

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning ..... 2007, and ending ..... 20 .....

**2007**

Department of the Treasury  
Internal Revenue Service

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

▶ See instructions.

#### Return ID (20-digit number) ▶

Name of exempt organization **INTERNATIONAL SOCIETY FOR ORGAN  
PRESERVATION, INC**

Employer identification number  
**13-4042714**

Name and title of officer **CHARLES H PATRICK, III  
PRESIDENT**

#### 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 5a, below, and the amount on that line for the return for which you are 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>1,429</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 2007 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 (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date 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  
on the organization's tax year 2007 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.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Charles H. Patrick III Date ▶ 10/13/08

#### Part III Certification and Authentication

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

**6325287555**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**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** (2007)

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

**2007**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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>		<b>D Employer identification number</b> <b>13-4042714</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 590013</b>		<b>E Telephone number</b> <b>205-612-5221</b>
		City or town, state or country, and ZIP + 4 <b>HOMEWOOD AL 35259</b>		<b>F Group Exemption Number</b> _____

• 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**

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

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

**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** **\$ 1,429**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 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 <b>See Statement 1</b>	3	1,050
	4	Investment income	4	379
	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. Subtract line 5b from line 5a (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. Subtract line 6b from line 6a	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. Subtract line 7b from line 7a	7c		
8	Other revenue (describe _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	1,429	
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	916
	14	Occupancy, rent, utilities, and maintenance	14	64
	15	Printing, publications, postage, and shipping	15	21
	16	Other expenses (describe <b>See Statement 2</b> )	16	330
17	<b>Total expenses.</b> Add lines 10 through 16	17	1,331	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	98
	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	48,354
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	48,452

**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 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,354	48,452
23 Land and buildings		
24 Other assets (describe _____)		
25 <b>Total assets</b>	48,354	48,452
26 <b>Total liabilities</b> (describe _____)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	48,354	48,452

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

Form **990-EZ** (2007)

<b>Part III</b> Statement of Program Service Accomplishments (See page 60 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? <b>See Statement 3</b>	
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</b> <b>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</b> <b>See Statement 4</b> (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> <b>See Statement 5</b> (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses. Add lines 28a through 31a	<b>32</b> <b>0</b>

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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
See Statement 6				

<b>Part V</b> Other Information (Note the statement requirement in General Instruction V.)			Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<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 instr. <span style="float: right;"><b>37a</b> <b>0</b></span>				
<b>b</b> Did the organization file Form 1120-POL for this year? <span style="float: right;"><b>37b</b> <b>N/A</b></span>				
<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> |     | <b>X</b> |
- 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> |     | <b>X</b> |
| <b>42c</b> |     | <b>X</b> |
- 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 <input type="text"/>	Date <input type="text"/> <b>10/13/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <input type="text"/> <b>420-84-7555</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> <b>Brooks Accounting P.O. Box 590013 Homewood, AL 35259</b>	EIN <input type="text"/>		
		Phone no. <input type="text"/> <b>205-934-5825</b>	

**Form 990-EZ General Footnote**

Description

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LIKE THE 2006 TAX RETURN, THIS RETURN IS FILED FOR INFORMATIONAL PURPOSES ONLY. THE 2007 TAX RETURN IS NOT REQUIRED TO BE FILED, BECAUSE THE ORGANIZATION MEETS THE GROSS RECEIPTS LESS THAN \$25000 FOR THE THREE PRECEDING TAX YEARS.

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 1,050
Total	\$ 1,050

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
INTERNET SERVICE FEES	180
PROFESSIONAL FEES OTHER	150
Total	\$ 330

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

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.

**Federal Statements**

**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
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
JIM LOCKE 221 SOUTH FIGUEROA LOS ANGELES CA 90012	PRES. ELECT	0	0	0	0
DAVID A GRANT 1801 NW 9TH AVENUE MIAMI FL 33136	VP ELECT	0	0	0	0
JAN RHODE 9200 W WISCONSIN AVENUE MILWAUKEE WI 53226	TRES ELECT	0	0	0	0
AUSTIN WOMACK 7015 MIDDLEBROOK PIKE KNOXVILLE TN 37909	SCTY ELECT	0	0	0	0