

**CATHOLIC DIOCESE OF LEXINGTON
ASSESSMENT REPORT**

Fiscal Year – _____

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

We, the undersigned members of the Parish/School Finance Council, periodically review the financial statements from Quick Books, including the fiscal year end financials, and feel to the best of our knowledge the financials fairly represent the financial activity and status for the fiscal.

Chairperson: _____
