

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 **2007**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
African Leadership and Reconciliation Ministries of Texas
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
13154 Coit Road 102
 City or town, state or country, and ZIP + 4
Dallas, Texas 75240-5787

D Employer identification number
31 1660877

E Telephone number
(972) 671-8522

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **www.alarm-inc.org**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,487,963**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization, covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				2,487,963							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 2,487,963 noncash \$)										2,487,963	
2 Program service revenue including government fees and contracts (from Part VII, line 93)											
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments											
5 Dividends and interest from securities											
6a Gross rents		6a									
b Less: rental expenses				6b							
c Net rental income or (loss). Subtract line 6b from line 6a										6c	
7 Other investment income (describe ▶)										7	
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less: cost or other basis and sales expenses				8a							
c Gain or (loss) (attach schedule)				8b							
d Net gain or (loss). Combine line 8c, columns (A) and (B)				8c						8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ of contributions reported on line 1b)				9a							
b Less: direct expenses other than fundraising expenses				9b							
c Net income or (loss) from special events. Subtract line 9b from line 9a										9c	
10a Gross sales of inventory, less returns and allowances				10a							
b Less: cost of goods sold				10b							
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c	
11 Other revenue (from Part VII, line 103)										11	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										2,487,963	
13 Program services (from line 44, column (B))										2,290,648	
14 Management and general (from line 44, column (C))										113,949	
15 Fundraising (from line 44, column (D))										78,726	
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)										2,483,323	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										4,640	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										20,851	
20 Other changes in net assets or fund balances (attach explanation)											
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										25,491	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	92,016	64,411	4,601	23,004
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	149,228	93,221	37,363	18,644
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	18,717	14,438	1,185	3,094
30	Professional fundraising fees	30				
31	Accounting fees	31	290		290	
32	Legal fees	32				
33	Supplies	33	9,491		9,491	
34	Telephone	34	22,113	13,013	5,290	3,810
35	Postage and shipping	35	6,445		5,247	1,198
36	Occupancy	36	16,910	11,825	2,551	2,534
37	Equipment rental and maintenance	37				
38	Printing and publications	38	10,094		3,152	6,942
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	823		823	
43	Other expenses not covered above (itemize):					
a	See Statement 1	43a	2,157,196	2,093,739	43,956	19,500
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,483,323	2,290,647	113,949	78,726

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 3 (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,290,648
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	2,290,648

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	130,960	45	194,478
	46 Savings and temporary cash investments	10,557	46	16,364
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,848	53	45,085
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a	10,580	
b Less: accumulated depreciation (attach schedule). See Statement 4	57b	(8,429)	2,538	2,151
58 Other assets, including program-related investments (describe ▶)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		146,903	59	258,078
Liabilities	60 Accounts payable and accrued expenses	126,052	60	232,587
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65		126,052	66	232,587
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	20,851	72	25,491
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		20,851	73	25,491
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		146,903	74	258,078

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	3
91a	The books are in care of Corporation Telephone no. (972) 671-8522 Located at 13154 Coit Road # 102, Dallas, TX ZIP + 4 75240-5787		
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, Report of Foreign Bank and Financial Accounts.	91b	Yes No ✓

Part VI Other Information (continued)

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
- If "Yes," enter the name of the foreign country ▶ _____
- 92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					N/A
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					N/A

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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.

Please Sign Here
 Signature of officer: Celestin Musekura Date: 4/29/2008
 Type or print name and title: Celestin Musekura, President

Paid Preparer's Use Only
 Preparer's signature: David A. Beck Date: 4/23/2008 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): 309-50-8968
 Firm's name (or yours if self-employed), address, and ZIP + 4: David A. Beck EIN:
ALARM, Inc. - Director of Finance and Administration Phone no.: (972) 671-8522

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

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 African Leadership and Reconciliation Ministries of Texas	Employer identification number 31 1660877
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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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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
N/A		

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
N/A		

Total number of other contractors receiving over \$50,000 for other services ▶

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.)

Table with 2 columns: Yes, No. Row 1: Yes (blank), No (checked).

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?

Table with 2 columns: Yes, No. Row 2a: Yes (blank), No (checked).

b Lending of money or other extension of credit?

Table with 2 columns: Yes, No. Row 2b: Yes (blank), No (checked).

c Furnishing of goods, services, or facilities?

Table with 2 columns: Yes, No. Row 2c: Yes (blank), No (checked).

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A Form 990

Table with 2 columns: Yes, No. Row 2d: Yes (checked), No (blank).

e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Row 2e: Yes (blank), No (checked).

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.)

Table with 2 columns: Yes, No. Row 3a: Yes (blank), No (checked).

b Did the organization have a section 403(b) annuity plan for its employees?

Table with 2 columns: Yes, No. Row 3b: Yes (blank), No (checked).

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

Table with 2 columns: Yes, No. Row 3c: Yes (blank), No (checked).

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

Table with 2 columns: Yes, No. Row 3d: Yes (blank), No (checked).

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

Table with 2 columns: Yes, No. Row 4a: Yes (blank), No (checked).

b Did the organization make any taxable distributions under section 4966?

Table with 2 columns: Yes, No. Row 4b: Yes (N/A), No (blank).

c Did the organization make a distribution to a donor, donor advisor, or related person?

Table with 2 columns: Yes, No. Row 4c: Yes (N/A), No (blank).

d Enter the total number of donor advised funds owned at the end of the tax year ▶

Table with 2 columns: Yes, No. Row 4d: Yes (N/A), No (blank).

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

Table with 2 columns: Yes, No. Row 4e: Yes (N/A), No (blank).

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 ▶

Table with 2 columns: Yes, No. Row 4f: Yes (blank), No (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 ▶

Table with 2 columns: Yes, No. Row 4g: Yes (blank), No (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)(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 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
			Yes	No	
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.)	1,662,372	1,250,608	1,109,564	706,786	4,729,330
16 Membership fees received					
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					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,662,372	1,250,608	1,109,564	706,786	4,729,330
24 Line 23 minus line 17	1,662,372	1,250,608	1,909,564	706,786	4,729,330
25 Enter 1% of line 23	16,624	12,506	19,096	7,068	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 94,587
	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 178,782
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 4,729,330
	d Add: Amounts from column (e) for lines: 18 _____ 19 _____				
		22 _____	26b 178,782		26d 178,782
	e Public support (line 26c minus line 26d total)				26e 4,550,548
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 96.22 %
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:				
	(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:				
	(2006)	(2005)	(2004)	(2003)	
	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 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.					

Statement 1
Form 990, Part II, Line 43
Other Expense

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
Auto Expense - Gas	1,916	-	1,916	-
Auto Expense - Mileage	621	-	621	-
Bank Fees	(840)	-	(840)	-
Books & Subscriptions	5,643	-	3,760	1,883
Dues & Subscriptions	2,263	-	2,263	-
Fund Raising - Travel	9,383	-	602	8,780
Independent Contract	1,650	500	50	1,100
Insurance Expense	1,644	-	1,644	-
Internet Costs	2,149	123	2,010	16
Medical Insurance - Officer	13,928	9,600	1,201	3,127
Medical Insurance - Other	18,851	9,770	6,873	2,207
Medical Reimbursements	3,913	-	3,554	360
Ministry Expense outside the U.S.	2,043,455	2,043,455		
Miscellaneous	1,306	-	1,306	-
Payroll Processing Fees	1,506	1,264	(29)	271
Travel & Ent - Entertainment	3,045	-	1,289	1,756
Travel & Ent - Other	35,743	29,027	6,717	-
Travel & Ent - Travel	11,019	-	11,019	-
	<u>2,157,196</u>	<u>2,093,739</u>	<u>43,956</u>	<u>19,500</u>

Statement 2
Form 990, Part III
Organizations Primary Exempt Purpose

Promote a partnership among African Believers and other Christians throughout the world to establish and strengthen Indigenous African Christian churches.

Statement 3
Form 990, Part III, Line A
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expense
Promote African Christian Missions, encourage reconciliation between tribal peoples of Africa, relief for pastors' families and payment to support these efforts in Africa. ALARM provides pastoral leadership and enrichment and conflict resolution training in various African countries to establish its goals.		
Includes Foreign grants:	NO	2,290,648
		<u>2,290,648</u>

Statement 4
Form 990, Part IV, Line 57
Land Buildings, and Equipment
(SEE PAGE 3 FOR DETAILS)

Category	Basis	Accum. Depreciation	Book Value
Machinery & Equipment	10,580	8,429	2,151

Statement 5
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

	Title / Average Hours / WK	Contribution to Expense		
		Compensatio EBP & DC	Acct / other	
Rev. Celestin Musekura PO Box 740337 Dallas, TX 75374	President Full Time	92,016	1,201	0
Greg Gilkerson PO Box 740337 Dallas, TX 75374	Board Secretary	0	0	0
Steve Roese PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Marla Webb PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Joe Hanson PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Gary DeSalvo PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Joe Head PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Meredith Wheeler PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
Ruth Calver PO Box 740337 Dallas, TX 75374	Board Member	0	0	0
		<u>92,016</u>	<u>1,201</u>	<u>0</u>

2007 FEDERAL BOOK DEPRECIATION SCHEDULE

12/31/2007
2007

Federal Statements
African Leadership and Reconciliation
Ministries of Texas

31-1160877

	Date	Method	Years	December 31, 2006			December 31, 2007			
				Cost	A/Depn	Net	Cost	Depm	A/Depn	Net
Computer	1/1/2002	SL	5	1826	1826	0	1826	0	1826	0
Computer Dallas	2/6/2002	SL	5	2872	2823	50	2872	50	2872	0
Computer	8/15/2002	SL	5	2642	2332	310	2642	310	2642	0
Office Furniture Dallas	6/30/2003	SL	5	500	350	150	500	100	450	50
Software Dallas	11/1/2006	SL	5	2305	276	2029	2305	276	552	1753
AP BILL Copier/Printer	2/7/2007	SL	5				435	87	87	348
				10,145	7,607	2,539	10,580	823	8,429	2,151