



CHURCH
CHARTER CONTINUATION
 For Federal Nonprofit Status

Kingsway Ministries, Inc. a/k/a

KINGSWAY FELLOWSHIP INTERNATIONAL

3707 SW 9th, Des Moines, Iowa 50315-3047 U.S.A.

Telephone: (515) 283-0197

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OFFICE USE ONLY

Date Rec'd: _____

Am't. Rec'd.: _____

- President's applic. appr'd.
 - All Charter fees paid up.
 - Status same ___ Chg'd ___
 - Renewal approved
- By _____

1. I am applying to continue as an _____ Affiliate (*Federal Nonprofit status*) _____ Associate (*Spiritual Covering only*) Charter.
- 2a. The **full legal name** of your Church (*as appears on your Articles of Incorporation*): **PRINT CLEARLY**
 & COMPLETELY _____
- 2b. Please list **any** dba, a/k/a or other abbreviated names you use:

3. **Full legal address** of your Church (*this must be a street address*):
 Address _____ City _____
 State _____ Zip _____ Phone _____ Email _____
4. **Mailing address** of your Church (*if different than above*) Address _____
 City _____ State _____ Zip _____
5. Your Federal Employer Identification Number (**FEIN#**) is _____
- 6a. ___ Yes ___ No - Our Ministry is currently functioning as a **Church** holding **regular** Worship Services (**or**)
- 6b. ___ Yes ___ No ~ Our Ministry has **changed** to a Religious Organization.
- 6c. ___ Yes ___ No ~ This has changed **since** last year. (NOTE: If you have any questions about your selection, call the Home Office.)
- 7a. ___ Yes ___ NO ~ We have attached a copy of our Church's **current ANNUAL STATE Nonprofit Corporation REPORT** (If required by your state).
- 7b. ___ Yes ___ No ~ Enclosed is a **list** of **current** Board of Directors that we may **verify for the IRS** that the "**majority**" of your Board members are **not** related (**or**) in Public Office.
8. ___ Yes ___ No ~ This year's Annual Business Meetings was held on (*Date*) _____ (**or**) will be held on: _____
9. ___ Yes ___ No ~ **We have a copy of this year's Annual Business Meeting Minutes & Fiscal Finance Report** with our permanent legal Corporation files.
- 10a. ___ Yes ___ No ~ We understand this Charter covers our Federal Nonprofit Status, **BUT does NOT** provide **any insurance** coverage of any kind. (*You are responsible for your own insurance coverage.*)
- 10b. ___ Yes ___ No – Do you have (**or**) are you considering obtaining Ministry Property & Board of Directors liability/property insurance?
11. ___ Yes ___ No ~ We have a current Corporation Bank Account opened for this Nonprofit Corporation, using our own Federal E.I.N. # (*Employer Identification Number*) NOT any one's personal Social Security Number.

12. ___ Yes ___ No ~ We have checked with our State Revenue Office to see if we are required to file for a State Exemption.
13. ___ Yes ___ No ~ The **Pastor's** personal Ministerial Credentials with KFI are current? (If no, please attach an explanation.)
14. **Describe** your current public Worship Service Schedule: _____
15. Check "**ALL**" appropriate type(s) of Ministry your Organization 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 (Explain Methods) _____
 ___ Missionary Outreaches (Describe) _____
 ___ Orphanages ~ USA _____ Int'l. _____ Name: _____
 ___ Christian Counseling Center (s) with Christian Counselors using Scriptural teaching methods.(explain in detail)
 ___ Training Seminars; such as (list all types) _____
 ___ Music Ministry (explain) _____
 ___ Evangelistic Services (Open to the General Public) _____
 ___ Holding my own Church Worship Services (open to the General Public) Explain: _____
 ___ Awarding or Seeking Grants &/or Scholarships (describe the approximate size) _____
 ___ Other (Explain in detail) Charitable and Religious Activities: _____
16. Besides Worship Services, we also have or will hold (Check all that are currently applicable):
 ___ Water Baptisms ___ Weddings ___ Funerals ___ Communion Services
 ___ Sunday School ___ Other types of Religious Instruction ___ Other _____
17. ___ 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?
- 18a. ___ Yes ~ We have **attached** a check for \$125.00 (non-refundable) for our Charter Continuation. (November 1st - October 31st)
- 18b. ___ Yes ~I have included a down payment check for \$50.00 and make additional payments of one \$50.00 and one \$25.00 payment until paid in full (\$125.00) in the next three months.

19. (a) **Print or type name of the current President:** _____
- (b) **Signature of President:** _____ Date signed: _____
- Home Phone: _____ Ofc Phone: _____
- Ministry Treasurer: _____ FAX No: _____
- Address: _____ Email: _____
- Ministry Treas. Home Phone: _____ Website: _____
- Ministry Secretary: _____ Sec. Phone #: _____

It is understood, unless this Continuation Form is fully completed, signed and returned to the KFI office with the Annual Fee enclosed, KFI will be required to report your ministry as "inactive" with the IRS. This means your ministry will **NOT BE Nonprofit** after October 31st of the last current Charter year.

NOTE: Also, We can **NOT** renew your Charter, if the Pastor or Major Officer is **NOT** current on their personal KFI Ministerial Credentials.