

EXHIBIT C



LEXINGTON

NEIGHBORHOOD PARK CENTER BIANNUAL FINANCIAL REPORT

Group Name: _____

Mailing Address: _____

Financial Statement for 6 months ending _____, 202_____

REVENUE

- Rentals
 - ☐ Number of Rentals: _____
 - ☐ Revenue Received: _____
 - ☐ **TOTAL REVENUE:** _____

EXPENSES (Copies of receipts should be included)

- Spent on Parks Facility/Building
 - ☐ _____ \$ _____
 - ☐ _____ \$ _____
 - ☐ _____ \$ _____
- Spent on Park Improvements
 - ☐ _____ \$ _____
 - ☐ _____ \$ _____
 - ☐ _____ \$ _____
- Other Expenditures (Programming at Park)
 - ☐ _____ \$ _____
 - ☐ _____ \$ _____

TOTAL EXPENSES: \$ _____

NET INCOME FOR SIX MONTHS (Income minus Expense): \$ _____

CASH BALANCE ON PREVIOUS REPORT: \$ _____

NET BALANCE AS OF THIS REPORT

(Net Income for six months Plus Cash Balance from last six months):

\$ _____

This report is submitted by me and I attest to its accuracy and completeness:

Center Keyholder Name: _____

Signature: _____ Date: _____

Please attach list of keyholders with submission of Financial Report