ANNUAL BORROWER UPDATES



PO Box 19700, Irvine, CA 92623-9700 Fax: 866.387.3131

| ORGANIZATION Organization Name Address | | PASTOR/SR. LEADER Name Email Address | | | | | |
|--|--|---|---|--|-----------|--------------------|-------------------|
| | | | | City | State Zip | Mobile Phone No. | Daytime Phone No. |
| | | | | PRIMARY CONTACT (If we have questions about your loan) | | ADDITIONAL CONTACT | |
| Primary Contact Name | | Contact Name | Position | | | | |
| Email Address | | Email Address | | | | | |
| Mobile Phone No. | Daytime Phone No. | Mobile Phone No. | Daytime Phone No. | | | | |
| Average weekend attendant Adult: Number of baptisms this yea Number of "Giving Units" du | werage weekend attendance: dult: Children: umber of baptisms this year: during our most recent Fiscal Year: Giving Units" is the number of people the church prepared a Giving Statement for at the end the year for tax numbers) | | Detailed Income and Expense Statements – for your most recently completed fiscal year (if you have a statement that shows Budgeted vs. Actual figures, please provide that as well) Balance Sheet – as of the last day of your most recently completed fiscal year Statement of Cash Flows - for your most recently completed fiscal year, if available Budget – for the current fiscal year | | | | |
| Top 10 Givers (No names, just 1. \$ | 7.\$8.\$ | Annual Report - If the churce its members, please send a continuous continu | ch prepares a year-end ministry report for opy | | | | |
| SIGNATURE | | | | | | | |
| Signature | | Date | | | | | |