

**DIOCESE OF LEXINGTON
ASSESSMENT REPORT
JULY 1, 2008 – JUNE 30, 2009**

Name of Location

Address (City & Zip Only)

Charitable Gaming License Number(s) (If applicable)

Email(s) and Principal Contact(s) if there are questions regarding the financials
This name and email should be for the Bookkeeper, Business Manager, etc., person or persons that work with the financials on a regular basis.

Signature of Pastor/Pastoral Director/Pastoral Associate

Date

CERTIFICATION OF FINANCE COUNCIL:

We, the undersigned members of the Parish Finance Council, hereby certify that we have examined carefully the financial statements of the above named location, including the cash and bank accounts and debts for the above named fiscal year and find that this information is true and accurate to the best of our knowledge.

Chairperson: _____
