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Form 990-EZ

Department of the Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2007**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 2007 calendar year, or tax year beginning _____, and ending _____**B Check if applicable**

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type.
See Specific Instructions.

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****E Telephone number**

City or town, state or country, and ZIP + 4

Spring TX 77380**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 527**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 ► \$ **88,840******Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)**

Revenue	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)</p> <p>6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1)</p> <p>b Less direct expenses other than fundraising expenses</p> <p>c Net income or (loss) from special events and activities Subtract line 6b from line 6a</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>b Less cost of goods sold</p> <p>c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a</p> <p>8 Other revenue (describe ►)</p> <p>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 82,903</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5a</p> <p>5b</p> <p>6a</p> <p>6b</p> <p>7a</p> <p>7b</p> <p>8</p> <p>9</p>
Expenses	<p>10 Grants and similar amounts paid (attach schedule) See Statement 1</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ► See Statement 2)</p> <p>17 Total expenses. Add lines 10 through 16 ► 23,825</p>	<p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p>
Net Assets	<p>18 Excess or (deficit) for the year Subtract line 17 from line 9 APR 30 2010</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (attach explanation)</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20 ► 55,004</p>	<p>18</p> <p>19</p> <p>20</p> <p>21</p>

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 60 of the instructions)	<p>(A) Beginning of year</p> <p>9,618</p>	<p>(B) End of year</p> <p>9,790</p>
22 Cash, savings, and investments	22	22
23 Land and buildings	23	2,896
24 Other assets (describe ►)	24	
25 Total assets	9,618	12,686
26 Total liabilities (describe ► See Statement 3)	4,640	5,847
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,978	6,839

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

Form 990-EZ (2007)

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Form 990-EZ (2007) Relationships for Christ Ministries 22-3877546

Page 2

Part III Statement of Program Service Accomplishments (See page 60 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 45,266**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 25,322**30 Training church pastors & equipping local churches for leadership, church growth and evangelism.**(Grants \$) If this amount includes foreign grants, check here ► 30a 2,646**31 Other program services (attach schedule) See Statement 5**(Grants \$ 1,730) If this amount includes foreign grants, check here ► 31a 1,910**32 Total program service expenses. Add lines 28a through 31a**

► 32 75,144

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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		
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 instr	► 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			

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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>	40b	Yes	No	
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	40e	<input checked="" type="checkbox"/>		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	<input type="checkbox"/>		
d	Enter amount of tax on line 40c reimbursed by the organization	40e	<input type="checkbox"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	<input checked="" type="checkbox"/>		
41	List the states with which a copy of this return is filed ► <u>TX</u>				
42a	The books are in care of ► Timothy Vowell	Telephone no	►		
	25219 Glen Loch Dr.				
	Located at ► Spring, TX	ZIP + 4	► 77380		
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)?	42b	Yes	No	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ► _____	42c	<input type="checkbox"/>		
	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.?	42c	<input checked="" type="checkbox"/>		
	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	43	► <input type="checkbox"/>		

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				
	<i>Timothy Vowell</i> <u>4/19/2010</u>				
Signature of officer		Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Instr. X)	
Timothy Vowell			<input type="checkbox"/>	456-13-8832	
Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Instr. X)	
	► Cynthia A. Cox, CPA	1/05/10	<input type="checkbox"/>	456-13-8832	
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ►			
► Cynthia A Cox, CPA					
► 21960 Highway 242					
► New Caney, TX 77357					
		Phone no ► 281-399-8153			

Form 990-EZ (2007)

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

2007**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 1 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) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and 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) 2007

Part III Statements About Activities (See page 2 of the instructions)			Yes	No
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)		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 8 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)(ii) **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 8 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
Total				►

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	87,033	34,908	13,208	5,531	140,680
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18	13	3		34
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	87,051	34,921	13,211	5,531	140,714
24 Line 23 minus line 17	87,051	34,921	13,211	5,531	140,714
25 Enter 1% of line 23	871	349	132	55	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	► 26a	2,814
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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	► 26b	2,557	
c Total support for section 509(a)(1) test Enter line 24, column (e)	► 26c	140,714	
d Add Amounts from column (e) for lines 18 34 19 22 26b 2,557	► 26d	2,591	
e Public support (line 26c minus line 26d total)	► 26e	138,123	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	► 26f	98.1587 %	

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
	(2006) (2005) (2004) (2003)	
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	
(2006) (2005) (2004) (2003)		
c Add Amounts from column (e) for lines 15 16 17 20 21 and line 27b total	► 27c	
d Add Line 27a 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 2003 through 2006, 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)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

N/A	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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		

Special Events Schedule

Name Relationships for Christ Ministries Inc.	Employer Identification Number 22-3877546
---	---

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>5,730</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,730</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>5,730</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,730</u>
Less direct expenses	<u>2,128</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,128</u>
Net income (loss)	<u>3,602</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,602</u>

Description (A) Fundraisers

(B) _____

(C) _____

Others _____

RFCM Relationships for Christ Ministries
22-3877546
FYE: 12/31/2007

1/5/2010 2:24 PM

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					\$ 1,730	\$ 1,730	\$ 0	\$ 0	
Total					\$ 1,730	\$ 1,730	\$ 0	\$ 0	

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

Description	Amount
	\$
Expenses	
Supplies	1,612
Supplies	902
Supplies	94
Travel	1,725
Travel	965
Travel	100
Conference	377
Conference	211
Conference	22
Interest	619
Interest	346
Interest	37
Office expense	558
Office expense	312
Office expense	33
Impact Conferences	27,287
Project Samuel	15,265
Teaching ministry	1,595
Insurance	405
Insurance	227
Insurance	24
Dues, subscriptions, Ref.	827
Dues, subscriptions, Ref.	462
Dues, subscriptions, Ref.	48
Miscellaneous expenses	327
Miscellaneous expenses	183
Miscellaneous expenses	19
Volunteer appreciation	261
Volunteer appreciation	146
Volunteer appreciation	15
Total	\$ <u>55,004</u>

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

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,384	\$ 1,653
Mortgage and Other Notes Payable	3,256	4,194
Total	\$ <u>4,640</u>	\$ <u>5,847</u>

Federal Statements

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

Description

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 12/31/2007

1/5/2010 2 24 PM

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
Building	\$ _____	\$ _____	\$ 3,076	\$ 180
Total	\$ _____ 0	\$ _____ 0	\$ 3,076	\$ 180

Federal Statements**Special Events Direct Expenses**

Description	Amount
Column A	\$
Fundraisers	
Food for Fundraisers	2,128
SubTotal	2,128
Total	<u>2,128</u>

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

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Federal Statements

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	40	17,400	0	0
Melissa Vowell 25219 Glen Loch Dr. Spring TX 77380	Treasurer	25	4,500	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
Scott Hescht 29341 Legends Green Dr. Spring TX 77386	Board Member	2	0	0	0

Forms 990 / 990-EZ Return Summary

For calendar year 2007, or tax year beginning _____, and ending _____

**Relationships for Christ Ministries 22-3877546
Inc.****Net Asset / Fund Balance at Beginning of Year** 4,978**Revenue**

Contributions	<u>82,903</u>
Program service revenue	<u> </u>
Investment income	<u>207</u>
Capital gain / loss	<u> </u>
Special events	<u> </u>
Gross revenue	<u>5,730</u>
Direct expenses	<u>2,128</u>
Net income	<u>3,602</u>
Other income	<u> </u>
Total revenue	<u>86,712</u>

Expenses

Program services	<u> </u>
Management and general	<u> </u>
Fundraising	<u> </u>
Payments to affiliates	<u> </u>
Total expenses	<u>84,851</u>
Excess / (deficit)	<u>1,861</u>

Other changes _____

Net Asset / Fund Balance at End of Year 6,839**Reconciliation of Revenue**

Total revenue per financial statements	<u> </u>
Less	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u> </u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u> </u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>9,618</u>	<u>12,686</u>	
Liabilities	<u>4,640</u>	<u>5,847</u>	
Net assets	<u>4,978</u>	<u>6,839</u>	<u>1,861</u>

Miscellaneous Information

Amended return	<u> </u>
Return / extended due date	<u>5/15/08</u>
Failure to file penalty	<u> </u>