

Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2006 Open to Public Inspection
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1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____			
b. Ck. if applic. for NYS: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization INTERNATIONAL SOCIETY FOR ORGAN PRESERVATION, INC Number and street (or P.O. box if mail not delivered to street address) Room/suite PO BOX 590013 City or town, state or country and zip + 4 HOMEWOOD AL 35259	d. Fed. employer ID no. (EIN) (##-####-####) 13-4042714 e. NY State registration no. (##-##-###) 20-90-60 f. Telephone number 205-612-5221	g. Email chpatrick@yahoo.com

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized	Signature: <i>Charles H Patrick III</i> Printed Name: Charles H Patrick III	Title: President	Date: 12/07/07
b. Chief Financial Officer or	Signature: <i>April Caudill</i> Printed Name: April Caudill	Title: Treasurer	Date: 12/12/07

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input checked="" type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A.
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ _____	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$ _____ 25	
c. Total fee \$ _____ 25	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
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-Mail completed form with required schedules, fee and attachments to the address at the top of this page-

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

<u>Organization's Registration Type</u>	<u>Fee Instructions</u>
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

<u>Total Support & Revenue</u>	<u>Article 7-A Fee</u>
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

<u>Net Worth at End of Year</u>	<u>EPTL Fee</u>
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All FilersFiling Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

IRS Form 990

Schedule A to IRS Form 990

Schedule B to IRS Form 990

IRS Form 990-T

IRS Form 990-EZ

Schedule A to IRS Form 990-EZ

Schedule B to IRS Form 990-EZ

IRS Form 990-T

IRS Form 990-PF

Schedule B to IRS Form 990-PF

IRS Form 990-T

Additional Article 7-A Document Attachment RequirementIndependent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

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		D Employer identification number 13-4042714	
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.	C Name of organization INTERNATIONAL SOCIETY FOR ORGAN PRESERVATION, INC	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 590013	
		City or town, state or country, and ZIP + 4 HOMEWOOD AL 35259	
E Telephone number 205-612-5221		F Group Exemption Number	

● 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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,700
	4	Investment income	4	337
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	2,037	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	500
	14	Occupancy, rent, utilities, and maintenance	14	12
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 2)	16	308
17	Total expenses (add lines 10 through 16)	17	820	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	1,217
	19	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)	19	47,059
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	48,276

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
22 Cash, savings, and investments	47,059	48,276
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	47,059	48,276
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,059	48,276

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

Form 990-EZ (2006)

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? See Statement 3	
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.	
28 SUPPORTED MULTI-SKILLED SYMPOSIUM CONDUCTED BY NORTH AMERICAN TRANSPLANT COORDINATORS ORGANIZATION (NATCO) AND NEW ENGLAND ORGAN BANK (NEOB). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 See Statement 4 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 See Statement 5 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)					
(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	

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33			X
34 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	34			X
35 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.				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a			X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36			X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0		
b Did the organization file Form 1120-POL for this year?	37b	N/A		
38a 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?	38a			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b			
39 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on line 9	39a			
b Gross receipts, included on line 9, for public use of club facilities	39b			

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

	Yes	No
40b		
40c		
40d		
40e		X

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?

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)?

	Yes	No
42b		X
42c		X

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:

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**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: **CHARLES H PATRICK, III** Date: **PRESIDENT**

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: *Mark T. Burt* Date: **10/14/07** Check if self-employed: Preparer's SSN or PTIN (See Gen. Instr. X): **420-84-7555**

Firm's name (or yours if self-employed): **Brooks Accounting** EIN: **63-1110703**

address, and ZIP + 4: **P.O. Box 590013** Phone no.: **205-934-5825**

Homewood, AL 35259

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	\$ <u>1,700</u>

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	\$ <u>308</u>

Federal Statements

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.