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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Open to Public
Inspection

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

Relationships for Christ Ministries
Inc.Number and street (or P O box, if mail is not delivered to street address)
25219 Glen Loch Dr.

D Employer identification number

22-3877546

City or town, state or country, and ZIP + 4
Spring TX 77380

E Telephone number

F Group Exemption
Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ►

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ 92,634

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received	1	87,033
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	18
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		
6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ TPR BRANCH <small>noncontributions</small>) reported on line 1)	6a	5,583
b Less direct expenses other than fundraising expenses	6b	3,608
c Net income or (loss) from special events and activities (line 6a less line 6b)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		
8 Other revenue (describe ► RECEIVED)		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► RECEIVED		89,026
10 Grants and similar amounts paid (attach schedule)	10	2,065
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	21,802
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	2,704
15 Printing, publications, postage, and shipping	15	1,019
16 Other expenses (describe ► See Statement 2)	16	59,263
17 Total expenses (add lines 10 through 16) ► See Statement 1	17	86,853
18 Excess or (deficit) for the year (line 9 less line 17)	18	2,173
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,804
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year (combine lines 18 through 20) ► See Statement 2	21	4,977

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,804	22 9,618
23 Land and buildings		23
24 Other assets (describe ► See Statement 3)		24
25 Total assets	2,804	25 9,618
26 Total liabilities (describe ► See Statement 3)	0	26 4,641
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ► See Statement 2	2,804	27 4,977

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2006)

DAA

911

5

Part III Statement of Program Service Accomplishments (See page 51 of the instructions)

What is the organization's primary exempt purpose?

See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 Hosting Impact Conferences for the purpose of leadership training.(Grants \$) If this amount includes foreign grants, check here ► 28a 41,035**29 Project Samuel, a youth training and care center in Zambia, is run by the ministry**(Grants \$) If this amount includes foreign grants, check here ► 29a 23,918**30 Training church pastors & equipping local churches for leadership, church growth and evangelism.**(Grants \$) If this amount includes foreign grants, check here ► 30a 10,233**31 Other program services (attach schedule) See Statement 5**(Grants \$ 2,065) If this amount includes foreign grants, check here ► 31a 2,065**32 Total program service expenses (add lines 28a through 31a)**

► 32 77,251

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions)

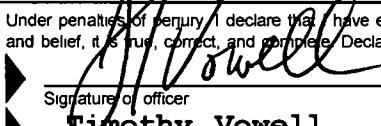
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 6				

Part V Other Information (Note the statement requirement in General Instruction V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <u>0</u> , section 4912 ► <u>0</u> , section 4955 ► <u>0</u>	<table border="1" style="margin-left: 10px;"> <tr> <td>40b</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>40e</td> <td></td> <td>X</td> </tr> </table>	40b	Yes	No	40e		X
40b	Yes		No					
40e			X					
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation							
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► <u>0</u>							
d	Enter amount of tax on line 40c reimbursed by the organization ► <u>0</u>							
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?							
41	List the states with which a copy of this return is filed ► <u>TX</u>							
42a	The books are in care of ► <u>Timothy Vowell</u> <u>25219 Glen Loch Dr.</u>	Telephone no ►						
	Located at ► <u>Spring, TX</u>	ZIP + 4 ► <u>77380</u>						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
	If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1.							
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <input type="checkbox"/> <u>43</u>							

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer <u>Timothy Vowell</u> Type or print name and title		
	Date <u>1/05/10</u>	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) <u>456-13-8832</u>
Paid Preparer's Use Only	Preparer's signature ► <u>Cynthia A. Cox</u> Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Cynthia A Cox, CPA</u> <u>21960 Highway 242</u> <u>New Caney, TX 77357</u>	Date <u>1/05/10</u>	EIN ► <input type="checkbox"/> Phone no ► <input type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006**Supplementary Information-(See separate instructions.)**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Relationships for Christ Ministries Inc.Employer identification number
22-3877546
Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000	►			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	►	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	►	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

	Yes	No
1		X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

- a Sale, exchange, or leasing of property? 2a **X**
- b Lending of money or other extension of credit? 2b **X**
- c Furnishing of goods, services, or facilities? 2c **X**
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **See Part IV, Form 990-EZ** 2d **X**
- e Transfer of any part of its income or assets? 2e **X**

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a **X**
- b Did the organization have a section 403(b) annuity plan for its employees? 3b **X**
- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c **X**
- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d **X**

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g 4a **X**
- b Did the organization make any taxable distributions under section 4966? 4b
- c Did the organization make a distribution to a donor, donor advisor, or related person? 4c
- d Enter the total number of donor advised funds owned at the end of the tax year ► _____
- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____
- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____ 0
- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives **(1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975** See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of support
			Yes	No
Total				►

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006 Relationships for Christ Ministries 22-3877546

Page 4

Part IV-A, Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	34,908	13,208	5,531		53,647
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13	3			16
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	34,921	13,211	5,531		53,663
24 Line 23 minus line 17	34,921	13,211	5,531		53,663
25 Enter 1% of line 23	349	132	55		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	1,073
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	8,385
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	53,663
d Add Amounts from column (e) for lines 18 _____ 16 19 _____ 22 _____ 26b _____ 8,385				26d	8,401
e Public support (line 26c minus line 26d total)				26e	45,262
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	84.3449 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year					N/A
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c	
d Add Line 27a total _____ and line 27b total _____				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)			27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			27g		%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			27h		%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29	29		
30	30		
31	31		
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		
	35		

Part VII . Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

RFCM Relationships for Christ Ministries
22-3877546
FYE: 12/31/2006

1/5/2010 10:06 AM

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	NonCash Contrib	Cash Contrib	Book Value	BV Explan	FMV Explan
Several					\$ 2,065	\$ 2,065	\$ 0	\$ 0	
Total					\$ 2,065	\$ 2,065	\$ 0	\$ 0	

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Supplies	1,144
Supplies	667
Supplies	285
Travel	2,659
Travel	1,550
Travel	663
Conference	68
Conference	40
Conference	17
Interest	192
Interest	112
Interest	48
Office expense	473
Office expense	276
Office expense	118
Impact Conferences	25,321
Project Samuel	14,756
Teaching ministry	6,316
Dues, subscriptions, Ref.	348
Dues, subscriptions, Ref.	203
Dues, subscriptions, Ref.	87
Miscellaneous expenses	1,017
Miscellaneous expenses	593
Miscellaneous expenses	253
Volunteer appreciation	1,123
Volunteer appreciation	654
Volunteer appreciation	280
Total	\$ <u>59,263</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 1,385
Mortgage and Other Notes Payable		3,256
Total	\$ <u>0</u>	\$ <u>4,641</u>

Federal Statements

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To motivate, train, and equip the body of Christ to reach
the lost.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

Tithes to local ministries

RFCM Relationships for Christ Ministries
22-3877546
FYE: 12/31/2006

Federal Statements

1/5/2010 10:06 AM

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Timothy Vowell 25219 Glen Loch Dr. Spring TX 77380	President	25	21,066	0	0
Melissa Vowell 25219 Glen Loch Dr. Spring TX 77380	Treasurer	25	0	0	0
Rebecca Neff P.O. Box 668 Cold Spring TX 77331	Secretary	2	0	0	0
Ronnie Odom 9514 Ballin David Spring TX 77379	Board Member	2	0	0	0
Don Rosemeyer 21406 Bassbrook Dr. Spring TX 77388	Board Member	2	0	0	0
Chris Rosemeyer 24906 Shalford Spring TX 77389	Board Member	2	0	0	0

2848

Form

(Rev. June 2008)
Department of the Treasury
Internal Revenue ServicePower of Attorney
and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address Relationships for Christ Ministries, Inc. 25219 Glen Loch Dr. Spring, TX 77380-2401	Social security number(s)	Employer identification number 22 3877546
	Daytime telephone number (877) 829-5500	
	Plan number (if applicable)	

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Cynthia A. Cox, CPA 21960 Hwy 242, New Caney, TX 77357	CAF No.	7805-84582R
	Telephone No.	281-399-8153
Name and address Brenda C. Porter, CPA 19606 Twilight Falls Ln., Houston, TX 77084	Fax No.	888-810-4269
	Check if new Address <input checked="" type="checkbox"/>	Telephone No. <input checked="" type="checkbox"/>
Name and address 	CAF No.	0303-82932R
	Telephone No.	281-599-7804
Name and address 	Fax No.	832-415-9363
	Check if new Address <input type="checkbox"/>	Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Information	990	2006 - 2009
Information	8734	2002 - 2006

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney
.....
.....
.....

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box ►

b If you do not want any notices or communications sent to your representative(s), check this box ►

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ►

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

 **Signature**
 **Print Name** **PIN Number**

Date _____ Title (if applicable) _____

Title (if applicable)

Relationships for First Minus
Print name of taxpayer from line 1 if other than individual

Signature	<input type="text"/>
Print Name	<input type="text"/>
PIN Number	<input type="text"/>

Date _____ **Title (if applicable)** _____

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
 - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
 - k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230.
 - l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
b	Texas	Cynthia A. Cox	12/10/09
b	Texas	Brenda C. Parker	12/31/09