



**RELIGIOUS ORGANIZATION
CHARTER CONTINUATION
for Tax Exempt Status**

OFFICE USE ONLY
Date Rec'd: _____
Am't. Rec'd.: _____
<input type="checkbox"/> President's applic. appr'd.
<input type="checkbox"/> All Charter fees paid up.
<input type="checkbox"/> Status same ___ Chg'd ___
<input type="checkbox"/> Renewal approved
By _____

Kingsway Ministries, Inc. a/k/a

KINGSWAY FELLOWSHIP INTERNATIONAL

3707 SW 9th, Des Moines, Iowa 50315-3047 U.S.A.
Telephone: (515) 283-0197 FAX (515) 283-0198

1. Charter applied for: _____ Affiliate (*Tax-exempt*) _____ Associate (*Spiritual Covering only*)
- 2a. The **full legal name** of your Religious Organization (*as appears on your Articles of Incorporation*): **PRINT CLEARLY**

- 2b. Please list any dba, a/k/a or other abbreviated names you use:

- 3a. **Full legal address** of your Religious Organization (*this must be a street address*):
Address _____ City _____
State _____ Zip _____ Phone _____
- 3b. **Mailing address** of your Religious Organization (*if different than above*)

4. Your Employer Identification Number (EIN#) is _____
- 5a. ___ Yes ___ No - Our Ministry is still operating on a "Not For Profit" basis.
- 5b. Check "**ALL**" appropriate type(s) of Ministry your Organizations is currently providing:
 ___ Christian Education: such as, Sunday School, Bible Studies/ Schools/Colleges as Depts. of the Church.
 ___ Christian Education: Bible Colleges/Schools separate from a Church.
 ___ Christian Education: such as, Christian Day School (K-12), separate from a Church.
 ___ Evangelism/Missionary Outreach
 ___ Orphanages
 ___ Christian Counseling Center working with area Churches.
 ___ Training Seminars; such as (*list all types*) _____
 ___ Music Ministry (*explain*) _____
 ___ Holding my own Church Worship Services (open to the General Public) Explain: _____
 ___ Other (*Explain in detail*) Charitable and Religious Activities: _____
- 5c. ___ Yes ___ No - Has your Ministry (1) changed or added any "types" of ministry (*Items 5b above*), (2) Articles of Incorporation or (3) Bylaws in the past year.
- 5d. ___ Yes ___ No - If yes, please attach copy (*Bylaws or Art. of Inc.*) of exactly what was changed & highlight it.
- 6a. Our principal source(s) of income for the past year were from: (*mark by a written percentage [%]*)
 (Example: 50%, 33%, 25%, 10% or 0%):
 ___ General public contributions ___ Grants ___ Personal Donations of our officers
 ___ Fund Raisers ___ Other _____
- 6b. ___ Yes ___ No - More than 1/3 of your income came from other sources than the officers' donations.

- 7a. Yes No - You have attached a copy of your ministry's current **Annual STATE Non-Profit Corporation Report** (If required by your State) **OR**, if not required, then send your **list of current Board of Directors**.
- 7b. Yes No -The majority of our Board of Directors are not related.
- 7c. Yes No - None of our Board of Directors are serving in a "public office". (If yes, explain) _____
8. Your Annual Business Meeting of the Board of Directors was held on (Date) _____ 20__ (or) will be held on: _____ 20__.
9. To validate you held your **Annual Business Meeting**, attached is a copy of each of this year's ...
 (a.) **Annual Business Meeting minutes** and _____ (b.) **Fiscal Financial Report**....
- 9c. (**OR**) a statement signed by the President and legal Secretary stating you held an Annual Business Meeting with your Board of Directors and a Fiscal Financial Report was presented to each Board Member.
- 9d. Yes No - **You have a copy of the Annual Minutes & Fiscal Finance Report** filed with your permanent legal Corporation files.
- 10a. Yes No - Your Ministry property and Board of Directors are covered with (liability/property) insurance.
- 10b. Yes No - You understand this Charter covers your tax exempt status, **BUT does NOT** provide **any** insurance coverage of any kind. (*You are responsible for your own insurance coverage.*)
11. Yes No - You have a separate Corporation Bank Account opened for this tax exempt Corporation, using your own Federal E.I.N.# (*Employer Identification Number*) **NOT** just MY personal Social Security number.
12. Yes No -I have **attached** a check for \$125.00_(non-refundable) for our Charter Continuation_(Charter year is November 1st through Oct. 31st)
13. Yes No - The President's (or major officer's) personal Ministerial Credentials with KFI are current?
 Name of Major Officer: _____ (*If answer is No, please attach a note of explanation*)
14. Yes No - You remember that if our annual income is \$25,000.00 or more any year, we must file a 990 or 990EZ with the IRS. Once we file, we must continue filing annually.
- 15a. Yes No – You have a "Non-Discriminatory" Policy in your Bylaws Yes No (b.) We abide by it.
 Yes No (c.) It is posted in a public place on your property/facility. Yes No (d.) It is included in your advertising literature.

16. Signature of President: _____ Date signed: _____
 Home Phone: _____ Ofc Phone: _____
 Ministry Treas. _____ FAX No: _____
 Address: _____ Email: _____
 Ministry Treas. Home Phone: _____ Website: _____

It is understood, unless this Continuation Form is fully completed, signed and returned to the KFI office with the annual fee enclosed, Kingsway Fellowship International will be required to report your ministry as "inactive" with the Internal Revenue Service. This means your ministry will **NOT BE TAX EXEMPT** after October 31st of the coming current Charter year (*Nov. 1 – Oct. 31*).

NOTE: Items I need to Return to the KFI Office:

- (1) This yellow form
- (2) Changes in Articles and/or Bylaws, if any
- (3) State Annual Report copy – if required by your State
- (4) Annual Business Meeting minutes copy and Fiscal Financial Report copy **OR**
Signed Statement of having held an Annual Business Meeting & list of Board of Directors
- (5) Check for \$125.00