

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning . . . . ., 2006, and ending . . . . ., 20 . . . . .

▶ **Do not send to the IRS. Keep for your records.**

**2006**

Department of the Treasury  
Internal Revenue Service

▶ **See instructions.**

#### Return ID (20-digit number) ▶

Name of exempt organization	<b>INTERNATIONAL SOCIETY FOR ORGAN PRESERVATION, INC</b>	Employer identification number	<b>13-4042714</b>
Name and title of officer	<b>CHARLES H PATRICK, III PRESIDENT</b>		

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or below, and the amount on that line for the return for which you are 5a, filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<b>2,037</b>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the (a) transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and the date (d) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **Brooks Accounting** to enter my PIN **27141** as my signature  
ERO firm name do not enter all zeros

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Charles H. Patrick III* Date ▶ **10/14/07**

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**63252875555**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ *Mal J. Brod* Date ▶ **10/14/07**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2006)

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2006**

**Open to Public Inspection**

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury  
 Internal Revenue Service

**A For the 2006 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>INTERNATIONAL SOCIETY FOR ORGAN PRESERVATION, INC</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 590013</b> City or town, state or country, and ZIP + 4 <b>HOMEWOOD AL 35259</b>	<b>D Employer identification number</b> <b>13-4042714</b> <b>E Telephone number</b> <b>205-612-5221</b> <b>F Group Exemption Number</b>
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**I Website:** ▶ **www.i-s-o-p.net**

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type** (check only one):  501(c) ( **6** ) (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **2,037****

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)**

	<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>
	<b>2</b> Program service revenue including government fees and contracts		<b>2</b>
	<b>3</b> Membership dues and assessments <b>See Statement 1</b>		<b>3</b> <b>1,700</b>
	<b>4</b> Investment income		<b>4</b> <b>337</b>
Revenue	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		<b>5c</b>
	<b>6</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 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)		<b>6c</b>
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)		<b>7c</b>
	<b>8</b> Other revenue (describe ▶ _____)		<b>8</b>
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		<b>9</b> <b>2,037</b>
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)		<b>10</b>
	<b>11</b> Benefits paid to or for members		<b>11</b>
	<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>
	<b>13</b> Professional fees and other payments to independent contractors		<b>13</b> <b>500</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b> <b>12</b>
	<b>15</b> Printing, publications, postage, and shipping		<b>15</b>
	<b>16</b> Other expenses (describe ▶ <b>See Statement 2</b> )		<b>16</b> <b>308</b>
	<b>17 Total expenses</b> (add lines 10 through 16)		<b>17</b> <b>820</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)		<b>18</b> <b>1,217</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>19</b> <b>47,059</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 through 20)		<b>21</b> <b>48,276</b>

**Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.**

(See page 51 of the instructions.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		<b>47,059</b>	<b>22 48,276</b>
<b>23</b> Land and buildings			<b>23</b>
<b>24</b> Other assets (describe ▶ _____)			<b>24</b>
<b>25 Total assets</b>		<b>47,059</b>	<b>25 48,276</b>
<b>26 Total liabilities</b> (describe ▶ _____)		<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		<b>47,059</b>	<b>27 48,276</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2006)

<b>Part III Statement of Program Services</b>	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>See Statement 3</b>	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
<b>28 SUPPORTED MULTI-SKILLED SYMPOSIUM CONDUCTED BY NORTH AMERICAN TRANSPLANT COORDINATORS ORGANIZATION (NATCO) AND NEW ENGLAND ORGAN BANK (NEOB).</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29 See Statement 4</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30 See Statement 5</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (attach schedule)</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b> <b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)</b>				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES H PATRICK, III 500 22ND STREET SOUTH BIRMINGHAM AL 35233	PRESIDENT 0	0	0	0
GINGER T DELARIO 3622 LYCKAN PARKWAY DURHAM NC 27707	VICE PRESIDE 0	0	0	0
APRIL BARWARI 770 KINNEAR RD COLUMBUS OH 43212	SECRETARY/TR 0	0	0	0

<b>Part V Other Information (Note the statement requirement in General Instruction V.)</b>		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		<b>X</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b> N/A		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911  ; section 4912  ; section 4955
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
- d** Enter amount of tax on line 40c reimbursed by the organization
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40b</b>		
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		X

- 41** List the states with which a copy of this return is filed.  **NY**
- 42a** The books are in care of  **MARK BROOKS** Telephone no.  **205-934-5825**

**PO BOX 590013**

Located at  **HOMEWOOD, AL** ZIP + 4  **35259**

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If "Yes," enter the name of the foreign country:
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If "Yes," enter the name of the foreign country:

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**- Check here
- and enter the amount of tax-exempt interest received or accrued during the tax year  **43**

**Please Sign Here**

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  **CHARLES H PATRICK, III** Date  **PRESIDENT**

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature  Date  **10/14/07** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4  **Brooks Accounting** Preparer's SSN or PTIN (See Gen. Instr. X)  **420-84-7555**

**P.O. Box 590013** EIN  **63-1110703**

**Homewood, AL 35259** Phone no.  **205-934-5825**

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 1,700
Total	\$ 1,700

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
INTERNET SERVICE FEES	180
LICENSE & PERMITS	35
BANK SERVICE CHARGES	93
Total	\$ 308

**Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

EDUCATIONAL AND SCIENTIFIC RESEARCH EFFORTS IN THE FIELD OF ORGAN PRESERVATION

**Statement 4 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Description

OFFICIAL CREDENTIALING BODY APPROVED TO CERTIFY PROFESSIONS IN THE FIELD OF CLINICAL ORGAN PRESERVATION FOR TRANSPLANTATION AS RECOGNIZED BY THE EDUCATIONAL DEPARTMENT OF THE UNIVERSITY OF THE STATE OF NEW YORK.

**Statement 5 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

Description

PROVIDED 24 HOUR ON-CALL CONSULTATIONS "FREE OF CHARGE" IN THE AREA OF ORGAN PRESERVATION SERVICES FOR ANY ORGAN TRANSPLANT SERVICE OR HOSPITAL IN THE COUNTRY. MEMBERSHIP PROVIDED TRAINING BASED UPON ISOP TRAINING MODELS AND PARTICIPATED AS LECTURERS, PRESENTERS AND FACILITATORS AT NATIONAL AND REGIONAL MEETING.