

# Return of Organization Exempt From Income Tax

# 2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**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  
**AND/OR GALLERY**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4221 BRYAN ST. B**  
 City or town, state or country, and ZIP + 4  
**DALLAS, TX 75204**

**D** Employer identification number  
 \_\_\_\_\_

**E** Telephone number  
 ( **214** ) **824-2442**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶ \_\_\_\_\_

**G** Website: ▶ **WWW.ANDORGALLERY.COM**

**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 ▶ \_\_\_\_\_

**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).

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

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

|   |  |            |              |               |               |
|---|--|------------|--------------|---------------|---------------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received:                                       |            |              |               |               |
|   | <b>a</b> Contributions to donor advised funds  | <b>1a</b>  |              |               |               |
|   | <b>b</b> Direct public support (not included on line 1a)   | <b>1b</b>  |              | <b>9,000.</b> |               |
|   | <b>c</b> Indirect public support (not included on line 1a)   | <b>1c</b>  |              |               |               |
|   | <b>d</b> Government contributions (grants) (not included on line 1a)                                       | <b>1d</b>  |              |               |               |
|   | <b>e</b> Total (add lines 1a through 1d) (cash \$ <b>9000.</b> noncash \$ _____ )                          | <b>1e</b>  |              |               | <b>9000.</b>  |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)          | <b>2</b>   |              |               |               |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>   |              |               |               |
|   | <b>4</b> Interest on savings and temporary cash investments  | <b>4</b>   |              |               |               |
|   | <b>5</b> Dividends and interest from securities  | <b>5</b>   |              |               |               |
|   | <b>6a</b> Gross rents  | <b>6a</b>  |              |               |               |
|   | <b>b</b> Less: rental expenses   | <b>6b</b>  |              |               |               |
| <b>c</b> Net rental income or (loss). Subtract line 6b from line 6a   | <b>6c</b>  |            |              |               |               |
| <b>7</b> Other investment income (describe ▶ _____ )  | <b>7</b>   |            |              |               |               |
| <b>8a</b> Gross amount from sales of assets other than inventory  | (A) Securities   |            | (B) Other    |               |               |
|   |  | <b>8a</b>  |              |               |               |
|   |  | <b>8b</b>  |              |               |               |
|   |  | <b>8c</b>  |              |               |               |
| <b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)   | <b>8d</b>  |            |              |               |               |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |  |            |              |               |               |
| <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)  | <b>9a</b>  |            |              |               |               |
| <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9b</b>  |            |              |               |               |
| <b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a  | <b>9c</b>  |            |              |               |               |
| <b>10a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>   |            | <b>9707.</b> |               |               |
|   | <b>b</b> Less: cost of goods sold  | <b>10b</b> |              |               |               |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | <b>10c</b> |              |               | <b>9707.</b>  |
| <b>11</b> Other revenue (from Part VII, line 103)   | <b>11</b>  |            |              |               |               |
| <b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11   | <b>12</b>  |            |              | <b>18707.</b> |               |
| Expenses  | <b>13</b> Program services (from line 44, column (B))  | <b>13</b>  |              | <b>13817.</b> |               |
|   | <b>14</b> Management and general (from line 44, column (C))  | <b>14</b>  |              | <b>3694.</b>  |               |
|   | <b>15</b> Fundraising (from line 44, column (D))   | <b>15</b>  |              |               |               |
|   | <b>16</b> Payments to affiliates (attach schedule)   | <b>16</b>  |              |               |               |
|   | <b>17</b> Total expenses. Add lines 16 and 44, column (A)  | <b>17</b>  |              |               | <b>17511.</b> |
| Net Assets  | <b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12                                  | <b>18</b>  |              | <b>1196.</b>  |               |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                      | <b>19</b>  |              |               |               |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation)                                | <b>20</b>  |              |               |               |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20                         | <b>21</b>  |              |               | <b>1196.</b>  |

**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.)

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>  | <b>(A) Total</b> | <b>(B) Program services</b> | <b>(C) Management and general</b> | <b>(D) Fundraising</b> |
|---|------------------|-----------------------------|-----------------------------------|------------------------|
| <b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>22a</b>       |                             |                                   |                        |
| <b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>         | <b>22b</b>       |                             |                                   |                        |
| <b>23</b> Specific assistance to individuals (attach schedule)  | <b>23</b>        |                             |                                   |                        |
| <b>24</b> Benefits paid to or for members (attach schedule)   | <b>24</b>        |                             |                                   |                        |
| <b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A  | <b>25a</b> 1200. | 900.                        | 300.                              |                        |
| <b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B   | <b>25b</b>       |                             |                                   |                        |
| <b>c</b> 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)   | <b>25c</b>       |                             |                                   |                        |
| <b>26</b> Salaries and wages of employees not included on lines 25a, b, and c   | <b>26</b>        |                             |                                   |                        |
| <b>27</b> Pension plan contributions not included on lines 25a, b, and c  | <b>27</b>        |                             |                                   |                        |
| <b>28</b> Employee benefits not included on lines 25a – 27  | <b>28</b>        |                             |                                   |                        |
| <b>29</b> Payroll taxes   | <b>29</b>        |                             |                                   |                        |
| <b>30</b> Professional fundraising fees   | <b>30</b>        |                             |                                   |                        |
| <b>31</b> Accounting fees   | <b>31</b>        |                             |                                   |                        |
| <b>32</b> Legal fees  | <b>32</b>        |                             |                                   |                        |
| <b>33</b> Supplies  | <b>33</b> 1431.  | 1000.                       | 431.                              |                        |
| <b>34</b> Telephone   | <b>34</b> 720.   | 360.                        | 360.                              |                        |
| <b>35</b> Postage and shipping  | <b>35</b> 954.   | 954.                        |                                   |                        |
| <b>36</b> Occupancy   | <b>36</b> 6903.  | 5000.                       | 1903.                             |                        |
| <b>37</b> Equipment rental and maintenance  | <b>37</b> 1000.  | 800.                        | 200.                              |                        |
| <b>38</b> Printing and publications   | <b>38</b> 500.   | 500.                        |                                   |                        |
| <b>39</b> Travel  | <b>39</b> 2568.  | 2568.                       |                                   |                        |
| <b>40</b> Conferences, conventions, and meetings  | <b>40</b>        |                             |                                   |                        |
| <b>41</b> Interest  | <b>41</b>        |                             |                                   |                        |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)   | <b>42</b>        |                             |                                   |                        |
| <b>43</b> Other expenses not covered above (itemize):   |                  |                             |                                   |                        |
| <b>a insurance</b>  | <b>43a</b> 731.  | 731.                        |                                   |                        |
| <b>b other</b>  | <b>43b</b> 1504. | 1004.                       | 500.                              |                        |
| <b>c</b>  | <b>43c</b>       |                             |                                   |                        |
| <b>d</b>  | <b>43d</b>       |                             |                                   |                        |
| <b>e</b>  | <b>43e</b>       |                             |                                   |                        |
| <b>f</b>  | <b>43f</b>       |                             |                                   |                        |
| <b>g</b>  | <b>43g</b>       |                             |                                   |                        |
| <b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)                                     | <b>44</b> 17511. | 13817.                      | 3694.                             |                        |

**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? ►<br>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.) | <b>Program Service Expenses</b><br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|--|
| <b>a EXHIBITIONS: THE GALLERY HOLDS SEVEN FREE EXHIBITIONS ANNUALLY OF ARTWORK FROM TEXAS, NEW YORK, EUROPE, AND MEXICO. THE GALLERY FACILITATES COMMUNITY INTERACTION WITH THE ARTISTS BY PROVIDING AIR FARE, HOSTING TALKS, AND ORGANIZING PANEL DISCUSSIONS.</b><br><br>_____<br>_____<br>_____<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>    | <b>13317.</b>  |
| <b>b PERFORMANCES: THE GALLERY HOSTS FIVE FREE CONCERTS OF EXPERIMENTAL MUSIC AND PERFORMANCE ART EACH YEAR.</b><br><br>_____<br>_____<br>_____<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   | <b>500.</b>  |
| <b>c</b><br><br>_____<br>_____<br>_____<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |  |
| <b>d</b><br><br>_____<br>_____<br>_____<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |  |
| <b>e Other program services (attach schedule)</b><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |  |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►   |  |

**Part IV Balance Sheets** (See the instructions.)

|   |   | (A)<br>Beginning of year | (B)<br>End of year |
|---|---|--------------------------|--------------------|
| <b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.   |   |                          |                    |
| <b>Assets</b>   | <b>45</b> Cash—non-interest-bearing   |                          | <b>45</b>          |
|   | <b>46</b> Savings and temporary cash investments  |                          | <b>46</b>          |
|   | <b>47a</b> Accounts receivable  | <b>47a</b>               | <b>47c</b>         |
|   | <b>b</b> Less: allowance for doubtful accounts  | <b>47b</b>               |                    |
|   | <b>48a</b> Pledges receivable   | <b>48a</b>               | <b>48c</b>         |
|   | <b>b</b> Less: allowance for doubtful accounts  | <b>48b</b>               |                    |
|   | <b>49</b> Grants receivable   |                          | <b>49</b>          |
|   | <b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)   |                          | <b>50a</b>         |
|   | <b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) |                          | <b>50b</b>         |
|   | <b>51a</b> Other notes and loans receivable (attach schedule)   | <b>51a</b>               | <b>51c</b>         |
|   | <b>b</b> Less: allowance for doubtful accounts  | <b>51b</b>               |                    |
|   | <b>52</b> Inventories for sale or use   |                          | <b>52</b>          |
|   | <b>53</b> Prepaid expenses and deferred charges   |                          | <b>53</b>          |
|   | <b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV  |                          | <b>54a</b>         |
|   | <b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV  |                          | <b>54b</b>         |
|   | <b>55a</b> Investments—land, buildings, and equipment: basis  | <b>55a</b>               | <b>55c</b>         |
|   | <b>b</b> Less: accumulated depreciation (attach schedule)   | <b>55b</b>               |                    |
|   | <b>56</b> Investments—other (attach schedule)   |                          | <b>56</b>          |
|   | <b>57a</b> Land, buildings, and equipment: basis  | <b>57a</b>               | <b>57c</b>         |
|   | <b>b</b> Less: accumulated depreciation (attach schedule)   | <b>57b</b>               |                    |
| <b>58</b> Other assets, including program-related investments (describe _____ )   |   | <b>58</b>                |                    |
| <b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58   |   | <b>59</b>                |                    |
| <b>Liabilities</b>  | <b>60</b> Accounts payable and accrued expenses   |                          | <b>60</b>          |
|   | <b>61</b> Grants payable  |                          | <b>61</b>          |
|   | <b>62</b> Deferred revenue  |                          | <b>62</b>          |
|   | <b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)   |                          | <b>63</b>          |
|   | <b>64a</b> Tax-exempt bond liabilities (attach schedule)  |                          | <b>64a</b>         |
|   | <b>b</b> Mortgages and other notes payable (attach schedule)  |                          | <b>64b</b>         |
|   | <b>65</b> Other liabilities (describe _____ )   |                          | <b>65</b>          |
| <b>66</b> <b>Total liabilities.</b> Add lines 60 through 65   |   | <b>66</b>                |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.                        |                          |                    |
|   | <b>67</b> Unrestricted  |                          | <b>67</b>          |
|   | <b>68</b> Temporarily restricted  |                          | <b>68</b>          |
|   | <b>69</b> Permanently restricted  |                          | <b>69</b>          |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.                                     |                          |                    |
|   | <b>70</b> Capital stock, trust principal, or current funds  |                          | <b>70</b>          |
|   | <b>71</b> Paid-in or capital surplus, or land, building, and equipment fund   |                          | <b>71</b>          |
|   | <b>72</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>72</b>          |
| <b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) |   | <b>73</b>                |                    |
| <b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73  |   | <b>74</b>                |                    |



**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)<br>Name, address, of each<br>controlled entity | (B)<br>Employer Identification<br>Number | (C)<br>Description of<br>transfer | (D)<br>Amount of transfer |    |
| <b>a</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>b</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>c</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>Totals</b> |  |  |                                   |                           |    |

**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)<br>Name, address, of each<br>controlled entity | (B)<br>Employer Identification<br>Number | (C)<br>Description of<br>transfer | (D)<br>Amount of transfer |    |
| <b>a</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>b</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>c</b>      |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
|               |  |  |                                   |                           |    |
| <b>Totals</b> |  |  |                                   |                           |    |

**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?

|                                 |   |  |            |   |   |
|---------------------------------|---|--|------------|---|---|
| <b>Please Sign Here</b>         | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |            |   |   |
|                                 | Signature of officer _____  |  | Date _____ |   |   |
| <b>Paid Preparer's Use Only</b> | 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 _____                                       | Phone no. ( ) _____                             |