letter acknowledging receipt of application _____ Yes

5. List names, addresses, and phone numbers of all individuals responsible for custody, expenditure, or distribution of receipts, contributions, and other sources of income of the organization.

6. GROSS REVENUE

- a. Gross gate/ticket receipts \$ _____
- b. Special Events (events/entertainment not included in a. above) \$ _____
- c. Sponsorships (sponsors, catalog ads) \$ _____
- d. Rental of Grounds/Concession income \$ _____
- e. Government grants/payments (State Aid, Merit, Grants) \$ _____
- f. Commercial exhibits \$ _____
- g. Other revenue (Entry fees, i.e. livestock, participation fees,
(box seat sales, other event fees not included in b. above) \$ _____
- Total Gross Revenue** \$ _____

7. EXPENSES

- a. Program/Services (fair operation expenses, utilities, improvements, etc.) \$ _____
- b. Administrative (printing, personnel, security, etc.) \$ _____
- c. Premiums (premiums paid to exhibitors) \$ _____
- d. Other (advertising, giveaways, etc.) \$ _____
- Total Expenses** \$ _____

Excess (Deficit) of Revenue over Expenses \$ _____

SIGNATURE SECTION

This document must be signed by two separate authorized officers in the presence of a Notary Public. Two signatures from the same individual cannot be accepted.

I/We certify that the information furnished in this application and all continuation sheets is true and correct to the best of my/our knowledge. Additionally, I/We understand that registration does not imply approval by the state of Tennessee and that any statement indicating otherwise is a violation of Tennessee law.

Signature of Authorized Officer _____ Date Signed _____

Print Name _____

Title _____

Signature of Authorized Officer _____ Date Signed _____

Print Name _____

Title _____

NOTARY SEAL

SWORN TO AND SUBSCRIBED BEFORE ME AT:

County and State _____

This _____ Day of _____, 20 _____

Signature of Notary Public _____

My Commission Expires: _____

NOTARY SEAL

SWORN TO AND SUBSCRIBED BEFORE ME AT:

County and State _____

This _____ Day of _____, 20 _____

Signature of Notary Public _____

My Commission expires: _____