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 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2007, and ending For the 2007 calendar year, or tax year beginning 20 D Employer Identification number C Name of organization B Check if applicable Please 38 Thomas R. Altemus Ministries Inc. 3714239 Address change label or Number and street (or P O box if mail is not delivered to street address) E Telephone number print of Name change 13907 Montfort Drive. (469) 360-8300 Initial return City or town, state or country, and ZIP + 4 F Accounting method: ✓ Cash ☐ Accrual Termination Instruc Dallas Texas 75240 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► ✓ 501(c) (3) < (Insert no) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list See instructions) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No receipts are normally not more than \$25,000 A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return Check ▶ ☐ If the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds . . . 35122 1h **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . **d** Government contributions (grants) (not included on line 1a) 35122 1e e Total (add lines 1a through 1d) (cash \$__ _ noncash \$_ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities . . . 6a 6a Gross rents **b** Less: rental expenses . . . 6c c Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe ▶ (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule) 8d d Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupa Gross revenue (not including \$ contributions reported on line 1b) **b** Less, direct expenses other than fundraising expenses 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 10a 10a Gross sales of inventory, less returns and allowances . . . 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 11 Other revenue (from Part VII, line 103) 35122 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 13 Program services (from line 44, column (B)) . 13 14 Management and general (from line 44, column (C)) 14 OSC 15 Fundraising (from line 44, column (D)) 15 16 16 Payments to affiliates (attach schedule) . . . က် Total expenses. Add lines 16 and 44, column (A) 17 17 14008 Excess or (deficit) for the year. Subtract line 17 from In 12 DEN . U.T 18 Assets 18 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 20 Other changes in net assets or fund balances (attach explanation). Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

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	Do not include amounts reported on line	7	/A) =	(B) Program	(C) Management	(D) E
_	6b, 8b, 9b, 10b, or 16 of Part I.	-	(A) Total	services	and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)	7 202				
	If this amount includes foreign grants, check here				-	
b	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$) If this amount includes foreign grants, check here \blacktriangleright] 22b				
		, <u></u>		<u>-</u>	1	
	Specific assistance to individuals (attach schedule)	23				
,	Benefits paid to or for members (attach schedule)	24				managa anda andaranda di terra
а	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	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) Salaries and wages of employees not included	25c				
	on lines 25a, b, and c					
,	Pension plan contributions not included on lines 25a, b, and c	27				
}	Employee benefits not included on lines 25a – 27	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31		_		
	Legal fees	32				
	Supplies	33	756			
	Telephone	34	3712			
	Postage and shipping	35	66			
;	Occupancy	36	93			
	Equipment rental and maintenance					
	Printing and publications	38	34			
	Travel	39	3990			
ı	Conferences, conventions, and meetings	40	362			
	Interest	41				ļ
!	Depreciation, depletion, etc. (attach schedule)	42				
}	Other expenses not covered above (itemize).					
а	Computer, website and internet	43a	1005			
b	Meals and drinks	43b	257			
С	Benevolence for non-members	43c	3916		 	
d	Contract labor	43d	1560			
е	Bank and other fees	43e	209		-	
f		43f				1
g		43g				
ŀ	Total functional expenses. Add lines 22a through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines		15960			
	13-15)		19900			ш

Dago	-3
Page	v

(Grants and allocations \$

Part III State	ement of Program S	Service Accomplishments (See the instructions.)	
particular organiz	zation. How the public erefore, please make s	ction and, for some people, serves as the primary or sole source of info perceives an organization in such cases may be determined by the information of the perceives and complete and accurate and fully describes, in Part III, the	nation presented
What is the orga	nızation's primary exer	mpt purpose? Network inner city ministries and churches	Program Service
All organizations r of clients served,	must describe their exer publications issued, etc		Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
established cl	hurches and small house	panized a group called Pray Dallas, a group of ministers from both large churches in the Dallas Metroplex to pray and take other action to propagate to inner city people of all ages.	
(Grants and a	allocations \$	see page 2) If this amount includes foreign grants, check here ▶ □	see page 2
h Thomas R. Alt	emus Ministries Inc. org	panized an organization called Back to Acts Community Fellowship, that has a	
		ship for senior citizens in retirement homes and shut ins in home.	
(Grants and a	allocations \$) If this amount includes foreign grants, check here ▶ □	
с			
(Grants and a	allocations \$) If this amount includes foreign grants, check here ▶ □	
d			
(Grants and a	allocations \$) If this amount includes foreign grants, check here ▶ ☐	
e Other progra	m services (attach sch	nedule)	

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

) If this amount includes foreign grants, check here

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Pa	rt IV	Balance Sheets (See the instructions.	.)				
	_	Where required, attached schedules and amounts column should be for end-of-year amounts only	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			0	45	5008
	46	Savings and temporary cash investments .				46	9000
	47-	A	47a				
		Accounts receivable	47b			47c	
	D	Less: allowance for doubtful accounts.	1.0				
	AR a	Pledges receivable	48a				
	ľ	Less: allowance for doubtful accounts .	48b			48c	
	49	Grants receivable				49	
		Receivables from current and former officers					
	004	key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495	as defi	ned under section		50b	
	510	Other notes and loans receivable (attach	0(0)(0)(1	b) (attach schedule)			
ম	Sia	schedule)	51a				
Assets	b		51b			51c	
Ä		Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges .				53	<u></u>
	54a	Investments—publicly-traded securities				54a	
		Investments—other securities (attach schedu				54b	
		Investments—land, buildings, and equipment: basis	55a				
	ь	Less: accumulated depreciation (attach				<u></u> -	
		schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	l	Land, buildings, and equipment: basis .	57a				
	ь	Less: accumulated depreciation (attach schedule)	57b			57c	
	58	Other assets, including program-related inve					
		(describe >				58 59	14008
	59	Total assets (must equal line 74). Add lines			4043		14000
	60	Accounts payable and accrued expenses .				61	
	61	Grants payable			_	62	
S	62	Deferred revenue			-	-	····
lities	63	Loans from officers, directors, trustees, and schedule)	•			63	
Liabil	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ë		Mortgages and other notes payable (attach				64b	
	65	Other liabilities (describe ▶			_	65	
_	66			<u> </u>	4043	66	0
(D	Orga	anizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74.	► ∐ a	and complete lines			
čė	67	Unrestricted				67	
lan	68	Temporarily restricted			<u> </u>	68	
8	69	Permanently restricted				69	
or Fund Balances	Orga	anizations that do not follow SFAS 117, check complete lines 70 through 74.	k here	▶ ☐ and			
<u>o</u>	70	Capital stock, trust principal, or current fund	ls.			70	<u>.</u>
	71	Paid-in or capital surplus, or land, building,				71	
Net Assets	72	Retained earnings, endowment, accumulated			<u> </u>	72	
Ę	73	Total net assets or fund balances. Add line	es 67 t	hrough 69 or lines			
Ž		70 through 72. (Column (A) must equal line		·			
	 	equal line 21)				73	14008
	74	Total liabilities and net assets/fund balance	es. Add	ines 66 and 73	Ī	74	14008

Pa	Reconciliation of Revenue per Audinstructions.)	dited Financial State	ements With Re	venue pe	er Return (S	See the
a b	Total revenue, gains, and other support per audi Amounts included on line a but not on Part I, lin		nts		a	
1	Net unrealized gains on investments		_b1		4	
2	Donated services and use of facilities		b2		4	
3	Recoveries of prior year grants		_b3		4	
4	Other (specify):		1			
	Add lines b1 through b4				b	
С	Subtract line b from line a				_ c	
d	Amounts included on Part I, line 12, but not on	line a:			1 1	
1	Investment expenses not included on Part I, line	e 6b	d1		↓	
2	Other (specify):		.			
	Add lines d1 and d2				<u>d</u>	
е	Total revenue (Part I, line 12). Add lines c and c				e Determ	
Pa	rt IV-B Reconciliation of Expenses per Au				1 1	
а	Total expenses and losses per audited financial				_a	
b	Amounts included on line a but not on Part I, lin		l ball			
1	Donated services and use of facilities		b1 b2		-	
2	Prior year adjustments reported on Part I, line 2			-	1 1	
3	Losses reported on Part I, line 20				╣	
4	Other (specify).		1			
	Add Las IA the set LA				 b	
_	Add lines b1 through b4				c	
C						
d	Amounts included on Part I, line 17, but not on Investment expenses not included on Part I, line		d1			
1					7	
2	Other (specify):		ומו			
e					d	
	rt V-A Current Officers, Directors, Trustee or key employee at any time during the y	s, and Key Employe	ees (List each pers	on who wa	as an officer,	director, trustee,
	(A) Name and address	(B) Title and average hours week devoted to positi		er benefit p	rtions to employee lans & deferred nsation plans	(E) Expense account and other allowances
The	omas R. Altemus	President /30				
139	907 Montfort Drive, Suite 125, Dallas, Texas 75240		57	0	0	0
Jen	nifer Altemus	Trustee				
139	907 Montfort Drive, Suite 125, Dallas, Texas 75240			0	0	0
	bbie T. Burton	Trustee			_	
804	Craig Drive, Mesquite Texas 75181			0	0	0
				 		
		 		-		
				<u> </u>		

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Par	V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organization	n business at board			
	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		
	Do any officers, directors, trustees, or key of compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, that the definition of "related organization."	Part I, or highest co Part II-A or II-B, rec at are related to the or rmation described in	ompensated proficeive compensations See	essional and other on from any other the instructions for	75c		√
	Does the organization have a written conflict of in V-B Former Officers, Directors, Trustees, and				75d	V	
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the ye	ear, lis	ormer st tha
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other
						_	
			_				
		<u> </u>					
Par	t VI Other Information (See the instruction	ns.)	· -			Yes	No
76					76		1
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change		it not reported to	the IRS?	77		1
	Did the organization have unrelated business grothis return?	oss income of \$1,000	or more during	the year covered by	78a 78b		1
h	If "Yes" has it filed a tax return on Form 990-T 1	Or INIS VEST				1	1

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76		<u>√</u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u>√</u>
•	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u>/</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		1
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	- ~	✓
b	If "Yes," enter the name of the organization ▶ and check whether it is □ exempt or □ nonexempt			
	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b		1

	Р	age 7
	Yes	No
2a		✓
Ba	· 🗸	
ď	✓	
la_		✓
₽ ₽		
ā		
5b		
og		
5h		
 Ba		

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Par	t 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?	82a		1
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.)	:		
020	(See instructions in Part III.)	83a	· / ·	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		√
	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?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
С	Dues, assessments, and similar amounts from members			ł
	Section 162(e) lobbying and political expenditures			ł
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	}		ł
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g		
_				
11	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	_		L
	following tax year?	85h		<u> </u>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	-		1
	Gross receipts, included on line 12, for public use of club facilities	ł		1
87	Conto, (12) orga. Enter: a gross mostle from members of shareholders	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
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		1
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	89b		
	a statement explaining each transaction	000		<u> </u>
С	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			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		_	-,-
	transaction?	89e	<u> </u>	1
	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		-
9	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		
QNa	at any time during the year?		1	<u> </u>
	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions)			0
91a	The books are in care of ► Thomas R. Alternus Located at ► 13907 Montfort Drive, Suite 105, Dallas Texas ZIP + 4 ►	3(040	60-830	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Dak	Yes	No.
	account)?	91b		
	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.			

90 (200	<u> </u>							age (
VI							Yes	No
At a	ny time during the calendar year, did the	organization ma	untain an office	outside of the	United States?	91c		✓
If "Y	es," enter the name of the foreign counti	γ▶		• • - • • • • • • • • • • • • • • •				
	ion 4947(a)(1) nonexempt charitable trust							▶ L
	enter the amount of tax-exempt interest				▶ 92			-
	Analysis of Income-Producing Ac				C10 C10 as E14		(E)	
	r gross amounts unless otherwise		ousiness income	T	tion 512, 513, or 514	Re	(E) elated	or
ted.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		ipt fur ncom	
Pro	gram service revenue:				7	<u>'</u>		
		_		-				
	·		- 	- 		 		
		_						
<u></u>	diagram / A Andronid and management			 				
	dicare/Medicaid payments			1				
	s and contracts from government agence mbership dues and assessments			-	-			
	rest on savings and temporary cash investmen	te						
	idends and interest from securities.	13					•	
	rental income or (loss) from real estate:							
	ot-financed property							
	debt-financed property							
	rental income or (loss) from personal property	v						
	er investment income							
	or (loss) from sales of assets other than invento	rv						
	income or (loss) from special events .							
	oss profit or (loss) from sales of inventory	,						
Oth	er revenue: a					<u> </u>		
-						ļ		
			 		_	ļ 		
	ototal (add columns (B), (D), and (E)) .					<u></u>		
	al (add line 104, columns (B), (D), and (E				. •			
	e 105 plus line 1e, Part I, should equal th			(0				
VIII	<u> </u>					-		
No.	Explain how each activity for which incolor of the organization's exempt purposes (continuous for the organization).				importantly to the	acco	mplist	nmei
<u> </u>	or the organization a exempt purposes (c	The thair by provi	ding rands for suc	- parposcoj.				
_			· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·						
				·				
t IX	Information Regarding Taxable Su	bsidiaries and D	isregarded Ent	ities (See the	instructions.)			
	(A) ne, address, and EIN of corporation,	(B)	(C		(D)	Ι	(E)	_
Nan	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of		Total income	Er	d-of-y asset	
	and the second s	%		· ·				
_		%				1		
		%				T	-	
		%				1		
t X	Information Regarding Transfers Ass		rsonal Benefit C	ontracts (See	the instructions.)	•		
	the organization, during the year, receive any funds,						es V	71 No
Did	I the organization, during the year, receive any lunds,	emiums, directly	or indirectly. on	a personal be	enefit contract?			
	"Yes" to (b), file Form 8870 and Form 4						- - u	

Part	Information Regarding 1 is a controlling organization			complete only if the o	rganiz	ation
106	Did the reporting organization ma the Code? If "Yes," complete the	ke any transfers to a contr	olled entity as defined in	section 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o		er
а						
b						
С						
-	Totals					
		<u> </u>			Yes	No
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"					1
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o		er
а						
b						
С						
	Totals					
108	Did the organization have a bindi			vering the interest,	Yes	No ✓
Pleas Sign Here	Under penalties of perjury, I declare that and belief, it is true, correct, and complete see Signature of officer	have examined this return, including the Declaration of preparer (other to	a accompanying schedules and	statements, and to the best of mation of which preparer has	f my kno any kno	wledge
	Type or print name and title	70(6/103				
Paid Prepar	Preparer's signature		Date Check if self- employed	Preparer's SSN or PTIN ▶ □	(See Gen	Inst X)
Prepar Use O	nly if self-employed J Hamilton	McMenamy PC las Ave, Suite 850, Dallas Tex			17861 <u>1</u> 706-093	8
			-			