

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
ART VENUES DALLAS- THE MAC, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3120 MC KINNEY AVE.
 City or town, state or country, and ZIP + 4
DALLAS, TX 75204

D Employer identification number
75 2528433

E Telephone number
 (**214**) **953-1212**

F Accounting method: Cash Accrual
 Other (specify) ▶

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 ▶

G Website: ▶ **www.the-mac.org**

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

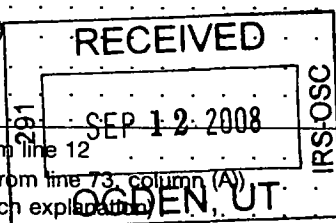
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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		
Revenue	1 Contributions, gifts, grants, and similar amounts received:											
	a Contributions to donor advised funds		46596.34									
	b Direct public support (not included on line 1a)											
	c Indirect public support (not included on line 1a)											
	d Government contributions (grants) (not included on line 1a)		8200.00									
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)									1e	54796.34	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)									2	14027.72	
	3 Membership dues and assessments									3	34892.11	
	4 Interest on savings and temporary cash investments									4	0	
	5 Dividends and interest from securities									5	0	
Revenue	6a Gross rents		0									
	b Less: rental expenses		0									
	c Net rental income or (loss). Subtract line 6b from line 6a									6c	0	
	7 Other investment income (describe ▶ _____)									7	0	
	8a Gross amount from sales of assets other than inventory	(A) Securities	0		(B) Other	0						
		b Less: cost or other basis and sales expenses	0		8a	0						
		c Gain or (loss) (attach schedule)	0		8b	0						
		d Net gain or (loss). Combine line 8c, columns (A) and (B)	0		8c	0					8d	0
	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)		0								
		b Less: direct expenses other than fundraising expenses		0								
c Net income or (loss) from special events. Subtract line 9b from line 9a										9c	0	
10a Gross sales of inventory, less returns and allowances			4509.84									
10b Less: cost of goods sold		1050.99										
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a									10c	3458.85	
	11 Other revenue (from Part VII, line 103)									11	0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11									12	107175.02		
Expenses	13 Program services (from line 44, column (B))									13	42815.83	
	14 Management and general (from line 44, column (C))									14	47701.43	
	15 Fundraising (from line 44, column (D))									15	11601.29	
	16 Payments to affiliates (attach schedule)									16	0	
	17 Total expenses. Add lines 16 and 44, column (A)									17	102118.55	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12									18	5056.47	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))									19	-156.59	
	20 Other changes in net assets or fund balances (attach explanation)									20	0	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20									21	4900.15	



SCANNED SEP 30 2008

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"/>	0			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	47829.04	14713.10	32355.94	760.00
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0			
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)	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	0			
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	10644.36	2475.22	7334.95	854.19
30	Professional fundraising fees	0			
31	Accounting fees	2340.99		2340.99	
32	Legal fees	1657.09	1657.09		
33	Supplies	0			
34	Telephone	1050.99	307.58		743.19
35	Postage and shipping	3532.10	1177.38	0	2354.72
36	Occupancy	0			
37	Equipment rental and maintenance	58.46	58.46		
38	Printing and publications	4105.50	1368.50	0	2737.0
39	Travel				
40	Conferences, conventions, and meetings	364.55		365.55	
41	Interest	1097.88	1097.88		
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a	EXHIBIT MATERIALS	13812.25	11052.75	0	2759.50
b	INSURANCE	11532.90	6228.90	5304.00	0
c	BANK FEES	154.00	154.00		
d	PHOTOGRAPHY	750.00	750.00		
e	FOOD FOR EXHIBITS	1561.36	780.68	0	780.68
f	DUES-SUBSCRIPTIONS	1606.29	994.29		612.00
g	SECURITY AT EVENTS				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	102,118.55	42,815.83	47,701.43	11,601.29

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 ARTS AND CULTURE AND HUMANITIES PROGRAMS:DARE THROUGH THE MAC (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	102118.55
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). . . . ▶	102,118.55

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	9532.80	45	1560.20
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c	0
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable		49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	0
	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	0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	0
	53 Prepaid expenses and deferred charges		53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	
	56 Investments—other (attach schedule)		56	0
	57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ►)		58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	9532.80	59	1560.20	
Liabilities	60 Accounts payable and accrued expenses	9376.21	60	4562.30
	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 ► PAYROLL LIBAILTIES)		65	632.50
66 Total liabilities. Add lines 60 through 65	9376.21	66	5194.48	
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	-156.59	67	-3002.10
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		72	
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)	-156.59	73	-3002.10	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9219.62	74	2192.38	

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

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** |

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:					
a _____					14027.72
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					34892.11
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					3458.85
103 Other revenue: a _____					
b _____					0
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					52,378.65

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).

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
	%			
	%			
	%			
	%			

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	----- -----			
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	----- -----			
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 *Liliana Bloch* 18-30-07
 Signature of officer Date

Liliana Bloch, Temp Director Pro-ten
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		