



**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

FAX (515) 283-0198

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 _____

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.