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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A٠F	or th	e 2008 calendar year, or tax year beginning $$ DEC $1$ , $2008$ $$ and ending	NOV 30, 200	)9
Вс	heck if	use IRS	D Employer iden	itification number
	Addre	print or VAN ANDEL EDUCATION INSTITUTE		
	Name  chang  Initial	Doing Business As	<del></del>	-2000824
<u> </u>	return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
<u>_</u>	Termi ation Amen	Instruc- 333 BUSTWICK AVENUE N.E.		5-234-5000
<u>_</u>	Jreturn ☐Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,043,420
	Jtion pendi	GRAND RAFIDS, MI 43303-2310	H(a) Is this a grou	
		F Name and address of principal officer: TIMOTHY MYERS	for affiliates?	
		SAME AS C ABOVE	H(b) Are all affiliates	
		empt status X 501(c) ( 3 ) ◀ (insert no )	H(c) Group exemp	h a list. (see instructions)
				M State of legal domicile: M
-	rt I	Summary	Teal of formation, 1994	7 W State of legal dofficile, 24
$\neg$	1	Briefly describe the organization's mission or most significant activities THE OPER	RATION OF THE	E VAN ANDEL
Activities & Governance	•	INSTITUTE GRADUATE SCHOOL (VAIGS) AND THE SC	CIENCE ACADEN	Y SCHOOL.
ı,	2	Check this box If the organization discontinued its operations or disposed of		
Š		Number of voting members of the governing body (Part VI, line 1a)		3
ğ		Number of independent voting members of the governing body (Part VI, line 1b)	t	4
80	1	Total number of employees (Part V, line 2a)	ſ	5 1
iğ.		Total number of volunteers (estimate if necessary)	ļ-	6
ij		Total gross unrelated business revenue from Part VIII, line 12, column (C)	F	7a 0
۷ ا		Net unrelated business taxable income from Form 990-T, line 34	<b>⊢</b>	7ь О
			Prior Year	Current Year
ا م	8	Contributions and grants (Part VIII, line 1h)	1,916,620	2,040,705
ğ		Program service revenue (Part VIII, line 2g)	920	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	331	
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,917,871	2,043,420
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	735,220	577,668
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	587,87	7. 1,014,865
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
×	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	684,087	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,007,184	
		Revenue less expenses Subtract line 18 from line 12	<89,313	3.> <61,158
s or		Total assets (Part X line 16) RECEIVED	Beginning of Year	End of Year
Assets Balan			664,555	
Fund		Total liabilities (Part X, line 26)	DI 002,073	
	_			49,853
Ра	rt II	Olgitatar C Diook	巫	
		Under penalties of percury. I dealare that I have examined this return, including accompanying schedules and statem and complete declaration of prepares (other than officer) is based on all information of which is based has any knowledge.	ledge	riedge and belief, it is true, correct,
		1 1 1	ا ا	01/2/2
Sign		Signature of o dicer	Date	10 LOIC
Here	е			
		TIMOTHY MYERS CHIEF FINANCIAL OFFICER	·	
		10-1-	Check if Pro	eparer's identifying number
Paid		Preparer's signature Silverification Silverification (10-5-10)	seif-	e instructions)
Prep	arer's	Firm's name (or // DELOICTE TAX LLP	employed ►	
Use	Only	yours if bell-of the TAX BBP self-employed). 600 RENAISSANCE CENTER STE 900	LIN	
		address and ZIP+4 DETROIT, MI 48243-1704	Phone no.	(313)324-1310
May	the II	RS discuss this return with the preparer shown above? (see instructions)	Tribite ito.	X Yes N
<u> </u>			instructions	Form <b>990</b> (200
63200	1 12-1	0-00 LIM FOI FINACY ACTAINS PAPERWORK NEGLECTION ACT NOTICE, SEE THE SEPARATE		F01111 <b>33U</b> (20U

832002 12-18-08 1

Part IV | Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,	
•	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		v
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	_		v
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		х	
10	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		<u> </u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	12		Х
13	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			**
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		X
<b>b</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25h		Х
26	pnor year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
40	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20		
~′	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
	Commerce, 5. 15 a person reduced to each an internocal, in 165, Complete deficable E, i art in		990 (	
			(	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
٠a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			ŀ
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	L		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			1
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1
	If "Yes," complete Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ŀ
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u></u>	X

Form 990 (2008)

Part	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
•	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ		
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
	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	1		
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	]		
,	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			<del>  -,,-</del>
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		<sub>V</sub>
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	ł		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-		X
	benefit contract?	7e 7f	-	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<del></del>		<u> </u>
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g 7h		<u> </u>
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	<del>  '''</del> -		<u> </u>
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			ŀ
	excess business holdings at any time during the year?	8		_
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	<u> </u>		-
	Did the organization make any taxable distributions under section 4966?  N/A	9a		_
	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
	Section 501(c)(7) organizations. Enter: N/A			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
	Section 501(c)(12) organizations. Enter: N/A	1		
	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
		1		
	amounts due or received from them)	ı	ſ	
	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			<del></del>					
٠			Yes	No					
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			ıİ					
	processes, or changes in Schedule O See instructions								
1a	Enter the number of voting members of the governing body  Enter the number of voting members that are independent.								
Ь	Enter the number of voting members that are independent			. 1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- <del></del>	لــــــا					
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			v					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6							
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		X					
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following		Х	لــــــا					
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9a	Does the organization have local chapters, branches, or affiliates?	9a							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	۱ ۵۰	v						
	and branches to ensure their operations are consistent with those of the organization?	9b	X	<del></del>					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	40	X						
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	-					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	۱.,		Х					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11							
<u> </u>	tion B. Policies		Yes	No					
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	140					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120							
U	to conflicts?	12b	х						
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21						
C	In Schedule O how this is done	12c	х						
12		13	X						
13 14	Does the organization have a written whistleblower policy?	14	X						
	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	'							
15									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	15a	X	<del>                                     </del>					
	The organization's CEO, Executive Director, or top management official?	$\overline{}$	X						
U	Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)	15b	<b>-</b> **						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
.08	taxable entity during the year?	16a	$\vdash$	X					
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1.50							
U	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
202	tion C. Disclosure	1 100							
17	List the states with which a copy of this Form 990 is required to be filed ►MI								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fins	ncial						
.,	statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition 🖿	•						
	TIMOTHY MYERS - 616-234-5368								
	333 BOSTWICK AVENUE N.E., GRAND RAPIDS, MI 49503-2518								
3200 12-18-		Form	990 (	2008)					
	••		- 1	- /					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not o		y of	ficer			or, tr	uste		/E\	<b>(E)</b>	
(A) Name and Title	(B)			ر) Posi	C) Ition			( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated	
Name and Title	Average hours	l (cl				it apply)		compensation	compensation	amount of	
	per	<u> </u>	<del>·</del>					from	from related	other	
	week	hrecto				_		the	organizations	compensation	
		3e 07 (	stee			ısateı		organization	(W·2/1099-MISC)	from the	
		Itrust	nal tru	l	oyee	ашо		(W-2/1099-MISC)		organization and related	
		individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ę			organizations	
		E P	Inst	ŧ	Key	풀를	퉏				
DAVID L. VAN ANDEL											
CHAIRMAN / CEO	0.00	X		Х	L			0.	437,351.	39,336.	
DON MAINE						ĺ					
VAEI TRUSTEE	1.00	Х	_		<u> </u>	<u> </u>	<u>_</u>	11,000.	15,000.	0.	
JUAN OLIVAREZ	1 00	٠,						10 417	0	_	
VAEI TRUSTEE GORDON VAN HARN-SCH O	1.00	Х	_	_	_	⊢	<u> </u>	10,417.	0.	0.	
VAEI TRUSTEE	1.50	X			ŀ		ŀ	29,817.	1,000.	0.	
GORDON VAN WYLEN	1.30	1				┢	$\vdash$	25,017.	1,000.		
VAEI TRUSTEE	1.00	х						10,000.	0.	0.	
R. JACK FRICK						T					
VAEI TREASURER	0.00			X		l		0.	276,167.	50,023.	
STEVE HEACOCK											
VAEI SECRETARY	0.00	_		Х				0.	336,547.	49,623.	
STEVE TRIEZENBERG-SCH O	40.00					ĺ		101 046	0	04 550	
VAEI DIRECTOR	40.00		<u> </u>	_	Х	<b> </b>		191,046.	0.	24,550.	
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	1		l		1	I	[				

Form 990 (2008)

Par	T VII   Section A. Officers, Directors, Tru	ustees, Key E	mple	oyee	es, a	ind l	High	nest	Compensated Employ	rees (continuea)				
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	Position						Reportable	Reportable			timate	
•		hours	(c	heck	k all	that apply)			compensation	compensation			nount	of
		per week	ğ	ļ					from the	from related organization	1		other pensa	ition
		""	Individual trustee or director	, a		ļ	ated		organization	(W·2/1099-Mi			om th	
			ustee	Trust		g g	npens		(W-2/1099-MISC)			•	anızat	
			dual tr	Institutional trustee	_	Key employee	stcor						d relat anızatı	
			P P	Instit	Officer	Key	Highest compensated employee	Ę.				orge	a: 112 a ti	0113
		<del>                                     </del>	$\vdash$	-			$\vdash$	$\vdash$		<u> </u>		_		
			<u> </u>	ļ	_	ļ	<u> </u>	_						
								ļ						
			┢	-	$\vdash$	ļ. —	$\vdash$	┝	<del></del>		—			
										· · · · · · · · · · · · · · · · · · ·				
									•					
			$\vdash$	-		-	H							
				<u> </u>		_	ļ	-	<del></del>	 				
			-	_		-	├-				$\dashv$			
		<u>.</u>	L				L						· · · · · · · · · · · · · · · · · · ·	
1b	Total	<u> </u>	L	I	<u> </u>	<u></u>	<b></b>	<u> </u>	252,280.	1,066,0	65.	16	3,5	32.
2	Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0	000 in reportable					
	compensation from the organization			_						- <del></del>			Yes	No
3	Did the organization list any former officer,	director or tru	stee	ke	v en	olar	vee.	or t	nighest compensated ei	mplovee on	ſ		- <del>-</del> -	
•	line 1a? If "Yes," complete Schedule J for s			,	,	.,0.0	, ,	<b>U</b>	ng. look oomportoolog of		Ì	3		X
4	For any individual listed on line 1a, is the su			omp	ensa	atior	ano	d oti	her compensation from	the organization	ļ			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	eduk	e J f	for such individual		1	4	X	
5	Did any person listed on line 1a receive or a	•			rom	any	y uni	relat	ed organization for serv	ices rendered to	, l			
	the organization? If "Yes," complete Sched	ule J for such	pers	on								5		Х
	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	from	
	the organization NONE													
	(A) Name and business	address							(B) Description of s	services	С	Ompe		n
		·		-				7	<u></u>					
								4			<u> </u>			
							_			-				
			-	··				┪		<u>.</u>				
		<del></del>						$\dashv$			<del></del>	·		
											L			
2	Total number of independent contractors (if from the organization	ncluding those	ın ·	1) w	no re	ecei	ved	mor	e than \$100,000 in com	pensation		. —		

9

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	567,668.	567,668.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	276,830.	144,449.	132,381.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		600 105		
7	Other salaries and wages	609,405.	609,405.		
8	Pension plan contributions (include section 401(k)	20 420	20 420		
_	and section 403(b) employer contributions)	39,420. 54,336.	39,420. 54,336.		
9	Other employee benefits	34,874.	34,336.		
10	Payroll taxes	34,0/4.	34,0/4.		<u> </u>
11	Fees for services (non employees)				
a	* F	8,314.	8,314.		• • • • • • • • • • • • • • • • • • • •
b	_ ĭ	31,920.	0,514.	31,920.	
٠	Accounting Lobbying	31,320.		31,5201	
d e	- B - C - T - T - T - T - T - T - T - T - T				
f	Investment management fees				
g		39,418.	39,418.		
12	Advertising and promotion	6,809.	6,809.		•••
13	Office expenses	41,455.	41,455.		
14	Information technology	5,452.	5,452.		
15	Royalties	-		1	
16	Occupancy	·		-	
17	Travel	21,007.	18,260.	2,747.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del> </del>
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,403.	50,403.		
23	Insurance	23,202.		23,202.	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ALLOCATED EXPENSES	226,028.	<3,035.	> 229,063.	
b	EQUIPMENT & SOFTWARE	30,998.	30,998.		
С	OTHER SCIENTIFIC	7,718.	7,718.		
d	MISCELLANEOUS	6,399.	5,509.	890.	
е	REFRESHMENTS	4,524.	4,389.	135.	
f	All other expenses	8,398.	4,417.	3,981.	
25	Total functional expenses. Add lines 1 through 24f	2,104,578.	1,680,259.	424,319.	0
26	Joint Costs. Check here   if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Pa	rt X	Balance Sheet								
	•				(A) Beginning of year		(B End of			
-	1	Cash - non-interest bearing	•			1				
	2	Savings and temporary cash investments			59,308.	2	4	6,5	13.	
	3	Pledges and grants receivable, net				3_				
	4	Accounts receivable, net			12,960.	4		2,5	46.	
	5	Receivables from current and former officers, di	rectors	s, trustees, key						
		employees, or other related parties. Complete P	art II o	f Schedule L		5				
	6	Receivables from other disqualified persons (as	define	d under section						
		4958(f)(1)) and persons described in section 495	8(c)(3	)(B) Complete						
		Part II of Schedule L				6				
ş	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges			22,082.	9	1	9,4	91.	
	10a	Land, buildings, and equipment cost basis	10a	346,505.						
	b	Less accumulated depreciation Complete				]				
		Part VI of Schedule D	10b	165,736.	222,290.	-	18	0,7	69.	
	11	Investments publicly traded securities			250,462.	11	28	5,6	33.	
	12	Investments other securities See Part IV, line 1		_	97,401.	12	11	1,1	57.	
	13	Investments · program-related See Part IV, line	11	-		13				
	14	Intangible assets		_	F 2	14	ļ			
	15	Other assets See Part IV, line 11	52. 664,555.	15	- 61	6 3	0.			
	16	Total assets. Add lines 1 through 15 (must equi	al line :	34)	559,515.	16			68.	
	17	Accounts payable and accrued expenses	}	559,515.	17	33	9,2	.00.		
	18	Grants payable	-		18	<del></del>				
	19	Deferred revenue	-	····	19					
	20	Tax-exempt bond liabilities	20			-				
ties	21 22	Escrow account liability Complete Part IV of Sci Payables to current and former officers, director			<del></del>					
Liabilities	22	highest compensated employees, and disqualifi								
Lia		of Schedule L		22	1					
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23				
	24	Unsecured notes and loans payable		, a partico		24				
	25	Other liabilities Complete Part X of Schedule D			43,156.	25	5	7.1	88.	
	26	Total fiabilities. Add lines 17 through 25			602,671.	26	59	6,4	56.	
		Organizations that follow SFAS 117, check he	re 🕨	X and complete	<u> </u>					
ces		lines 27 through 29, and lines 33 and 34.		·						
	27	Unrestricted net assets			<288,040.	>27	<30	0,0	71.	
ala	28	Temporarily restricted net assets				28				
Net Assets or Fund Balar	29	Permanently restricted net assets			349,924.	29	34	9,9	24.	
F		Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🔲 and						
ō		complete lines 30 through 34.					ł			
ets	30	Capital stock or trust principal, or current funds			··· · · · · · · · · · · · · · · ·	30				
Ass	31	Paid-in or capital surplus, or land, building, or eq		<del>}-</del>		31				
let ,	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	ļ			
2	33	Total net assets or fund balances		Ļ	61,884.	33			53.	
	34	Total liabilities and net assets/fund balances			664,555.	34	64	6,3	09.	
Pai	t XI	Financial Statements and Reporting						Yes	No	
1	Acco	unting method used to prepare the Form 990.	□ ca	ash X Accrual	Other				<del>                                     </del>	
' 2а		the organization's financial statements compiled					2a	<del> </del>	X	
b		the organization's financial statements audited b		•	oodinani.		2b	<del>                                     </del>	X	
		es" to lines 2a or 2b, does the organization have a	•	·	sibility for oversight of the	e audıl		<del>                                     </del>	<u> </u>	
•		w, or compilation of its financial statements and s			· ·		2c			
За		result of a federal award, was the organization rec		·		jle Au		1		
_		nd OMB Circular A-133?		•	•	-	3a		Х	
_ b	If "Ye	es," did the organization undergo the required aud	dit or a	udits?			3b			
83201	11 12-18-08									

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Employer identification number

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of	the organizat	ion							mployer i	dentification number				
		VAN ANI	DEL EDUCATION	N INST	TUTE				52	2-2000824				
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions	)	<del></del>				
The organ	• • • • • • • • • • • • • • • • • • • •		because it is. (Please cl				· · · · · · · · · · · · · · · · · · ·							
1		•	es, or association of chui	-	_		(b)(1)(A)(i	).						
2 X			70(b)(1)(A)(ii). (Attach So											
3			ital service organization	•		170(b)(1)	( <b>A)</b> (ni). (At	tach Sch	edule H )					
4			operated in conjunction							he hospital's name.				
	city, and sta		<b>,</b>		•				·	•				
5 🗀	•		benefit of a college or u	iniversity o	wned or or	perated by	a govern	mental ur	nt describe	ed in				
•	-	(b)(1)(A)(iv). (Compl		, •		,	- <b>3</b> - 1- 1- 1-							
6			nent or governmental un	it describe	d in sectio	n 170(b)(	1)(A)(v).							
7 🗂			ceives a substantial part					or from th	e general r	oublic described in				
• 🖵	•	(b)(1)(A)(vi). (Comple	•	or its supp	John Monn a	govennin	on car arm c	J. 110111 tr	o gonora, p	Addition doctorized in				
8 🗀			section 170(b)(1)(A)(vı).	(Complete	Part II \									
			ceives (1) more than 33	-		rom contr	butions n	nambarch	un fooe an	nd aross receipts from				
* L	-	•	• •											
	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													
			•	1101131116	ix) iroin bu	511165565	acquired t	y tri <del>o</del> org	ariization a	iitei Julie 30, 1973				
10		509(a)(2). (Complete	e the Part III ) perated exclusively to te	at far nubl	lo opfoty 6	Soo sootis	n 600(a)(	4) /coo in	sta iotions\					
11	•	•	•	•					•					
''			perated exclusively for t											
	,		ations described in sect		•		2). See <b>se</b> (	cuon sos	(a)(3). Cite	CK the box that				
			j organization and comp	_	e III - Func		toprotod		- ()	Type III - Other				
e [	a Type		• •			-	•	du	لـــان	••				
€ L,			at the organization is not											
			than one or more public						19(a)(1) or s	ection 509(a)(2)				
f	_		tten determination from	the ins th	atitisa iy	pe i, Type	ii, or Typi	# 111						
_		rganization, check ti					-6 Ab - 6-11		0	L				
g	=		organization accepted a			-				Vaa Na				
			directly controls, either a		etner with	persons t	escribed	in (ii) and	(III) Delow,					
	=		supported organization?							11g(i)				
			n described in (i) above?		-0					11g(ii)				
	•	•	a person described in (i)	• •						11g(ıii)				
h	Provide the following information about the organizations the organization supports.													
		<del></del>	(iii) Type of	Je. 3 1- 41		(.) 0.4	1	6.31	- 45 - T					
	of supported	(ii) EIN	organization		organization sted in your		a notify the	Lorganizat	s the ion in col.	(vii) Amount of				
orga	anization	}	(described on lines 1-9	governing	document?	(i) of you		l (i) organi	zed in the	support				
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No No					
			(see instructions))			100		100	<del> </del>					
				+			ļ	-	╃┷┷					
							ļ	]						
				<del> </del>			ļ	-	<del> </del>					
				<del> </del>			ļ	<del> </del>	<del>↓</del>					
									1 1					
		<del></del>	ļ	<del>  -</del>			<u> </u>	<u> </u>	<del>                                     </del>					
				1				l						
		ļ		L				L	<b>↓</b>					
Total		l	<u> </u>	ــــــــــــــــــــــــــــــــــــــ			L		<b>⊥</b>					
LHA For F	Privacy Act ar	d Paperwork Redu	iction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedu	le A (Form	n 990 or 990-EZ) 2008				

	organization, check this box and stop here		-,(-, 1	
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n stop here. The organization qualifies as a publicly supported organization	ore, c	heck this box and	<b>▶</b> □
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% and stop here. The organization qualifies as a publicly supported organization	or mo	ore, check this box	<b>▶</b> □
17a	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, a and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Parmeets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			▶[
b	10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 1 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization as a publicly supported organization organization as a publicly supported organization organization as a publicly supported organization organization as a publicly supported organization	ın Pa	rt IV how the	<b>→</b> □
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a			
	Sche	dule /	(Form 990 or 990-E2	Z) 2008

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Sch	edule A (Form 990 or 990-EZ) 2008			A FAA/			Page 3
_	rt III   Support Schedule for (	Organizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the	box on line 9 of Part I)
$\overline{}$	ction A. Public Support	γ	<del> </del>	<del>,</del>	<del>,</del>		1
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1.	Gifts, grants, contributions, and				1		
	membership fees received (Do not		-				
	include any "unusual grants ")	<u> </u>				<del> </del>	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that			]			
	are not an unrelated trade or bus					1	
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			,		J	
5	The value of services or facilities						
	furnished by a governmental unit to						j
	the organization without charge						
6	Total. Add lines 1 · 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	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)						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<u> </u>				
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						
	Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in 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	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
Sec	tion D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>108</b> (line 10c, colur	nn (f) divided by lir	ne 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 n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here</b> . The	organization qual	ifies as a publicly s	supported organi	zation	ightharpoons
b	33 1/3% support tests - 2007. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	inization qualifies a	as a publicly supp	ported organizatioi	¬ ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u>▶</u>
					Sc	hedule A (Form 9	90 or 990-EZ) 2008

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, o

Employer identification number

	VAN ANDEL EDUCATIO		52-2000824
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be u	used only
	for chantable purposes and not for the benefit of the donor	or donor advisor or other impermissible priva	ate benefit? Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	irt IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conse	ervation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?	_	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	•	· ·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
Dat	t III Organizations Maintaining Collections o	f Art Historical Transures or Otl	hor Similar Assats
rai	Complete if the organization answered "Yes" to Form	-	ilei Siilliai Assets.
	Complete in the organization answered Test to Form	330,1 41010, 1110 0.	
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and hal	ance sheet works of art, historical
16	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	·	ic service, provide, if I art xiv, the text of
h	If the organization elected, as permitted under SFAS 116, to		e sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, c	·	•
	these items	in research in further director public service,	provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial	gain provide
-	the following amounts required to be reported under SFAS 1	•	gain, provide
а	Revenues included in Form 990, Part VIII, line 1	To tolding to those name	<b>▶</b> \$
	Assets included in Form 990, Part X		► \$ ► \$
J	Tibodic institutori in comi coo, i ait /		

832051 12-23-08

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

Schedule D (Form 990) 2008

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		134,867.	59,406.	75,461.
d Equipment		200,480.	103,788.	96,692.
e Other		11,158.	2,542.	8,616.
Total. Add lines 1a-1e (Column (d) should equal	Form 990. Part X. column (B).	line 10(c) )	<b>•</b>	180,769.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
STOCK IN PRIVATELY HELD			
COMPANIES	23,819	END-OF-YEAR MARKET VALUE	
HEDGE FUNDS	59,548		
REAL ESTATE	7,940		
COMMODITIES	7,940		
OTHER INVESTMENTS HELD AT			
LOWER OF COST OR MARKET	7,940	COST	
CERTIFICATES OF DEPOSIT	3,970		
	373.0	71 242 01 1214 1214 121	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	111,157	7.	
Part VIII Investments - Program Related. Se			
		(c) Method of valuation	-
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		<del> </del>	
		<del></del>	
		<del> </del>	
		<del></del>	
		<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
Total (Col (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line	15	- <u> </u>	
	Description	(b) Book value	•
		· <del>- · · · · · · · · · · · · · · · · · ·</del>	
	<del></del>		•
	<del></del>		
	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col (B) lir	ne 15 )		
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		(b) Amount	
Federal income taxes			
ACCRUED POSTRETIREMENT BENEFI	T	<del></del>	
OBLIGATION		57,188.	
		····	
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 25 )	57,188.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

832053 12-23-08

12-23-0

Schedule D (Form 990) 2008

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

➤ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	VAN ANDEL EDUCATION INSTITUTE   52-	2000	0 4	
			YES	NO
1	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?	1_1_	X	
2	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?	2	X	l
3	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	3	X	L.,
	THE POLICY IS MADE KNOWN TO THE GENERAL COMMUNITY VIA			
	THE INTERNET. THIS COURSE OF ACTION WAS EXPECTED TO BE AN	1		1
	EFFECTIVE METHOD OF PUBLICIZING THE POLICY TO THE GENERAL	1		ļ
	COMMUNITY.	İ	1	
4	Does the organization maintain the following?			1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	<u> </u>
¢	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	L.
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	ļ		1
		1		1
_				
5	Does the organization discriminate by race in any way with respect to			x
	Students' rights or privileges?	5a		$\frac{\hat{x}}{x}$
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c	<u> </u>	X
	Scholarships or other financial assistance?	5d 5e		$\frac{\Lambda}{X}$
	Educational policies? Use of facilities?	5f	-	X
	Athletic programs?		-	X
_	Other extracurricular activities?	5g 5h		X
- 11	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	311	<del> </del>	<u> </u>
	if you answered Tes to any or the above, please explain. (If you need more space, attach a separate statement.)	ł	]	
		1	[	1
				1
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		x
	Has the organization's right to such aid ever been revoked or suspended?	6b	<del>                                     </del>	X
_	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.	<u> </u>	<del>                                     </del>	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	1	1	
	Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	x	
ΙНΔ	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule E (Form 990).	O or 9	10-F7	) 200

SCHEDULE I				:			OMB No 1545-0047	ı
Form 990)		Grants and Governn	ants and Other Assistance to Organizatio Governments, and Individuals in the U.S.	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	_		2008	
Department of the Treasury	▲ Comb	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public	
nternal Revenue Service			► Attach to Form 990.	ո 990.			Inspection	_1
Name of the organization VAN AN	DEL EDUCATION	N INSTITUTE					Employer identification number 52-2000824	_
Part I General Information on Grants and Assistance	ants and Assistance							1
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	cords to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		l
criteria used to award the grants or assistance?	or assistance?						X Yes	_
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	in's procedures for mon	toring the use of grant	funds in the United	d States				1
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ice to Governments an	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	than \$5,000 Check thi	s box if no one recipier	it received more th	ian \$5,000 Use Pa	It IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	į
VAN ANDEL INSTITUTE GRADUATE							SUPPORT VAN ANDEL	
SCHOOL - 333 BOSTWICK AVENUE N.E				,			INSTITUTE GRADUATE SCHOOL	<u>د</u>
- GRAND RAPIDS, MI 49503	20-3340886	501(C)(3)	567,668.	0			OPERATIONS.	1
								1
								I
2 Enter total number of section 501(c)(3) and government organizations	(c)(3) and government o	irganizations					<b>A</b>	H
_	izations						<b>▲</b>	ᆡ
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Reduction Act Notice	, see the Instructions	for Form 990.				Schedule I (Form 990) 2008	න

52-2000824

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Page 2

Schedule I (Form 990) 2008 VAN ANDEL EDUCATION INSTITUTE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2009 STIPENDS TO GRAND RAPIDS AREA PRE-COLLEGE ENGINEERING PROGRAM (GRAPCEP) INTERNS.	7	10,000.	0.		
Part IV Supplemental Information. Complete this part to provide	de the informatio	in required in Part I,	line 2, and any other	the information required in Part I, line 2, and any other additional information	
SCHEDULE I, PART I, LINE 2: FUNDS	PROVIDED	T <sub>O</sub>	THE VAN ANDEL INSTITUTE	STITUTE	
HOOL AND GRAND RAPIDS	AREA PRE-	PRE-COLLEGE EN	ENGINEERING	PROGRAM	
(GRAPCEP) ARE CONTINUALLY MONITORED	WHICH	ENSURE THAT	T ALL FUNDS	S ARE	
MISSION-DRIVEN. STIPENDS ARE PROVID	ED	DIRECTLY TO GRAPCEP	APCEP INTERNS	RNS FOR	
RANCE ASSISTANCE.	ADDITONALLY,	VAEI	SUPPORTS VAIGS	IGS AS IT	
PREPARES BIOMEDICAL RESEARCH SCHOLARS		ELL AND MO	IN CELL AND MOLECULAR GENETICS.	NETICS.	
EXPENDITURES FOR THESE SCHOOLS ARE	MADE AT	THE	DISCRETION OF T	THE BOARD OF	
TRUSTEES.					

Schedule I (Form 990) 2008

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Employer identification number** VAN ANDEL EDUCATION INSTITUTE

52-2000824

1	int I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			i l
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence	·		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				1
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision	1b		<b></b>
	of all of the expenses described above? If "No," complete Part III to explain	10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	ا ا		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<del></del>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract	•		
	Independent compensation consultant  X Compensation survey or study			l
	Form 990 of other organizations  X Approval by the board or compensation committee			ĺ
	ppious by the board of comportation comments			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			′
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			Ì
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the revenues of	<u> </u>		
	The organization?	5a		X
b	Any related organization?	5b		<u> X</u>
	If "Yes," to line 5a or 5b, describe in Part III			ĺ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of	<u> </u>		
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III		<u> </u>	<u> </u>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		]	
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
IHA	For Privacy Act and Panerwork Reduction Act Notice, see the Instructions for Form 990 Schedule J	(Form	າ ອອດນ	2008

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)
Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	3C compensation	(C)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
								Form 990-EZ
	Ξ			1 1		0.		0
DAVID L. VAN ANDEL	Ξ	322,89	92,25	22,20	38,886.	450	476,687.	0
	Ξ							0
R. JACK FRICK	Ξ	216,89	52,51	6,75	40,650.	9,37	326,190.	0
	Ξ				0		0.	0
STEVE HEACOCK	€	256,	57,	22	40,250.	6	386,170.	0.
	Ξ	149,06	33,	8,83	10,776.	13,77	59	0.
STEVE TRIEZENBERG-SCH O	Ξ		0		0.	0	0.	0
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PART I, LINE 4B: STEVE HEACOCK PARTICIPATED IN A
NON-QUALIFIED RETIREMENT PLAN WITH VARI, A RELATED ORGANIZATION. TOTAL
AMOUNT \$16,423.
Schedule J (Form 990) 2008

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

FORM 990, PART VI, SECTION A, LINE 2: VARI AND VAEI SHARE COMMON

MANAGEMENT. AS OFFICERS OF VARI, DAVID VAN ANDEL, R. JACK FRICK, AND STEVE

HEACOCK INTERACT AND WORK TOGETHER WITH STEVE TRIEZENBERG, A KEY EMPLOYEE

OF VAEI.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 HAS BEEN REVIEWED BY

TIMOTHY MYERS, CHIEF FINANCIAL OFFICER, R. JACK FRICK, CHIEF ADMINSTRATIVE

OFFICER, STEVEN TRIEZENBERG, DIRECTOR OF VAEI, AND MADE AVAILABLE TO THE

BOARD OF TRUSTEES FOR THEIR REVIEW. MANAGEMENT REVIEWED AND PROVIDED

AFFIRMATION THAT THE ORGANIZATION IS IN COMPLIANCE WITH REGULATORY

POLICIES.

FORM 990, PART VI, SECTION B, LINE 12C: VAEI HAS A WRITTEN CONFLICT OF

INTEREST POLICY FACILITATING A PROCESS TO IDENTIFY, EVALUATE, AND CORRECT

OR REMOVE POTENTIAL CONFLICTS OF INTEREST. THE VAN ANDEL INSTITUTE

ADMINISTERS THE CONFLICT OF INTEREST (COI) POLICY THROUGH TWO COMMITTEES:

THE INDIVIDUAL COI COMMITTEE AND THE INSTITUTIONAL COI COMMITTEE.

THE COI POLICY SERVES AS GUIDE FOR ALL STAFF MEMBERS OF THE ORGANIZATION.

THE POLICY IS INTENDED TO 1) PROVIDE STAFF WITH A USEFUL RESOURCE WHEN

DEVELOPING ACTIVITIES WITH OUTSIDE INDUSTRY AND 2) PROVIDE ASSURANCE TO

STAFF THAT THERE IS A COMMITTEE TO REVIEW AND RESOLVE POTENTIAL CONFLICTS

OF INTEREST IF / WHEN THEY ARISE. THE INDIVIDUAL COI COMMITTEE, CHAIRED BY

THE DIRECTOR OF COMPLIANCE, GENERATES AN ANNUAL DISCLOSURE QUESTIONNAIRE

DISTRIBUTED TO ALL STAFF TO ENFORCE THE POLICY. THE CONFLICTS COMMITTEE IS

RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE DIRECTOR. RESOLUTIONS ARE

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

Schedule O (Form 990) 2008

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

VIII THIDDS EDUCITION THOTTIOIS 32 20 0021
IMPLEMENTED WITH APPROVAL OF THE COMMITTEE AND IN DISCUSSION WITH THE VAI
CHAIRMAN.
THE COI POLICY ALSO SERVES AS A GUIDE FOR ALL MEMBERS OF THE BOARD OF
TRUSTEES AND SENIOR EXECUTIVES. THE INSTITUTIONAL COI COMMITTEE REQUIRES
TRUSTEES TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THIS STATEMENT
AFFIRMS THEIR UNDERSTANDING OF THE POLICY, REQUIRES THEIR ACKNOWLEDGEMENT
OF THE ORGANIZATION'S NONPROFIT STATUS, AND REQUESTS DISCLOSURE IF / WHEN
POTENTIAL CONFLICTS ARISE. IN THE EVENT A POTENTIAL CONFLICT ARISES AT THE
BOARD OR SENIOR OFFICER LEVEL, THE OFFICE OF THE GENERAL COUNSEL REVIEWS
AND MEETS WITH THE BOARD OF TRUSTEES TO RESOLVE POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO, EXECUTIVE
MANAGEMENT OFFICIALS, EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES IS
REVIEWED AND APPROVED ANNUALLY BY THE INDEPENDENT COMPENSATION COMMITTEE.
RECORDS AND DOCUMENTATION, INCLUDING COMPARABILITY DATA, ARE KEPT AND
SUPPORT DECISIONS MADE ON BEHALF OF THESE ARRANGEMENTS AND ARE
CONTEMPORANEOUSLY DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.
FORM 990, PG. 7 PART VII
\$18,817 REPRESENTS COMPENSATION FOR DR. VAN HARN'S SERVICES AS PROGRAM
DIRECTOR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

**Employer identification number** Name of the organization VAN ANDEL EDUCATION INSTITUTE 52~2000824 FORM 990, PART XI, LINE 2 VAEI RECEIVES AUDITED FINANCIAL STATEMENTS ON A CONSOLIDATED BASIS. FORM 990, PART VII, SECTION A EFFECTIVE JANUARY 1, 2009, STEVE TRIEZENBERG, DEAN OF THE GRADUATE SCHOOL AND VARI SCIENTIFIC INVESTIGATOR, ASSUMED THE POSITION OF VAEI DIRECTOR. STEVE IS AN EMPLOYEE OF VAEI; HOWEVER, ALLOCATES HIS TIME BETWEEN THE EDUCATION INSTITUTE (VAEI), THE GRADUATE SCHOOL (VAIGS), AND THE RESEARCH INSTITUTE (VARI). HIS COMPENSATION IS REPORTED IN TOTAL WITHIN THE VAEI FORM 990.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection OMB No 1545-0047 2008

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► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number Direct controlling Direct controlling 52-2000824 Œ A/N End-of-year assets Public charity status (if section 501(c)(3)) Œ Ē 11C **Exempt Code** Total income section 9 0 501(C)3 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ნ</u> <u>ნ</u> IICHIGAN MICHIGAN SUPPORTING ORGANIZATION FOR VAN ANDEL EDUCATION INSTITUTE Primary activity Primary activity MEDICAL RESEARCH <u>@</u> <u>@</u> VARI AND VAEI ORGANIZATION Identification of Related Tax-Exempt Organizations - 52-2000823 Identification of Disregarded Entities VAN ANDEL INSTITUTE GRADUATE SCHOOL -VAN ANDEL INSTITUTE - 52-2000820 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity VAN ANDEL RESEARCH INSTITUTE GRAND RAPIDS, MI 49503-2518 GRAND RAPIDS, MI 49503-2518 333 BOSTWICK AVENUE NE 333 BOSTWICK AVENUE NE Name of the organization Part Part

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

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Schedule R (Form 990) 2008

AN ANDEL EDUCATION

INSTITUTE

501(C)3

**ICHIGAN** 

OPERATING A SCHOOL

20-3340886, 333 BOSTWICK AVENUE NE, GRAND

49503-2518

RAPIDS, MI

Page 2

Schedule R (Form 990) 2008 VAN ANDEL EDUCATION INSTITUTE

General or managing partner? Percentage ownership Schedule R (Form 990) 2008 3 Î Code V.UBI amount in box 20 of Schedule K 1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Ξ Share of total income Œ Share of end-of year assets 9 Type of entity (C corp, S corp, or trust) Œ Share of total income (D)

(Direct controlling entity Predominant income (related, investment, unrelated) Legal domicile (state or foreign country) <u>ত</u> (D)

(D)

(D)

(D) 31 Primary activity <u>@</u> Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Part III Identification of Related Organizations Taxable as a Partnership <u>Ω</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 12-23-08

# Schedule R (Form 990) 2008 VAN ANDEL EDUCATION INSTITUTE Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<b>1</b> P	×	
c Gift, grant, or capital contribution from other organization(s)		5	×	
d Loans or loan guarantees to or for other organization(s)		₽		×
e Loans or loan guarantees by other organization(s)		16		×
				ł
f Sale of assets to other organization(s)		<b>÷</b>		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		₩		×
j Lease of facilities, equipment, or other assets from other organization(s)		-	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		<b>*</b>		×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		13	×	
n Sharing of paid employees		두	×	H
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		9	×	
p Reimbursement paid by other organization for expenses		₽	×	
				ŀ
q Other transfer of cash or property to other organization(s)		<u>-</u>		×I
r Other transfer of cash or property from other organization(s)		=		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds			
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	) nvolvec	т.
(1) VAN ANDEL INSTITUTE GRADUATE SCHOOL	Z	144	1	449
(2) VAN ANDEL RESEARCH INSTITUTE	0	740	•	534
(3) VAN ANDEL INSTITUTE GRADUATE SCHOOL	Д	567	• •	899
(4) VAN ANDEL INSTITUTE	U	2,040	•	380
(5)				
(9)				
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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

s regarding exclusion for certain investment partnerships	(C) (D) (E) (F)	Primary activity Legal domicile Are all partners Share of end-of- Disproportion and property of the partners o	Yes No (Form 1065)																
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(A)	Name, address, and EIN of entity																	

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Asset	Description	Date Acquired Method	d Life No	Unadjusted Cost Or Basis		Bus % F	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
<b>τ</b> 1	LAND IMPROVEMENTS	VARIESSL	15.0016	11,	158.			11,158.	1,798.		744.
.,,	2LEASEHOLD IMPROVEMENTSVARIESSL	VARIESSL	15.0016	134,	867.	<del></del>		134,867.	40,139.		19,267.
V-1	ALV.D.	VARIESSL	7.00 16	175	,094.			175,094.	55,572.		26,483.
, ř	K HAKUWAKE E	VARIESSL	5.00 16	25,	386.			25,386.	17,823.		3,910.
	TOTAL 330 PAGE 10 DEPR			346,	,505,	<u> </u>	0	346,505.	115,332.	0	50,404.
			,								
828 102 04-25-08			(D) - As	(D) - Asset disposed		211.	, Section 179	9, Salvage, Bonus	, Commercial Revi	italization De	• ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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