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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009**B** Check if applicable

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

Please use IRS label or print or type. See Specific Instructions.

C THE INSTITUTE FOR BASIC AND APPLIED
RESEARCH IN SURGERY
7101 YORK AVENUE SOUTH #159
MINNEAPOLIS, MN 55435

D Employer identification number

36-3297771

E Telephone number

952-921-3399

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: ▶ N/A**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) (3) (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

303,975.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	244,836.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	59,139.
	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) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). 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	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	303,975.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	163,986.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	102,153.
	13	Professional fees and other payments to independent contractors	13	6,550.
	14	Occupancy, rent, utilities, and maintenance	14	8,736.
	15	Printing, publications, postage, and shipping	15	160.
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	2,986.
	17	Total expenses (add lines 10 through 16)	17	284,571.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,404.
	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	1,646,908.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-402,935.
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	1,263,377.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,580,915.	22 1,145,740.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 4)	204,366.	24 175,682.
25 Total assets	1,785,281.	25 1,321,422.
26 Total liabilities (describe ▶ SEE STATEMENT 5)	138,373.	26 58,045.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,646,908.	27 1,263,377.

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

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 6

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.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	ACADEMIC SURGICAL RESEARCH - PROVIDES FINANCIAL RESOURCES THAT FUND BASIC AND APPLIED RESEARCH IN SURGICAL SUBSPECIALTY AREAS AT NATIONALLY RECOGNIZED ACADEMIC SURGICAL TRAINING PROGRAMS.	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	230,379.
29	SEE STATEMENT 7	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	17,196.
30	SEE ATTACHED SUMMARY OF PROGRAMS AND ACCOMPLISHMENTS.	(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	247,575.

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

(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 and deferred compensation	(e) Expense account and other allowances
WILLIAM A. SULLIVAN 7101 YORK AVENUE SOUTH #159 MINNEAPOLIS, MN 55435	EXECUTIVE DIR 40.00	0.	0.	0.
B. L. CUNNINGHAM, MD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	DIRECTOR 0	0.	0.	0.
J. P. DELANEY, MD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	VICE CHAIR 0	0.	0.	0.
S. E. ELLIS 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	DIRECTOR 0	0.	0.	0.
R. L. GOODALE, MD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	TREASURER 0	0.	0.	0.
J. S. NAJARIAN, MD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	CHAIR 0	0.	0.	0.
R. E. ORRICK 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	SECRETARY 0	0.	0.	0.
W. D. PAYNE, MD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	ASST. TREASURER 0	0.	0.	0.
T. M. TUTTLE 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	DIRECTOR 0	0.	0.	0.
P. J. WOJDA, PHD 7101 YORK AVENUE SOUTH, #159 EDINA, MN 55435	DIRECTOR 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		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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		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	X
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,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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,' complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ MN		

42a The books are in care of ▶ WILLIAM SULLIVAN III Telephone no. ▶ 952-921-3399
Located at ▶ 7101 YORK AVE S. #159, MINNEAPOLIS, MN ZIP + 4 ▶ 55435

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: ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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 ... ▶ ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 8**

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(iii)? If 'Yes,' complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If 'Yes,' was the related organization(s) a section 527 organization? | | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

Sign Here W.A. Sullivan III 12/18/2009
 Signature of officer Date
W.A. Sullivan III Executive Vice President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature <u>[Signature]</u>	Date <u>11/18/09</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00041280</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CARPENTER EVERT & ASSOCIATES</u> <u>1760 FRANCE AVE. S. #940</u> <u>BLOOMINGTON, MN 55435</u>	EIN <u>41-1534805</u>	Phone no <u>(952) 831-0085</u>	

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **THE INSTITUTE FOR BASIC AND APPLIED
RESEARCH IN SURGERY**

Employer identification number
36-3297771

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	162,254.	183,286.	260,404.	279,677.	244,836.	1,130,457.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	162,254.	183,286.	260,404.	279,677.	244,836.	1,130,457.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						377,881.
6 Public support. Subtract line 5 from line 4.						752,576.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	162,254.	183,286.	260,404.	279,677.	244,836.	1,130,457.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	42,196.	31,777.	35,942.	33,781.	59,139.	202,835.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						1,333,292.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	56.4 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	50.0 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT 009073

THE INSTITUTE FOR BASIC AND APPLIED
RESEARCH IN SURGERY

36-3297771

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	METABOLISM SURGERY CENTER		
CASH AMOUNT GIVEN:		\$	47,096.
DONEE'S NAME:	PLASTIC RECONSTRUCTIVE SURGERY		
CASH AMOUNT GIVEN:		\$	21,328.
DONEE'S NAME:	CANCER RESEARCH CENTER		
CASH AMOUNT GIVEN:		\$	1,236.
DONEE'S NAME:	BERNSTEIN ORATION		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	USABLE SURGICAL STUDIES		
CASH AMOUNT GIVEN:		\$	6,643.
DONEE'S NAME:	NAJARIAN RESEARCH CENTER		
CASH AMOUNT GIVEN:		\$	23,060.
DONEE'S NAME:	BREVARD PLASTIC SURGERY EDUCATION FUND		
CASH AMOUNT GIVEN:		\$	17,520.
DONEE'S NAME:	INTERNATIONAL HUMANITARIAN TEAM		
CASH AMOUNT GIVEN:		\$	57,603.
DONEE'S NAME:	METACURE INC		
CASH AMOUNT GIVEN:		\$	49,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

EQUIPMENT	\$	37.
MISCELLANEOUS		359.
OFFICE EXPENSES		1,962.
TRAVEL		628.
TOTAL	\$	<u>2,986.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$	-402,935.
TOTAL	\$	<u>-402,935.</u>

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT 009073

THE INSTITUTE FOR BASIC AND APPLIED
RESEARCH IN SURGERY

36-3297771

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
CONT REC - CHARITABLE REMAINDER TRUST.....	\$ 181,361.	\$ 152,770.
INTEREST RECEIVABLE.....	2,561.	1,681.
PLEDGES AND GRANTS RECEIVABLE.....	20,000.	21,000.
PREPAID EXPENSES AND DEFERRED CHARGES.....	444.	231.
TOTAL	<u>\$ 204,366.</u>	<u>\$ 175,682.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 13,373.	\$ 12,266.
GRANTS PAYABLE.....	125,000.	45,779.
TOTAL	<u>\$ 138,373.</u>	<u>\$ 58,045.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

IBAR'S MISSION IS TO PROVIDE ADDITIONAL FUNDING SUPPORT TO THE ACADEMIC SURGERY TRAINING PROGRAM WITHIN THE DEPARTMENT OF SURGERY AT THE UNIVERSITY OF MINNESOTA. IBARS ALSO SUPPORTS OTHER OUTSTANDING ACADEMIC SURGERY TRAINING PROGRAMS THROUGHOUT NORTH AMERICA

STATEMENT 7
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ORGAN TRANSPLANTATION RESEARCH CENTER - PROVIDES PUBLIC OUTREACH AND A WIDE RANGE OF SUPPORT SERVICES FOR PATIENTS AND THEIR FAMILIES WHO ARE WAITING FOR, OR WHO HAVE RECEIVED, A TRANSPLANTED ORGAN. IN ADDITION, IT PLAYS A PUBLIC RELATIONS ROLE FOR ACTIVITIES INVOLVING TRANSPLANT RECIPIENTS AND THEIR FAMILIES.

STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

INSTITUTE FOR BASIC AND APPLIED RESEARCH IN SURGERY (IBARS)
SUITE 159, 7101 YORK AVENUE SOUTH, EDINA, MN 55435

Charitable Income Tax Return (New Form 990 EZ)
For the period July 1, 2008 to June 30, 2009

SUMMARY PAGE

Incorporated on February 7, 1984, the Institute for Basic and Applied Research in Surgery (IBARS) is recognized by the Internal Revenue Service (IRS) as a Public, Not Private, Non-Profit Medical Research Foundation (Tax ID#: 36-3297771).

IBARS' mission is to provide additional funding support to the Academic Surgery Training program within the Department of Surgery at the University of Minnesota. IBARS also supports other outstanding Academic Surgery Training programs throughout North America.

IBARS' Funding Programs include:

- The VFW (Veterans of Foreign Wars) Surgical Oncology Research Award. On an annual basis, an outstanding Academic Surgical Researcher is selected for a multiple-year grant to study the Basic nature of Cancer and the translational application of "lessons learned" into the clinical setting.
- The William C. Bernstein, MD Oration in Colon and Rectal Surgery. On an annual basis, invite an outstanding Colon and Rectal Surgical Research Pioneer to attend the September, Conference in Colon and Rectal Surgery. Past recipients of the Bernstein Oration Lectureship have included Surgical Pioneers that have significantly added original contributions to the study and treatment of bowel disease.
- The Najarian Lecture in Transplantation. An important contributor to the Land Grant Chair established to honor the seminal contributions of Dr. John Najarian to the Field of Solid Organ Transplantation, on an Annual Basis IBARS participates in a Transplantation lecture to honor Dr. Najarian. A host of activities including scientific presentations, surgical research laboratories, and educational components with the medical students, surgical residents, surgical fellows, and junior and senior members of the faculty and staff are offered.

The 2007 Lecture was given by Nobel Laureate Dr. Joseph Murray, Professor of Surgery Emeritus at Harvard Medical School; the 2008 Lecturer was Dr. Max Dubernard, Professor of Surgery, University of Paris, France (Dr. Dubernard performed the world's first Human Face Transplant); the 2009 Lecturer, Sir and Dr. Roy Calne, Senior Professor of Surgery, Cambridge University, London. Each

of the lectures was attended by more than 500 members of the University of Minnesota Health Center Faculty and Staff.

The organization currently has one dependent director (Mr. Sullivan) who serves as the Executive Vice President, and nine independent directors who represent Outstanding Internationally recognized authorities in their professional fields of Medicine, Business, Law, and Education.

The organization has two employees (Mr. Sullivan) and the Administrative Assistant (Mrs. B. B.) and uses volunteers on an "as-necessary" basis.

During the Fiscal Year 2008-2009 the organization reports no unrelated business income (UBIT).

**INSTITUTE FOR BASIC AND APPLIED RESEARCH IN SURGERY (IBARS)
SUITE 159, 7101 YORK AVENUE SOUTH, EDINA, MN 55435**

2008-2009 Service Accomplishments

In addition to the significant contributions from the Permanently Restricted Accounts (Endowment Accounts), IBARS has an active financial service commitment to Restricted Account Holders in a variety of Academic Surgery Research Disciplines. They include:

- Bariatric and Metabolism Surgery under the direction of Dr. H. Buchwald, an Internationally recognized authority in the area of Metabolism. Significant new funding was received in Fiscal Year 2008-2009 to assist Dr. Buchwald's research in the area of Acute Abdominal Care coupled with the Metabolic nature and new surgical variations of Bariatric Surgery.
- The International Humanitarian Surgical Team under the direction of Dr. W. Schubert. Dr. Schubert and the members of his cross-disciplinary surgical team travel to Guatemala and Ecuador providing critically needed surgical care in the area of Facial Reconstruction (primarily cleft palate repair) and upper extremity burn care to members of the indigenous population. Patients served are based on the length of the mission running approximately 100 patients a week; typically the mission will last from 2 to 3 weeks.

During 2008-2009 more than \$56,000 was contributed and more than 75 members of the Twin Cities Medical Community joined to provide outstanding surgical care to Central America.

- Metabolism Surgery under the direction of Dr. R. Barke. Annually \$40,000 of charitable contributions are realized in support of the ongoing Metabolism Surgery Research Program under Dr. Barke's direction at the VA Medical Center. Dr. Barke's research involves the surgical faculty at the VA Medical Center numbering more than 10 surgeons and significant number of paraprofessionals treating upward of 1,000 patients per year.

Plastic and Reconstructive Surgery under the direction of Immediate Past President of the American Society of Plastic Surgery (ASPS), Dr. B. L. Cunningham, an internationally recognized authority in Reconstructive Surgery. For 26 years, Dr. Cunningham has run an active Surgical Residency and Fellowship training program whose graduates have added significantly to the field of Plastic Surgery. These same individuals are found in the finest Academic Universities and Major Hospital Systems throughout the country.

- Brevard Plastic Surgery under the direction of Dr. R. Guy, current President of the American Society of Plastic Surgery (ASPS). The Brevard Plastic Surgery Education Program provides significant funding (> \$18,000.00) to physicians, members of their Medical Staff, and patients located in Brevard County, Florida. Members of the indigenous community receive care from Dr. Guy at a significantly reduced rate.
- The Najarian Research Center under the direction of world-renown Transplant Surgeon, Dr. J. Najarian, the Center has existed for 26 years, funding National and International Organ Transplantation Programs. Dr. Najarian serves Major Leadership Positions in National and International Transplantation Societies and is currently directing a major focus completing and publishing his autobiographical memoir highlighting 50 years of unselfish contribution to the training of future surgical leaders.
- Developmental Fund for Useful Surgical Studies under the direction of Dr. H. B. Ward. The Center plays a major role providing funding support for the non-physician members of the Cardiovascular Surgical Staff at the University of Minnesota, Division of Thoracic and Cardiovascular Surgery, and the Division of Cardiovascular Surgery at the VA Medical Center.

Since 1994, Dr. Ward has purchased surgical loupes for members of the Cardiovascular Surgical Team to aid their work in the Operating Room.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only... ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE INSTITUTE FOR BASIC AND APPLIED RESEARCH IN SURGERY	36-3297771
	Number, street, and room or suite number. If a P.O. box, see instructions	
	7101 YORK AVENUE SOUTH #159	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MINNEAPOLIS, MN 55435	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► WILLIAM SULLIVAN III

Telephone No ► 952-921-3399 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)