

# CoDar Consulting, LLC

## RELIGIOUS LOAN ADDENDUM

Steven M. Hook, President

Cell: 415-260-9376    Fax 415-449-3428

Date:

Religious Institution  
Name:

---

Corporate Name:

---

Street Address:

---

Mailing Address:

---

Telephone No.

---

Fax No.

---

Contact Person:

---

Position:

---

Telephone No.

---

Fax No.

---

Requested Loan  
Amount(s)

\$

---

\$

---

Purpose of Loan:

---

## LOAN ADDENDUM CHECKLIST

The following are categories of information included within this application. If you are unable to include an item, please comment. If this information has been prepared in a format different than in this application, you need not transcribe it into this form, but instead, attach it to the application.

|     |  | Enclosed                 | Not Enclosed             | Not Applicable           |
|-----|--|--------------------------|--------------------------|--------------------------|
| 1.  | GENERAL INFORMATION<br>Comments:                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | BRIEF HISTORY OF RELIGIOUS INSTITUTION<br>Comments:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | CERTIFICATE AND ARTICLES OF INCORPORATION<br>Comments:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | ORGANIZATION BY-LAWS (WITH AMENDMENTS, IF ANY)<br>Comments:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | BOARD RESOLUTION FOR PROPOSED FINANCING<br>Comments:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | IRS TAX EXEMPT DETERMINATION [501(c)(31)]<br>Comments:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | PROFILE / RESUME OF SENIOR LEADER<br>Comments:                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | LOAN REQUEST INFORMATION<br>Comments:                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | 3 YEARS' FINANCIAL STATEMENTS - RELIGIOUS INSTITUTION<br>Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | 3 YEARS' FINANCIAL STATEMENTS – SCHOOL<br>Comments:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | 3 YEARS' ATTENDANCE* STATISTICS<br>Comments:                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | LEGAL DESCRIPTION(S) OF ALL REAL PROPERTY(IES)<br>Comments:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | COST BREAKDOWN (FOR CONSTRUCTION REQUESTS)<br>Comments:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*If attendance is not applicable, please include information regarding demonstrated donor base.

Please list other information you have included:

## Application Addendum

Please provide the following information as completely as possible; if information requested is not available, please so state.

### I. General Information

#### A. Religious Institution Information

1. Denomination Affiliation if applicable
2. Other Affiliation(s)
3. Federal Tax ID Number
4. School Name(s)
5. How long has the congregation been meeting in its present location?
6. Please include a brief narrative on the chronological history of your organization as an attachment or addendum. Please include the following information:
  - a. When was your organization founded?
  - b. By whom was it founded?
  - c. Number of people in congregation at founding.
  - d. Give information as to the progress of the organization.  
What special ministries, programs, or services does the organization perform?
  - e. What are the future plans of the organization? (
 

|  |  |
|--|--|
| <input type="checkbox"/> new construction;   | <input type="checkbox"/> acquisition of land |
| or <input type="checkbox"/> satellite plant merger or combination with other buildings; congregations; | other) <input type="checkbox"/>              |
7. Please include a list of your Board of Directors and indicate their current job positions and phone numbers.
8. Please provide a copy, including amendments if any:
  - a. Certificate and Articles of Incorporation
  - b. By-Laws
  - c. Resolution of the Board wherein the motion for the proposed financing was approved. Included shall be the tally of affirmative and negative votes.
9. Is your organization the subject of any pending litigation? If yes, please attach a written explanation.
 

|                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

#### B. Membership / Attendance Information

1. Please provide the average adult worship attendance\* for the current and previous three years:

|   | 20____ | 20____ | 20____ | 20____ |
|---|--------|--------|--------|--------|
| Average Weekly Worship Adult Attendance |        |        |        |        |
| Worship Services Per Week               |        |        |        |        |

\* If the average weekly worship adult attendance is not applicable, please include information regarding the demonstrated donor base.mmar

## Application Addendum

### C. Staff Information

1. **Senior Leader:**

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Years with Institution \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Please include a brief profile/resume of your Senior Leader.

2. **Business Administrator (or equivalent):**

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Years with Church: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Please include a brief profile/resume of your Business Administrator.

3. **Staff:**

How Many: \_\_\_\_\_

### D. Religious Organization's Professional Advisors

1. **CPA / Accountant:**

Name: \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

2. **Insurance Agent:**

Name: \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Policy No. \_\_\_\_\_ Expiration: \_\_\_\_\_

## Application Addendum

### II. Loan Request Information

A. Please provide an itemized list of the anticipated use of the loan proceeds.

B. Outstanding Credit Obligations:

| LENDING INSTITUTION/<br>SOURCE OF FUNDING | LOAN AMOUNT | TERMS | ANY PAST DUE?   |
|---|-------------|-------|---|
|   | \$          |       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   | \$          |       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   | \$          |       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

C. What property/properties do you plan to use for collateral for this loan request. Please provide a description of the property (i.e. square footage, number of buildings, seating capacity, age of buildings, etc.)

| PROPERTY | ESTIMATED VALUE | VALUE BASED UPON         |                          |                          |
|----------|-----------------|--------------------------|--------------------------|--------------------------|
|          |                 | COST                     | MARKET                   | OTHER                    |
|          | \$              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | \$              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Application Addendum

D. Is this request for construction purposes?  Yes  No IF Yes,

s

1. Has the construction already started? Yes No
2. Please include a complete cost breakdown of your project. Additional construction information may be required after your request is reviewed.

**3. Architect:**

Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**4. Building Contractor / Project Manager:**

Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### III. Religious Institution Financial Information

- A. What is your annual fiscal year end?
- B. Please provide 3 years' fiscal year end balance sheets, including all assets and liabilities.
- C. Please provide 3 years' fiscal year end income and expenses, including all sources of income and all expense. Please be sure to include special fundraising sources.
- D. Please describe any pledge drives which were initiated or completed over the past 5 years. Include its purpose, amount pledged, amount collected, and percentage of pledges collected. Please describe any pledge drives currently in progress or planned within the next 5 years.

N/A

E.  Please provide the organization's annual budget for the current and prior fiscal year.

Separate document provided  
 N/A – Please provide explanation

F. Do you own all properties occupied by the Organization?  Yes  No  
 If no, specify location(s) not owned and annual rent paid for property use:

|           |  |       |    |
|-----------|--|-------|----|
| Location: |  | Rent: | \$ |
| Location: |  | Rent: | \$ |
| Location: |  | Rent: | \$ |
| Location: |  | Rent: | \$ |

Location:

Rent: \$



## Application Addendum

- G. If any large, unusual and/or non-recurring contributions were received within the most recent 3 fiscal years, please list the year(s) and amount(s).

|                              |
|------------------------------|
| <input type="checkbox"/> N/A |
|                              |

- H. Please include a list of your 15 largest givers and their contribution for the last fiscal year. Individuals are to be identified by initials and city of residence.

| As of Date | Initials | City of Residence | Contribution Amount |
|------------|----------|-------------------|---------------------|
| 1.         |          |                   |                     |
| 2.         |          |                   |                     |
| 3.         |          |                   |                     |
| 4.         |          |                   |                     |
| 5.         |          |                   |                     |
| 6.         |          |                   |                     |
| 7.         |          |                   |                     |
| 8.         |          |                   |                     |
| 9.         |          |                   |                     |
| 10.        |          |                   |                     |
| 11.        |          |                   |                     |
| 12.        |          |                   |                     |
| 13.        |          |                   |                     |
| 14.        |          |                   |                     |
| 15.        |          |                   |                     |

## Application Addendum

### IV. School Information

- A. Is there a school run by your organization?  Yes  No IF Yes, \_\_\_\_\_  
s

|                            | PRESCHOOL | KINDERGARTEN | 1 - 6 | 7 - 8 | 9 - 12 |
|----------------------------|-----------|--------------|-------|-------|--------|
| Number of Students         |           |              |       |       |        |
| Annual Tuition Per Student |           |              |       |       |        |

- B. Total number of enrolled in each of the prior 4 fiscal years.

|               | 20____ | 20____ | 20____ | 20____ |
|---------------|--------|--------|--------|--------|
| Preschool     |        |        |        |        |
| Kindergarten  |        |        |        |        |
| Grades 1 – 6  |        |        |        |        |
| Grades 7 – 8  |        |        |        |        |
| Grades 9 - 12 |        |        |        |        |

- C. What is your school's annual fiscal year end? \_\_\_\_\_  
 D. Please provide 3 years' fiscal year-end balance sheets.  
 E. Please provide 3 years' fiscal year end income and expenses, including all sources of income and all expense. Please be sure to include special fundraising sources.  
 F. Please provide the current and prior years' school budgets.

- Separate document provided  
 N/A – Please provide explanation

- G. Number of teachers/administrators: FULL-TIME\_\_\_\_\_ PART-TIME \_\_\_\_\_

- H. Do you provide day care (either before or after school)?  Yes  No

- I. Are school facilities: LEASED/RENTED

OWNED If leased/rented, annual rental expense: \$ \_\_\_\_\_

- V. How did you find out about CoDar Consulting, LLC's Religious Loan program?