

# SI'ON MINISTRIES, INC.

PO Box 214 - Cordell, OK 73632

Tel: 580-660-0529 Fax: 580-726-2416

Web: [www.sionmin.org](http://www.sionmin.org) E-mail: [sionmin@yahoo.com](mailto:sionmin@yahoo.com)

## APPLICATION FOR CHARTER

### SECTION I: CHARTER REQUIREMENTS:

1. According to IRS regulations, no ministry affiliated with a non-profit organization can be involved with State of Federal fund raisers. *(This does not include bake sales, rummage sales, etc.)*
2. A quarterly financial report and progress report is required. *(This report will be mailed to you two weeks before the quarterly Board meeting. You will need to fill it out and mail it back to us within a week.)*
3. You are required to send the tithes (10%) of finances received through your ministry to Si'on Ministries, Inc, PO Box 214 – Cordell, OK 73632. *(Your tithe can be sent quarterly, with your report or monthly.)* If no finances have been received during a quarter, please send your best offering to help with the processing cost to provide you with this Tax Exempt Status.
4. Please provide two copies of your "Employee Identification Number" notice letter, as well as, two copies of your *Articles of Incorporation and Certificate* with this application.
6. Please enclose your best offering (suggested min. \$50) with this application for processing.

### CHARTER/MINISTRY INFORMATION

Date: \_\_\_/\_\_\_/\_\_\_ Employer Identification number (EIN#): \_\_\_-\_\_\_

Ministry Name: \_\_\_\_\_

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

- 1.) Are you an ordained minister with Si'on Ministries? \_\_\_\_\_ If so, how long? \_\_\_\_\_
- 2.) Name of your ministry head & title *(president, pastor, etc)*: \_\_\_\_\_
- 3.) When was your ministry incorporated? Date: \_\_\_/\_\_\_/\_\_\_ In which State: \_\_\_\_\_
- 4.) How long has your ministry been active? \_\_\_\_\_
- 5.) Type of Ministry: *(circle one)* Church, Evangelistic, School, Mission, Ministry House or Other: Explain \_\_\_\_\_
- 6.) Please give a description of your ministry and vision. Be as specific as possible. You can attach a sheet of paper if more room is needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION II:** A detailed budget of your receipts and sources for those receipts and your expenses and their origin is required by IRS for this year and a projected estimate for next year. Remember you are a "Not for Profit" organization and any profit is set aside for ministry use or to be donated to a ministry cause. Any portion used by an individual is subject to federal taxes and must be reported as income by that person. Tithes, Offerings and Salaries are allowable to anyone your organization chooses, but they are taxable income for the person receiving it.

## MINISTRY BUDGET

### INCOME (CURRENT YEAR & PROJECTED ESTIMATE FOR NEXT YEAR)

20\_\_ PROJECTED INCOME TOTAL----- \$ \_\_\_\_\_

SOURCE: Tithes & Offerings: ----- \$ \_\_\_\_\_

Sales from fund raisers: ----- \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ -- \$ \_\_\_\_\_

20\_\_ PROJECTED INCOME TOTAL----- \$ \_\_\_\_\_

SOURCE: Tithes & Offerings: ----- \$ \_\_\_\_\_

Sales from fund raisers: ----- \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ -- \$ \_\_\_\_\_

### EXPENSES (CURRENT YEAR & PROJECTED ESTIMATE FOR NEXT YEAR)

20\_\_ PROJECTED EXPENSE TOTAL----- \$ \_\_\_\_\_

SOURCE: Rent: ----- \$ \_\_\_\_\_

Utilities: ----- \$ \_\_\_\_\_

Salaries, love offering, tithes: ----- \$ \_\_\_\_\_

Ministry Expenses: ----- \$ \_\_\_\_\_

Equip, Supplies, repairs, transportation, lodging, etc: ----- \$ \_\_\_\_\_

20\_\_ PROJECTED EXPENSE TOTAL----- \$ \_\_\_\_\_

SOURCE: Rent: ----- \$ \_\_\_\_\_

Utilities: ----- \$ \_\_\_\_\_

Salaries, love offering, tithes: ----- \$ \_\_\_\_\_

Ministry Expenses: ----- \$ \_\_\_\_\_

Equip, Supplies, repairs, transportation, lodging, etc: ----- \$ \_\_\_\_\_

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### SECTION III:

I attest that I have read and understand this application for Charter with Si'on Ministries, Inc. and I agree to the requirements thereof. I believe the statements I have submitted to be true.

PLEASE SIGN IN THE PRESENCE OF A NOTARY :

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or typed name of Notary Public

My commission expires: \_\_\_\_\_

### OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

President

\_\_\_\_\_  
Date: \_\_\_\_\_

Vice President