



Crowe Horwath LLP
Member Horwath International

Instructions for filing
COTA - Children's Organ Transplant
Association
Form 990 with Sch. A - Exempt Under 501(c)(3)
for the period ended June 30, 2008

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 17, 2008 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

Return of Organization Exempt From Income Tax

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.

A For the 2007 calendar year, or tax year beginning 07/01, 2007, **and ending** 06/30/2008

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.	C Name of organization COTA - CHILDREN'S ORGAN TRANSPLANT ASSOCIATION		D Employer identification number 35-1674365
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2501 COTA DRIVE		E Telephone number (812) 336-8872
		City or town, state or country, and ZIP + 4 BLOOMINGTON, IN 47403		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

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

G Website: WWW.COTA.ORG

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 14,178,827.

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	3,936,909.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 3,936,909. noncash \$ NONE)	1e		3,936,909.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		18,934.
	5 Dividends and interest from securities	5		1,091,672.
	6a Gross rents	6a	70,427.	
	b Less: rental expenses	6b	NONE	
c Net rental income or (loss). Subtract line 6b from line 6a	6c		70,427.	
7 Other investment income (describe)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8,996,897.	8a	
		8,760,017.	8b	
		236,880.	8c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		236,880.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 29,000. of contributions reported on line 1b), STMT. 1.		
		9a	59,757.	
		9b	12,605.	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		47,152.	
	10a Gross sales of inventory, less returns and allowances	10a		
		b Less: cost of goods sold	10b	
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11		4,231.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		5,406,205.	
Expenses	13 Program services (from line 44, column (B))	13		3,651,898.
	14 Management and general (from line 44, column (C))	14		375,893.
	15 Fundraising (from line 44, column (D))	15		131,475.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		4,159,266.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,246,939.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		22,499,450.
	20 Other changes in net assets or fund balances (attach explanation) STMT. 2.	20		-1,261,301.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21		22,485,088.

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)	2,664,552.	2,664,552.	STMT 3	
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	430,166.	215,083.	151,897.	63,186.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	341,608.	340,737.	871.	
27	Pension plan contributions not included on lines 25a, b, and c	21,401.	16,581.	4,820.	
28	Employee benefits not included on lines 25a - 27	37,577.	35,090.	2,487.	
29	Payroll taxes	48,828.	35,075.	10,293.	3,460.
30	Professional fundraising fees				
31	Accounting fees	16,000.	9,368.	5,414.	1,218.
32	Legal fees	7,496.	287.	7,209.	
33	Supplies	25,823.	18,365.	6,748.	710.
34	Telephone	20,183.	13,806.	5,229.	1,148.
35	Postage and shipping	53,035.	36,034.	6,987.	10,014.
36	Occupancy	8,305.	4,862.	2,811.	632.
37	Equipment rental and maintenance	21,140.	9,299.	10,632.	1,209.
38	Printing and publications	78,437.	52,992.	3,238.	22,207.
39	Travel	115,024.	78,698.	34,203.	2,123.
40	Conferences, conventions, and meetings				
41	Interest	1,747.		1,747.	
42	Depreciation, depletion, etc. (attach schedule)	53,222.	31,162.	18,010.	4,050.
43	Other expenses not covered above (itemize):				
43a	INSURANCE	18,410.	10,779.	6,230.	1,401.
43b	ADVERTISING	19,913.	18,695.	275.	943.
43c	DUES & SUBSCRIPTIONS	2,801.	704.	2,038.	59.
43d	CERTIFICATION FEES	10,949.	10,949.	NONE	NONE
43e	MISCELLANEOUS	34,947.	12,885.	16,827.	5,235.
43f	CONSULTING FEES	58,574.	35,895.	8,799.	13,880.
43g	INVESTMENT EXPENSES	69,128.	NONE	69,128.	NONE
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,159,266.	3,651,898.	375,893.	131,475.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ►SEE STATEMENT 4</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a COTA'S PROGRAM SERVICES RELATE TO CREATING FUNDRAISING PROGRAMS FOR PATIENTS IN NEED OF ORGAN TRANSPLANTS, TO HELP PROVIDE FINANCIAL MANAGEMENT SERVICES TO PATIENTS ON FUNDRAISING AND PAYMENT OF TRANSPLANT RELATED EXPENSES, AND PROVIDE PUBLIC EDUCATION REGARDING ORGAN TRANSPLANTS. COTA HAS APPROXIMATELY 748 ACTIVE FAMILIES/PATIENT ACCOUNTS. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>3,651,898.</p>
<p>b _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>3,651,898. Form 990 (2007)</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing	216,264.	45	470,595.	
	46 Savings and temporary cash investments	756,921.	46	1,198,211.	
	47a Accounts receivable	47a NONE			
	b Less: allowance for doubtful accounts	47b	12,633.	47c NONE	
	48a Pledges receivable	48a 10,325.			
	b Less: allowance for doubtful accounts	48b	21,000.	48c 10,325.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	84,122.	53	46,264.	
	54a Investments - publicly-traded securities STMT 5	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	16,761,768.	54a	15,634,305.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,910,128.	54b	4,399,505.
	55a Investments - land, buildings, and equipment: basis	55a	STMT 6		
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	57a 1,160,640.			
	b Less: accumulated depreciation (attach schedule)	57b 507,577.	638,924.	57c	653,063.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7)		176,000.	58	178,377.	
59 Total assets (must equal line 74). Add lines 45 through 58		22,577,760.	59	22,590,645.	
Liabilities	60 Accounts payable and accrued expenses	78,227.	60	105,557.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 8)		83.	65	NONE
66 Total liabilities. Add lines 60 through 65		78,310.	66	105,557.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	5,124,670.	67	4,054,395.	
	68 Temporarily restricted	17,353,192.	68	18,409,105.	
	69 Permanently restricted	21,588.	69	21,588.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		22,499,450.	73	22,485,088.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		22,577,760.	74	22,590,645.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

75c X

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 5,082. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b X. 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b N/A. 85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85b N/A. 85c Dues, assessments, and similar amounts from members N/A. 85d Section 162(e) lobbying and political expenditures N/A. 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A. 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A. 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A. 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A. 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A. b Gross receipts, included on line 12, for public use of club facilities N/A. 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A. b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A. 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. 88a X. b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. 88b X. 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE. b 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction. 89b X. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A. d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X. f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X. g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X. 90a List the states with which a copy of this return is filed CA, IN. b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 13. 91a The books are in care of LISA FULKERSON Telephone no. 812-336-8872 Located at 2501 COTA DRIVE BLOOMINGTON, IN ZIP + 4 47403. 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)? 91b 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, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **92** | _____ N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,934.	
96 Dividends and interest from securities	532000	-15,488.	14	1,107,160.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	70,427.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	236,880.	
101 Net income or (loss) from special events					47,152.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISC. INCOME					4,231.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-15,488.		1,433,401.	51,383.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,469,296.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	GOLF OUTING INCOME IS USED TO FUND TRANSPLANT RELATED EXPENSES.
103B	MISCELLANEOUS INCOME REALTED TO ORGANIZATION'S PRIMARY EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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 _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: *Chuan Shen* Date: 11/03/08 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP, 3815 RIVER CROSSING PKWY, SUITE 300, INDIANAPOLIS, IN 46240-0977 EIN: _____ Phone no.: 317-569-8989

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **COTA - CHILDREN'S ORGAN TRANSPLANT ASSOCIATION**

Employer identification number
35-1674365

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12				

Total number of other employees paid over \$50,000 . . ▶ **NONE**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 13 regarding lobbying activities, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 include total lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount and ceiling amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) NOT APPLICABLE

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Name of organization COTA - CHILDREN'S ORGAN TRANSPLANT ASSOCIATION	Employer identification number 35-1674365
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COTA - CHILDREN'S ORGAN TRANSPLANT ASSOCIATION	Employer identification number 35-1674365
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OPERATION KIDS 7135 SOUTH HIGHLAND DRIVE, SUITE 202 SALT LAKE CITY, UT 84121	\$ 117,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	26,633.	11,933.	14,700.
COTA SATURDAY	33,124.	672.	32,452.
TOTALS	59,757.	12,605.	47,152.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	1,261,301.
TOTAL	----- 1,261,301. =====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

DESCRIPTION -----	PROGRAM SERVICES -----
GRANTS PAID FOR MEDICAL EXPENSES	727,503.
GRANTS PAID FOR OTHER TRANSPLANT-RELATED EXPENSES	1,937,049.
TOTALS	----- 2,664,552. =====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ASSIST FAMILIES OF PATIENTS IN NEED OF ORGAN TRANSPLANTS BY CREATING FUNDRAISING PROGRAMS, PROVIDING FINANCIAL MANAGEMENT SERVICES RELATED TO THE TRANSPLANT EXPENSES, AND BY EDUCATING THE PUBLIC ABOUT THE NEED FOR ORGAN AND TISSUE DONATIONS.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
DOMESTIC EQUITIES	4,317,727.	FMV
BONDS	11,316,578.	FMV
TOTALS	----- 15,634,305. =====	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
REAL ESTATE INVESTMENT TRUSTS	4,399,505.	FMV
TOTALS	----- 4,399,505. =====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INTEREST RECEIVABLE	178,377.
TOTALS	----- 178,377. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

LINE OF CREDIT

NONE

TOTALS

NONE

=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
THOMAS MICHAEL FORD 2501 COTA DRIVE BLOOMINGTON, IN 47403	CHAIR 1.00	NONE	NONE	NONE
ROSE BLACK 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
SCOTT GANTON 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
JAMES GILROY 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
BO HANNAH 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
CRAIG HUFFMAN 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
ROLAND KOHR	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2501 COTA DRIVE BLOOMINGTON, IN 47403				
CHELLA MCCLEAD 2501 COTA DRIVE BLOOMINGTON, IN 47403	VICE CHAIR 1.00	NONE	NONE	NONE
SCOTT PRICE 2501 COTA DRIVE BLOOMINGTON, IN 47403	TREASURER 1.00	NONE	NONE	NONE
BRENT STARKS 2501 COTA DRIVE BLOOMINGTON, IN 47403	SECRETARY 1.00	NONE	NONE	NONE
GEORGE TALIAFERRO 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
SHERRE WILSON 2501 COTA DRIVE BLOOMINGTON, IN 47403	BOARD MEMBER 1.00	NONE	NONE	NONE
RICHARD LOFGREN 2501 COTA DRIVE BLOOMINGTON, IN 47403	PRESIDENT/CEO 50.00	157,999.	35,597.	8,916.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LISA FULKERSON 2501 COTA DRIVE BLOOMINGTON, IN 47403	VICE PRESIDENT/CFO 40.00	92,335.	20,585.	NONE
BRENDA SCHEIDER 2501 COTA DRIVE BLOOMINGTON, IN 47403	CHIEF DEVELOPMENT OFFICER 40.00	90,616.	23,930.	188.
GRAND TOTALS		340,950.	80,112.	9,104.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
AMY RASING 2501 COTA DRIVE BLOOMINGTON, IN 47403	PATIENT CAMPAIGN MGR 40.00	52,405.	3,928.	NONE
	TOTAL COMPENSATION	52,405.	3,928.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V-A FORM 990

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER INCOME	3,742.	2,096.	53,100.	52,691.	111,629.
TOTALS	3,742.	2,096.	53,100.	52,691.	111,629.

EIN: 35-1674365
 FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	80,645.	NONE	NONE	80,645.
Land Improvements				
Buildings	799,870.	20,222.	322,708.	477,162.
Leasehold Improvements				
Equipment	280,125.	33,000.	184,869.	95,256.
Furniture & Fixtures				
Property, Plant & Equipment	<u>1,160,640.</u>	<u>53,222.</u>	<u>507,577.</u>	<u>653,063.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u><u>1,160,640.</u></u>		<u><u>507,577.</u></u>	<u><u>653,063.</u></u>
Total Depreciation Expense, line 42		<u><u>53,222.</u></u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

**A COPY OF FEDERAL FORM 990-T
WAS ATTACHED TO THE FILING
COPY OF THIS RETURN**