

PARISH/MISSION FINANCIAL REPORT

JULY 1, 2017 TO JUNE 30, 2018

NAME OF PARISH/MISSION: _____

CITY: _____

FINANCIAL REPORT DUE DATE: AUGUST 31, 2018

Offertory (assessed) Donations: _____

Building/Other (non-assessed) Donations: _____

Other Misc Income: _____

Operating Expense: _____

Net Income: _____

Total Assets: _____

Total Liabilities: _____

Total Net Assets: _____

Total Liabilities + Net Assets: _____

Person preparing this report:

Name: _____ Tel. No. _____ - _____
(Please Print)

To the best of my knowledge, this report is true and complete.

Signed: _____ Date: _____, 2018
Signature of person preparing report

Signed: _____ Date: _____, 2018
Signature of Pastor

Signed: _____ Date: _____, 2018
Signature of Finance Chair

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TAX ID NUMBERS

FEIN: ____ - _____ (Example: 84-1234567)

STATE: ____ - _____ (Example: 98-12345)

BANK ACCOUNTS

1. Report all Parish checking accounts.

(A)	(B)	(C)
Account Number	Name of Bank/Financial Institution	June 30, 2018 Balance

2. Report all Parish savings and investment accounts.

(A)	(B)	(C)
Account Number	Name of Bank/Financial Institution	June 30, 2018 Balance

If an account was cashed in or a new account established, note this information in column A with either (C) for (Cashed) or (N) for (New), after savings type.

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FIXED ASSETS

1. Was any real estate purchased or donated during the fiscal year reported?
 (___) Yes, (___) No. If Yes, provide description of purchased real estate and total amt.

DESCRIPTION	COST
TOTAL	\$

2. Did the parish have any repairs or improvements costing \$10,000 or more during the fiscal year reported? (___) Yes, (___) No. If Yes, provide description and cost.

DESCRIPTION	COST
TOTAL	\$

LONG TERM DEBT - (Loans Payable)

(A) Name of Bank, Institution or Person Owed:	(B) Loan Date	(C) Initial Loan Amount	(D) Loan Balance as of 6/30/18	(E) Payoff Date
TOTAL		\$	\$	

TOTAL DUE (Total of Columns D - Liabilities and Long Term Debt) \$ _____

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BINGO AND RAFFLES

1. () Check here if the parish does not conduct bingo games or raffles.

If a parish does conduct bingo or raffles, reports must be submitted, quarterly, to the Office of the Secretary of State.

2. Provide Bingo-Raffles License Numbers for both Calendar Year 2017 and 2018.

2017 License Number: _____

2018 License Number: _____

3. From the LE-21, Quarterly Reports for the following four quarters, provide the following information, which is taken from Line 1.12 through Line 1.22 of the reports.

	Oct. 15, 2017 Report	Jan. 15, 2018 Report	Apr. 15, 2018 Report	Jul. 15, 2018 Report	Total
Period Covered:	(7/1/17 - 9/30/17)	(10/1/17 - 12/31/17)	(1/1/18 - 3/31/18)	(4/1/18 - 6/30/18)	Columns (A) thru (D)
	(A)	(B)	(C)	(D)	(E)
Bingo Gross Receipts					
Pull Tab Gross Receipts					
Raffle Gross Receipts					
Total Receipts	\$	\$	\$	\$	\$
Total Fee	\$	\$	\$	\$	\$

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OTHER INFORMATION

1. PARISH CHARGE CARDS:

List the type of credit card, what bank, institution, etc. issued the card, how many cards were issued, and the credit limit for the type of card on hand.

(A)	(B)	(C)	(D)
TYPE OF CREDIT CARD	BANK, INSTITUTION, ETC.	NUMBER	CREDIT
MasterCard, Visa, Sam's, etc.	Bank One, US Bank Corp., etc.	Cards Issued	Limit

2. Total number of cards issued _____ - Total of Column (C).

3. Total credit limit for cards issued \$ _____ - Total of Column (D).