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**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

**KIDNEY TEXAS, INC.**  
6138 BERKSHIRE LANE #10  
DALLAS, TX 75225

**D** Employer Identification Number: 75-2847008

**E** Telephone number: 214-891-0896

**G** Gross receipts \$: 641,563.

**F** Name and address of principal officer: SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If 'No,' attach a list (see instructions)

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of Formation

**M** State of legal domicile: TX

Part I Summary		Prior Year	Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE PURPOSE OF KIDNEYTEXAS, INC. IS TO PROVIDE FUNDING TO IMPROVE THE METHODS OF TREATMENT, THE SEARCH FOR A CURE AND PREVENTION OF KIDNEY DISEASE AND OTHER KINDRED OR CONTRIBUTORY DISEASES; AND TO DEVELOP MORE ADEQUATE PROVISION FOR THE CARE OF PERSONS SUFFERING FROM SUCH</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	3	60	
	3 Number of voting members of the governing body (Part VI, line 1a)	4	60	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	2	
	5 Total number of employees (Part V, line 2a)	6	0	
	6 Total number of volunteers (estimate if necessary)	7a	0.	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	218,859.	40,220.	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,708.	5,227.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		296,855.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	224,567.	342,302.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		211,450.
		14 Benefits paid to or for members (Part IX, column (A), line 4)		
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,247.	7,573.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	243,263.	24,458.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	250,510.	243,481.	
19 Revenue less expenses Subtract line 18 from line 12	-25,943.	98,821.		
Net Assets or Fund Balance	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	179,687.	488,340.	
	22 Net assets or fund balances Subtract line 21 from line 20	2,298.	212,130.	
		177,389.	276,210.	

**Part II Signature Block**

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.

**Sign Here**

▶ Charlotte Kimberlin Signature of officer | 1/14/2010 Date

▶ Charlotte Kimberlin Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Mitchell G. Perry, CPA Date: 1/18/09

Firm's name (or yours if self-employed), address, and ZIP + 4: FOX, BYRD & COMPANY, PC CPA'S  
8750 N. CENTRAL EXPRESSWAY, STE. 950  
DALLAS, TX 75231

Check if self-employed:  Preparer's identifying number (see instructions): N/A

EIN: N/A Phone no: (214) 696-8320

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JAN 28 2010

RECEIVED  
JAN 22 2010  
OGDEN, UT

G16 23

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 82,000. including grants of \$ 82,000.) (Revenue \$ )

PROVIDED FUNDING TO CHILDREN'S MEDICAL CENTER TO SUPPORT THEIR CHILD LIFE PROGRAM, CLOWN THERAPY, AND PROVIDE A CHILD LIFE SPECIALIST, EDUCATIONAL MATERIALS, SUPPLIES, AND TOYS TO SUPPORT THE CLOWN THERAPISTS.

4b (Code: ) (Expenses \$ 85,000. including grants of \$ 85,000.) (Revenue \$ )

PROVIDED FUNDING TO THE NATIONAL KIDNEY FOUNDATION TO FUND THREE SEPARATE PROGRAMS: THE YOUNG ADULT CAMP - A WEEKEND PROGRAM TO BE HELD TWICE YEARLY AT CAMP JOHN MARC; THE KIDNEY FAMILY RETREAT - TO BE HELD ONE WEEKEND PER YEAR AT CAMP JOHN MARC; AND KIDNEYS IN THE CLASSROOM - AN EDUCATIONAL PROGRAM FOR CHILDREN GRADES 3-5 TO HELP THEM UNDERSTAND KIDNEY DISEASE.

4c (Code: ) (Expenses \$ 44,450. including grants of \$ 44,450.) (Revenue \$ )

PROVIDED FUNDING TO UT SOUTHWESTERN MEDICAL CENTER TO BE USED TO PURCHASE EQUIPMENT TO MONITOR OXYGENATION DURING SURGERY FOR KIDNEY CANCER.

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ \$ 211,450. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
	<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
	<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	X	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions).	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</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)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders.		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Form 990 (2008)

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
15 a	The organization's CEO, Executive Director, or top management official?		X
15 b	Other officers of key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶ NANCY WAGNER    (214) 696-5770





**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>			
	<b>b</b> Membership dues	<b>1 b</b> 29,600.			
	<b>c</b> Fundraising events	<b>1 c</b>			
	<b>d</b> Related organizations	<b>1 d</b>			
	<b>e</b> Government grants (contributions)	<b>1 e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 10,620.			
	<b>g</b> Noncash contribns included in lns 1a-1f.	\$			
	<b>h Total.</b> Add lines 1a-1f		40,220.		
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> Business Code				
	<b>b</b> -----				
	<b>c</b> -----				
	<b>d</b> -----				
	<b>e</b> -----				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f				
	<b>3</b> Investment income (including dividends, interest and other similar amounts)		5,227.		5,227.
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties					
<b>6 a</b> Gross Rents	(i) Real				
	(ii) Personal				
<b>b</b> Less. rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss)					
<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)					
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 596,116.				
	<b>b</b> Less. direct expenses	<b>b</b> 299,261.			
	<b>c</b> Net income or (loss) from fundraising events		296,855.	296,855.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less. cost of goods sold	<b>b</b>			
	<b>c</b> Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>OTHER REVENUE</b>	<b>11 a</b> -----				
	<b>b</b> -----				
	<b>c</b> -----				
	<b>d</b> All other revenue				
	<b>e Total.</b> Add lines 11a-11d				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		342,302.	296,855.	0.	5,227.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	211,450.	211,450.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
<b>7</b> Other salaries and wages	6,105.		6,105.	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	1,468.		1,468.	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Prof fundraising svcs. See Part IV, ln 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	106.		106.	
<b>23</b> Insurance	2,325.		2,325.	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> RENT	5,975.		5,975.	
<b>b</b> PRINTING AND PUBLICATIONS	3,737.		3,737.	
<b>c</b> TELEPHONE	2,723.		2,723.	
<b>d</b> OFFICE SUPPLIES	1,853.		1,853.	
<b>e</b> UTILITIES	1,840.		1,840.	
<b>f</b> All other expenses	5,899.		5,899.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	243,481.	211,450.	32,031.	0.
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	18,659.	1	488,247.	
	2 Savings and temporary cash investments	160,829.	2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment, cost basis	10a	3,017.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b	2,924.	199.	10c 93.
	11 Investments – publicly-traded securities			11	
	12 Investments – other securities. See Part IV, line 11			12	
	13 Investments – program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		179,687.	16	488,340.	
LIABILITIES	17 Accounts payable and accrued expenses		17	680.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable			24	
	25 Other liabilities. Complete Part X of Schedule D		2,298.	25	211,450.
	26 <b>Total liabilities.</b> Add lines 17 through 25		2,298.	26	212,130.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		177,389.	32	276,210.
33 <b>Total net assets or fund balances.</b>		177,389.	33	276,210.	
34 <b>Total liabilities and net assets/fund balances</b>		179,687.	34	488,340.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits?		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545 0047

**2008**

Open to Public Inspection

Name of the organization

KIDNEY TEXAS, INC.

Employer identification number

75-2847008

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9  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 exempt 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)**. (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> 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.						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	533,848.	332,751.	208,089.	218,859.	40,220.	1,333,767.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	101,476.	190,346.	212,291.		596,116.	1,100,229.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1-5	635,324.	523,097.	420,380.	218,859.	636,336.	2,433,996.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						2,433,996.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	635,324.	523,097.	420,380.	218,859.	636,336.	2,433,996.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	836.	6,729.	8,850.	5,708.	5,227.	27,350.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	836.	6,729.	8,850.	5,708.	5,227.	27,350.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						2,461,346.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.9%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0.0%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.1%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.0%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545 0047

**2008**

**Open to Public Inspection**

Name of the organization

KIDNEY TEXAS, INC.

Employer identification number

75-2847008

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,017.	2,924.	93.

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) ▶ 93.

BAA



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		342,302.
2	Total expenses (Form 990, Part IX, column (A), line 25)		243,481.
3	Excess or (deficit) for the year Subtract line 2 from line 1		98,821.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		98,821.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	342,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	342,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	342,302.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	243,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	243,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5	243,481.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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**Part II. Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	LUNCHEON (event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts	596,116.		596,116.
2	Less Charitable contributions			
3	Gross revenue (line 1 minus line 2)	596,116.		596,116.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	299,261.	299,261.
	8	Direct expense summary Add lines 4- through 7 in column (d)		299,261.
9	Net income summary Combine lines 3 and 8 in column (d)		296,855.	

**Part III. Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain. ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain. ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in <b>a</b> The organization's facility	<b>13a</b>	%	
<b>b</b> An outside facility	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name. ▶ _____  Address. ▶ _____			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____. <b>c</b> If 'Yes,' enter name and address.  Name. ▶ _____  Address ▶ _____	<b>15a</b>		
<b>16</b> Gaming manager information  Name. ▶ _____  Gaming manager compensation ▶ \$ _____  Description of services provided ▶ _____  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____	<b>17a</b>		

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.**

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

KIDNEY TEXAS, INC.

Employer identification number

75-2847008

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS MEDICAL CENTER 1935 MEDICAL DISTRICT DR DALLAS, TX 75235			82,000.	0.			SUPPORT THEIR CHILD LIFE PROGRAM, CLOWN THERAPY, AND PROVIDE TO FUND THREE SEPARATE PROGRAMS: THE YOUNG ADULT CAMP - A WE PROVIDED FUNDING TO UT SOUTHWESTERN MEDICAL CENTER TO BE USE
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016			85,000.	0.			
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390			44,450.	0.			
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2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

1  
2



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

KIDNEY TEXAS, INC.

Employer identification number

75-2847008

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	8,001.	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		69,731.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	105,741.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545 0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

KIDNEY TEXAS, INC.

Employer identification number

75-2847008

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE PURPOSE OF KIDNEYTEXAS, INC. IS TO PROVIDE FUNDING TO IMPROVE THE METHODS OF TREATMENT, THE SEARCH FOR A CURE AND PREVENTION OF KIDNEY DISEASE AND OTHER KINDRED OR CONTRIBUTORY DISEASES; AND TO DEVELOP MORE ADEQUATE PROVISION FOR THE CARE OF PERSONS SUFFERING FROM SUCH DISEASES.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

NO REVIEW WAS OR WILL BE CONDUCTED.

*Kidney Texas 2008 Board of Directors*

Name	Name Tags	Home	Work:	Fax:	Cell:
Nell Broughton		(214)526-7324			
Mrs Dempsey Broughton	4634 Travis Street #303	Dallas, TX 75205			
Charlotte Kimberlin	President*	(214)654-9027	Work(214)351-0885	Fax:(214)351-3115	Cell: (214)546-6065
Mrs John Kimberlin	9669 Rockbrook Drive	Dallas, TX 75220		Email:ckimberdal@aol.com	
Amy S Ahnhut	President-Elect*	(214)350-0314	Work(214)350-0400	Fax:(972)381-6174	Cell: (469)438-4139
Ms Amy S Ahnhut	4719 Elsby	Dallas, TX 75209		Email:amyahnhut@sbcglobal.net	
Sheryl Wood	1st VP - Membership*	(214)360-9063	Work:	Fax:(214)373-9063	Cell: (214)676-8701
Mrs Gary B Wood	3712 Greenbrier	Dallas, TX 75225		Email:sherylwood58@hotmail.com	
Carmaleta Whiteley	2nd VP - Luncheon*	(214)252-0558	Work:	Fax:	Cell: (214)215-8558
Ms Carmaleta Whiteley	2828 Hood St #606	Dallas, TX 75219		Email:whiteleycw@tx.rr.com	
Di Johnston	3rd VP - Charity Selection*	(214)363-5375	Work:	Fax:(214)987-6933	Cell: (214)417-4017
Mrs David L Johnston	10 Sarah Nash Ct	Dallas, TX 75225		Email:djohnston@tx.rr.com	
Jill Powell Goldberg	Recording Secretary*	(214)528-2757	Work(214)502-7306	Fax:	Cell: (214)502-7306
Mrs Bruce Goldberg	4319 Arcady Avenue	Dallas, TX 75205		Email:jdpgogo@aol.com	
Jaclyn King Braddy	Corresponding Secretary*	(214)521-3214	Work:	Fax:(972)313-1421	Cell: (214)213-0755
Mrs Nelson R Braddy, Jr	4365 San Carlos	Dallas, TX 75205		Email:nbraddy@charter.net	
Nancie Wagner	Treasurer*	(214)696-5770	Work:	Fax:(214)696-5730	Cell:
Mrs Alden E Wagner, Jr	5159 Yolanda	Dallas, TX 75229		Email:nanwag@sbcglobal.net	
Dana Harkey	Treasurer-Elect*	(214)739-3494	Work:	Fax:	Cell: (214)762-1771
Mrs Jack Wilson Harkey	6337 Northport	Dallas, TX 75230		Email:danaharkey@gmail.com	
Sandy Secor	Historian*	(214)443-0603	Work:	Fax:	Cell: (214)914-1638
Mrs John W Secor	4505 Arcady Ave	Dallas, TX 75205		Email:genesisvl@earthlink.net	
Sharon Barbee	Parliamentarian*	(214)358-5499	Work(214)521-7355	Fax:(214)358-1898	Cell: (214)801-7892
Mrs Linton E Barbee	4541 Northaven Road	Dallas, TX 75229		Email:sharonbarbee@hotmail.com	
Jun Harbour	Addressing Committee	(214)522-4455	Work:	Fax:(214)522-8868	Cell: (214)923-3050
Mrs Bruce Harbour	4400 Arcady Ave	Dallas, TX 75205		Email:JPHarbour@charter.net	
Kristina Skipper	Addressing Committee	(214)366-3776	Work:	Fax:	Cell: (214)725-7318
Mrs Kent Skipper	4624 Fairfax	Dallas, TX 75209		Email:kristnaskipper@sbcglobal.net	

*KidneyTexas 2008 Board of Directors*

Betsy Whitson Ms Betsy Whitson	Board Meeting Arrangements 3512 Crescent Ave	Home:(214)559-3118 Dallas, TX 75205	Work:	Fax:(214)559-0201 Email:betsywhitson@sbcglobal.net	Cell: (817)994-0441
Carole Price Mrs Maurice Price, Jr	Permanent Records/By-laws 5815 Bent Trail Drive	Home:(972)733-1073 Dallas, TX 75248	Work:	Fax:(972)248-3110 Email:ccaprice@aol.com	Cell: (214)212-1300
Meagan Meyercord Mrs Andrew N	Directory 6222 Northaven	Home:(214)750-5397 Dallas, TX 75230	Work:	Fax:(214)346-9355 Email:meyercordtoo@sbcglobal.net	Cell: (214)236-4473
Kelly R Braddy Ms Kelly R Braddy	Telephone 5907 Hillcrest Road, Unit H	Home:(214)528-9551 Dallas, TX 75205	Work:(214)521-2224	Fax:(214)521-2227 Email:kelly@heatprocesstech.com	Cell: (214)878-6440
Beth Layton Mrs Mark T Layton	Telephone 3445 Stanford Avenue	Home:(214)363-9693 Dallas, TX 75225	Work:	Fax:(214)363-8540 Email:miles3445@aol.com	Cell: (214)435-0611
Pat Cambell McLaughlin Mrs Frank M McLaughlin	Telephone 3525 Turtle Creek Blvd #18E	Home:(214)522-1393 Dallas, TX 75219	Work:(214)528-1828	Fax:(214)522-0798 Email:pat@mclaughlincollection.com	Cell: (214)263-9054
Janet Nylund Mrs Jack L Nylund	Telephone 11345 W Ricks Circle	Home:(214)692-5058 Dallas, TX 75230	Work:	Fax:(214)692-6025 Email:jjjnyl@swbell.net	Cell:
Sharon Walker Mrs Robert M Walker	Public Relations 6123 Northwood	Home:(214)369-2459 Dallas, TX 75225	Work:(214)368-6993	Fax: Email:therwalks@sbcglobal.net	Cell: (214)532-2023
Sue John Mrs Phillip G John	February Membership Meeting 25 Highland Park Village #100-555	Home:(214)526-0007 Dallas, TX 75205	Work:	Fax:(214)528-3100 Email:sjo449@airmail.net	Cell: (214)802-8028
Diane Sealy Mrs Scott P Sealy	February Membership Meeting 10041 Hollow Way	Home:(214)528-0648 Dallas, TX 75229	Work:	Fax:(214)528-8092 Email:dianesealydr@yahoo.com	Cell: (214)683-0638
Susan Vaughan Mrs William D Vaughan	February Membership Meeting P O Box 976	Home:(214)559-0420 Paris, TX 75461	Work:(800)469-0564	Fax:(903)785-6955 Email:susanvaughan1@beauchampcollecto	Cell:
Yvonne Crum Mrs Mayo P Crum, Jr	Fall Membership Tea 10625 Northboro	Home:(214)691-5514 Dallas, TX 75230	Work:	Fax:(214)691-4074 Email:yvonnecr@flash.net	Cell:
Jill Rowlett Mrs Charles T Rowlett	Fall Membership Tea 6738 Waggoner Drive	Home:(214)363-5439 Dallas, TX 75230	Work:	Fax: Email:jrowlett1@aol.com	Cell: (214)532-4536
Mary Eillen Dill Mrs Robert Dill	Finance Committee 3921 McFarlin Blvd	Home:(214)520-3491 Dallas, TX 75205	Work:	Fax: Email:medill@swbell.net	Cell: (214)384-3718

**KidneyTexas 2008 Board of Directors**

Rose Mary Gatlin Mrs Dan C Gatlin	Finance Committee 1430 Dragon St #14	<b>Home:</b> (972)342-0703 Dallas, TX 75207	<b>Work:</b>	<b>Fax:</b> (214)902-9452 <b>Email:</b> rosemarygatlin@sbcglobal.net	<b>Cell:</b> (972)342-0703
Terri Hornberger Ms Terri Hornberger	Finance Committee 12900 Preston Rd #540	<b>Home:</b> (972)661-2697 Dallas, TX 75230	<b>Work:</b>	<b>Fax:</b> (972)392-4340 <b>Email:</b> terri@tmhcpa.com	<b>Cell:</b> (214)803-9532
Christy Rose Mrs Peter M Rose	Finance Committee 3945 Stanford Avenue	<b>Home:</b> (214)361-9439 Dallas, TX 75225	<b>Work:</b>	<b>Fax:</b> (214)361-1205 <b>Email:</b> pete_rose@airmail.net	<b>Cell:</b>
Catherine B (Trinka) Catherine Taylor	Finance Committee 8235 Douglas Avenue #1050	<b>Home:</b> (214) 34-6 9005 Dallas, TX 75225	<b>Work:</b>	<b>Fax:</b>	<b>Cell:</b>
Carol Seay Mrs Carol Seay	Procedural Manual 3723 Haynie	<b>Home:</b> (214)526-7363 Dallas, TX 75205	<b>Work:</b>	<b>Fax:</b> (214)526-8585 <b>Email:</b> cs936@aol.com	<b>Cell:</b> (214)354-3894
Monica McGraw Mrs Matthew McGraw	Camp Liaison 5636 Bent Tree Drive	<b>Home:</b> (972)248-1831 Dallas, TX 75248	<b>Work:</b>	<b>Fax:</b>	<b>Cell:</b> (214)794-4773
Stacey Price Wright Mrs Larry K Wright	Camp Liaison 3224 Wellshire Court	<b>Home:</b> (972)378-7808 Plano, TX 75093	<b>Work:</b>	<b>Fax:</b> (972)378-7978 <b>Email:</b> tdwsmom@aol.com	<b>Cell:</b> (214)957-1027
Kathleen Cothrum Mrs William Cothrum	Community Liaison 7101 Tulane	<b>Home:</b> (214)234-0432 Dallas, TX 75225	<b>Work:</b>	<b>Fax:</b> (214)748-7114 <b>Email:</b> mycothrums@aol.com	<b>Cell:</b> (214)629-6112
Sue Goodnight Ms Sue Goodnight	Kidney Kids Christmas Party 7707 Royal Lane	<b>Home:</b> (214)365-9882 Dallas, TX 75230	<b>Work:</b>	<b>Fax:</b> (214)369-3112 <b>Email:</b>	<b>Cell:</b> (214)546-0726
Michelle Mew Ms Michelle Mew	Sunshine Chairman 4814 Purdue	<b>Home:</b> (214)904-0755 Dallas, TX 75209	<b>Work:</b>	<b>Fax:</b> (214)904-0755 <b>Email:</b> mmew1111@aol.com	<b>Cell:</b>
Pat McDonough Mrs Jay McDonough	Volunteer Coordinator 4800 Drexel Drive	<b>Home:</b> (214)528-8851 Dallas, TX 75205	<b>Work:</b>	<b>Fax:</b> (214)528-8851 <b>Email:</b> pjmcdonough@sbcglobal.net	<b>Cell:</b> (214)232-5339
Fay Sheehan Mrs Daniel J Sheehan, Jr	Volunteer Coordinator 6207 Stichter Avenue	<b>Home:</b> (214)696-2666 Dallas, TX 75230	<b>Work:</b>	<b>Fax:</b> (214)696-2880 <b>Email:</b> fay_sheehan@att.net	<b>Cell:</b> (214)926-0011
Robn Bagwell Mrs Norm Bagwell	Member-At-Large 3408 Bryn Mawr	<b>Home:</b> (214)365-9615 Dallas, TX 75225	<b>Work:</b>	<b>Fax:</b>	<b>Cell:</b>
Nancy Bierman Mrs Michael T Bierman	Member-At-Large 5455 Wateka Drive	<b>Home:</b> (214)357-6401 Dallas, TX 75209	<b>Work:</b>	<b>Fax:</b> (214)357-3766 <b>Email:</b> nsbierman@sbcglobal.net	<b>Cell:</b> (214)415-5301

*KidneyTexas 2008 Board of Directors*

Faye C Briggs Ms Faye C Briggs	Member-At-Large 5909 Desco	Home:(214)750-1704 Dallas, TX 75225	Work: Dallas, TX 75225	Fax:(214)346-0671 Email:fayesdisco@sbcglobal.net	Cell: Dallas, TX 75225
Connie Carreker Mrs John D Carreker	Member-At-Large 4321 Overhill Drive	Home:(214)528-8303 Dallas, TX 75205	Work:(214)528-8303 Dallas, TX 75205	Fax:(214)528-7742 Email:Concarreker@yahoo.com	Cell:(214)533-2839 Dallas, TX 75205
Kay Hammond Kay Hammond	Member-At-Large 6806 Meadow Road	Home:(214) 50-5 8116 Dallas, TX 75230	Work: Dallas, TX 75230	Fax: Dallas, TX 75230	Cell: Dallas, TX 75230
Linda Ivy Mrs R Steven Ivy	Member-At-Large 5430 Northbrook Drive	Home:(214)691-4982 Dallas, TX 75220	Work:(214)528-3500 Dallas, TX 75220	Fax:(214)378-7039 Email:lindaivy@heritagecom.com	Cell:(214)298-9216 Dallas, TX 75220
Rita Klein Mrs Jack Klein	Member-At-Large 8335 Coral Drive	Home:(214)340-9311 Dallas, TX 75243	Work: Dallas, TX 75243	Fax:(214)342-9277 Email:Ritathecat@aol.com	Cell:(214)232-6368 Dallas, TX 75243
Helen McGraw Mrs Robert G McGraw	Member-At-Large 32 Braewood Place	Home:(972)931-6031 Dallas, TX 75248	Work: Dallas, TX 75248	Fax:(972)931-0453 Email:	Cell: Dallas, TX 75248
Nancy Rogers Mrs Stephen Rogers	Member-At-Large 4404 Belcraire Avenue	Home:(214)520-8500 Dallas, TX 75205	Work: Dallas, TX 75205	Fax:(214)520-8500 Email:nrogers@viceroyinv.com	Cell: Dallas, TX 75205
Susan Russell Mrs Don Russell	Member-At-Large 8806 Arbor Park Drive	Home:(214)341-7777 Dallas, TX 75243	Work: Dallas, TX 75243	Fax: Dallas, TX 75243	Cell:(214)546-9690 Dallas, TX 75243
Catolyn Willard Ms Carolyn Willard	Member-At-Large 7123 Helsem Bend	Home:(972)991-4750 Dallas, Texas 75230	Work: Dallas, Texas 75230	Fax: Dallas, Texas 75230	Cell:(214) 50-5 1888 Dallas, Texas 75230
Cayla Woodruff Mrs William K Woodruff	Member-At-Large 3441 Purdue Ave	Home:(214)361-1088 Dallas, TX 75225	Work: Dallas, TX 75225	Fax: Dallas, TX 75225	Cell:(214)683-4829 Dallas, TX 75225
Patty Jo Turner Mrs John W Turner	Advisory Board Chairman 23 Glenmeadow Court	Home:(214)369-9594 Dallas, TX 75225	Work: Dallas, TX 75225	Fax:(214)369-9980 Email:pjturner@sbcglobal.net	Cell:(214)202-4660 Dallas, TX 75225
Martha Ashby Mrs John E Ashby, Jr	Advisory Board 2305 S Custer Road	Home:(214)585-4807 McKinney, TX 75070	Work: McKinney, TX 75070	Fax:(214)528-2234 Email:marthaashby@sbcglobal.net	Cell:(214)533-8717 Dallas, TX 75070
Barbara Bigham Mrs Robert J Bigham, Jr	Advisory Board 16810 Club Hill Drive	Home:(972)250-3223 Dallas, TX 75248	Work: Dallas, TX 75248	Fax:(972)250-3223 Email:barbarabigham@sbcglobal.net	Cell: Dallas, TX 75248
Mary M Black Mrs Robert C Black	Advisory Board 7 Sarah Nash Court	Home:(214)369-3633 Dallas, TX 75225	Work:(972)380-3273 Dallas, TX 75225	Fax:(214)369-4341 Email:mary@maryblackdallas.com	Cell:(214)802-3001 Dallas, TX 75225

**KidneyTexas 2008 Board of Directors**

Teeny Board	Advisory Board	Home:(972)931-5677	Work:	Fax:	Cell:
Mrs Lawrence C Board	16910 Club Hill Drive	Dallas, TX 75248		Email:larryboard@sbcglobal net	
Pat Burford	Advisory Board	Home:(214)219-1750	Work:(214)350-8500	Fax:(214)352-7731	Cell:
Mrs William E Burford	3510 Turtle Creek Blvd #8E	Dallas, TX 75219		Email:pat@txartgallery com	
Patty Dalton Caolo	Advisory Board	Home:(214)922-0052	Work:(214)357-3068	Fax:(214)357-3563	Cell: (214)507-1326
Mrs Patty Dalton Caolo	3131 Maple Avenue, # 1E	Dallas, TX 75201		Email:	
Nancy Carter	Advisory Board	Home:(214)691-0485	Work:(972)934-8699	Fax:(972)934-8698	Cell: (214)215-3636
Mrs B Gene Carter	4000 Bryn Mawr Drive	Dallas, TX 75225		Email:ncarter@wirip com	
Janie Donosky Condon	Advisory Board	Home:(214)692-0671	Work:	Fax:(214)692-6854	Cell: (214)563-5263
Mrs David N Condon	7432 Colgate Avenue	Dallas, TX 75225		Email:janedcondon@sbcglobal net	
Patricia E Cowlshaw	Advisory Board	Home:(972)239-1702	Work:	Fax:(972)960-8799	Cell:
Mrs Willis R Cowlshaw	6539 Briarmeade Drive	Dallas, TX 75254		Email:patriciacowlishaw@sbcglobal net	
Ola Fojtasek	Advisory Board	Home:(214)528-1416	Work:	Fax:(214)528-4763	Cell: (214)850-2674
Mrs Randall Fojtasek	5544 Park Lane	Dallas, TX 75220		Email:ofojtasek@brazosinv com	
Denise Haynsworth	Advisory Board	Home:(214)443-9737	Work:(972)677-4603	Fax:	Cell: (214)803-1470
Mrs Denise Haynsworth	5925 Preston Road	Dallas, TX 75205		Email:tootrear@sbcglobal net	
Ramona Jones	Advisory Board	Home:(214)361-1728	Work:	Fax:(214)361-5935	Cell: (214)763-3632
Mrs Ramona Jones	6337-B Bandera	Dallas, TX 75225		Email:ramonabjones@yahoo com	
Lorraine Meenan	Advisory Board	Home:(972)380-4250	Work:	Fax:(972)380-4322	Cell:
Mrs Lorraine Meenan	17608 Woods Edge Drive	Dallas, TX 75287		Email:	
Mary Miller	Advisory Board	Home:(214)368-3112	Work:	Fax:(214)368-0339	Cell: (214)405-2007
Mrs William R Miller	4709 Northaven Road	Dallas, TX 75229		Email:	
Carole Murray	Advisory Board	Home:(817)267-2275	Work:(214)485-3665	Fax:(214)485-3665	Cell: (817)944-2255
Mrs D Scott Murray	3500 Fairmount St #501	Dallas, TX 75219		Email:carole@murraymedia net	
Sharon Popham	Advisory Board	Home:(214)265-9677	Work:	Fax:(214)265-9228	Cell: (214)704-1997
Mrs Roy G Popham	3 Carmarthen Court	Dallas, TX 75225		Email:rsigrady@aol com	
Carolyn Cole Rogers	Advisory Board	Home:(214)521-4525	Work:	Fax:(214)363-8223	Cell: (214)957-4825
Mrs James T Rogers	7233 Lakehurst Ave.	Dallas, TX 75230		Email:ccrogers1@sbcglobal net	

*KidneyTexas 2008 Board of Directors*

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