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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2009 calendar year, or tax year beginning 12-01-2009 and ending 11-30-2010**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization VAN ANDEL RESEARCH INSTITUTE		<b>D</b> Employer identification number 52-2000823	
		Doing Business As		<b>E</b> Telephone number (616) 234-5000	
		Number and street (or P O box if mail is not delivered to street address) 333 BOSTWICK Avenue NE	Room/suite	<b>G</b> Gross receipts \$ 79,263,260	
		City or town, state or country, and ZIP + 4 GRAND RAPIDS, MI 49503			
	<b>F</b> Name and address of principal officer TIMOTHY J MYERS 333 BOSTWICK Avenue NE GRAND RAPIDS, MI 49503			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ WWW.VAI.ORG					
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1996		<b>M</b> State of legal domicile MI

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities Medical Research Organization		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	24
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	839,18
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	181,23
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	43,991,473	69,868,505
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,854,145	1,332,729
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	626,862	-272,304
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,460,793	5,766,282
			50,933,273	76,695,212
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		221,029
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,873,211	22,508,665
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>407,930</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	30,800,458	69,776,826
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,673,669	92,506,520
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	1,259,604	-15,811,308
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	250,543,499	253,776,425
	<b>21</b>	Total liabilities (Part X, line 26)	287,653,664	312,690,617
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	-37,110,165	-58,914,192

## Part II Signature Block

<b>Sign Here</b>	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-10-14</div> </div> <div>Date</div>	
	<div> <div></div> <div>Timothy Myers CFO</div> </div> <div>Type or print name and title</div>				
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Deloitte Tax LLP</div> <div>200 Renaissance Center STE 3900</div> <div>Detroit, MI 48243</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
			<div> <div>Phone no</div> <div>(313) 396-3000</div> </div>		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

Medical Research Organization

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 2,105,245 including grants of \$ ) (Revenue \$ )

The laboratory of structural sciences is focused on studying the structures and functions of protein/ligand complexes that play key roles in major hormone signaling pathways See schedule O for further information about this program

4b

(Code ) (Expenses \$ 1,394,369 including grants of \$ ) (Revenue \$ )

The laboratory of Molecular Oncology has focused on understanding the numerous and diverse roles that MET plays in malignant progression and metastasis Schedule O provides further information regarding this program's accomplishment

4c

(Code ) (Expenses \$ 929,297 including grants of \$ ) (Revenue \$ )

The laboratory of cancer and developmental cell biology is focused on understanding anthrax lethal factor, as well as working with the Canine Hereditary Cancer Consortium to study cancer within canines to discover the genomic causes of disease in both canines and people Schedule O provides further information regarding this program's accomplishments

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 68,273,236 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

\$ 72,702,147

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	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	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes
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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	108	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	248	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
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	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	6	
b	Enter the number of voting members that are independent . . . . .	1b	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation 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		

Section C. Disclosure

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 Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TIMOTHY J MYERS 333 BOSTWICK Avenue NE GRAND RAPIDS, MI 495032518 (616) 234-5368

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



1b	Total	2,837,181	91,170	356,433
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶30

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HUNT - OWEN AMES & KIMBALL (See Schedule 6720 SCOTTSDALE DR STE 300 SCOTTSDALE, AZ 85253	CONSTRUCTION SERVICES	32,089,485
Bank of AmericaMerrill Lynch 100 N Tryon St Charlotte, NC 28263	Credit Enhancement Fees	1,135,277
rafael vinoly pc 50 van dam street new york, NY 10013	architecture/ design	683,534
translational genomics institute 445 n fifth st suite 600 phoenix, AZ 85004	contract labor	560,936
warner norcross & judd 111 lyon st 900 old kent grand rapids, MI 495032487	legal/ consulting	500,800

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶24

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	63,319,977				
	e	Government grants (contributions)	1e	5,652,752				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	895,776				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		69,868,505				
Program Service Revenue			Business Code					
	2a	Research billed rev _____	541,700	1,332,729	504,558	828,171		
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		1,332,729				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		202,696			202,696	
	4	Income from investment of tax-exempt bond proceeds . . .		24,016			24,016	
	5	Royalties . . . . .		319,808			319,808	
	6a		(i) Real	(ii) Personal				
		Gross Rents	2,019,921	15,165				
		b Less rental expenses	1,053,328	5,655				
		c Rental income or (loss)	966,593	9,510				
	d	Net rental income or (loss) . . . . .		976,103	965,093	11,010		
	7a		(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		1,010,049				
		b Less cost or other basis and sales expenses		1,509,065				
		c Gain or (loss)		-499,016				
	d	Net gain or (loss) . . . . .		-499,016	-499,016			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
		b Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
		b Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
	b Less cost of goods sold . . . . .	b						
	c Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Rel Party Admin Suppo _____	561,000	3,858,580	3,858,580				
b	Gain on Joint Ventures _____	523,000	827,697	827,697				
c	Reimbursed Expenses _____	900,099	154,548			154,548		
d	All other revenue . . . . .		-370,454	-432,354		61,900		
e	Total. Add lines 11a-11d . . . . .		4,470,371					
12	Total revenue. See Instructions . . . . .		76,695,212	5,224,558	839,181	762,968		

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	221,029	221,029		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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 . . . . .	3,622,793	1,329,366	2,293,427	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	14,603,433	8,675,344	5,673,361	254,728
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,093,027	670,914	407,337	14,776
9	Other employee benefits . . . . .	2,049,319	1,258,578	762,372	28,369
10	Payroll taxes . . . . .	1,140,093	700,361	423,774	15,958
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,050,515	66,018	984,497	
c	Accounting . . . . .	150,165		150,165	
d	Lobbying . . . . .	112,499		112,499	
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	2,207,131	1,372,375	834,756	
12	Advertising and promotion . . . . .	619,288	59,022	560,266	
13	Office expenses . . . . .	147,402	76,802	70,600	
14	Information technology . . . . .	408,781	155,053	253,728	
15	Royalties . . . . .				
16	Occupancy . . . . .	2,521,237	2,044,462	476,775	
17	Travel . . . . .	756,248	594,240	162,008	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	127,649	92,028	35,621	
20	Interest . . . . .	13,165,289	10,509,819	2,655,470	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	8,753,752	7,318,541	1,435,211	
23	Insurance . . . . .	400,688	188,774	211,914	
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 )				
a	TGEN CONTRIBUTION PAYAB	29,228,120	29,228,120		
b	Lab Supplies & Services	3,117,006	3,101,120	15,886	
c	EQUIPMENT & SOFTWARE	1,703,707	997,274	706,433	
d	TGEN INTEGRATION	1,245,773	1,245,773		
e	MSU DISCOUNT ON PAYABLE	1,000,746	1,000,746		
f	All other expenses	3,060,830	1,796,388	1,170,343	94,099
25	Total functional expenses. Add lines 1 through 24f	92,506,520	72,702,147	19,396,443	407,930
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			14,724,976	2	6,671,503
	3	Pledges and grants receivable, net . . . . .			1,392,801	3	2,623,400
	4	Accounts receivable, net . . . . .			2,589,305	4	1,236,706
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			1,492,741	7	2,351,000
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			842,304	9	823,236
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	264,311,645	201,916,499	10c	219,778,822
	b	Less accumulated depreciation . . . . .	10b	44,532,823			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			16,821,154	12	1,887,951
	13	Investments—program-related See Part IV, line 11 . . . . .			97,917	13	97,917
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			10,665,802	15	18,305,890
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			250,543,499	16	253,776,425
Liabilities	17	Accounts payable and accrued expenses . . . . .			25,230,783	17	25,465,798
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			977,793	19	1,453,448
	20	Tax-exempt bond liabilities . . . . .			220,000,000	20	220,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			385,000	23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			41,060,088	25	65,771,371
	26	Total liabilities. Add lines 17 through 25 . . . . .			287,653,664	26	312,690,617
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-37,614,343	27	-39,862,048
	28	Temporarily restricted net assets . . . . .			503,178	28	-19,053,644
	29	Permanently restricted net assets . . . . .			1,000	29	1,500
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			-37,110,165	33	-58,914,192
	34	Total liabilities and net assets/fund balances . . . . .			250,543,499	34	253,776,425

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O    .    .    .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits    .    .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization VAN ANDEL RESEARCH INSTITUTE		Employer identification number 52-2000823
--	--	--

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 (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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  
  
SPECTRUM HEALTH,  
  
/ GRAND RAPIDS, MI
- 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).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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 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?
- h

☐

Provide the following information about the supported organization(s)

(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									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2009. 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

b 10%-facts-and-circumstances test—2008. 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

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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 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		
20Private 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.** 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

Additional Data

Software ID:  
Software Version:  
EIN: 52-2000823  
Name: VAN ANDEL RESEARCH INSTITUTE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	68,273,236	including grants of \$	) (Revenue \$ )

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TGEN CONTRIBUTION PAYAB	29,228,120	29,228,120		
Lab Supplies & Services	3,117,006	3,101,120	15,886	
EQUIPMENT & SOFTWARE	1,703,707	997,274	706,433	
TGEN INTEGRATION	1,245,773	1,245,773		
MSU DISCOUNT ON PAYABLE	1,000,746	1,000,746		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Employer identification number

52-2000823

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

0
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

0
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

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

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		84,375
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		28,124
	j Total lines 1c through 1i			112,499
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	John Van Fossen / Clark Hill State of Michigan MET WITH MICHIGAN ECONOMIC DEVELOPMENT CORPORATION, OFFICE OF GOVERNOR GRANHOLM, OFFICE OF LT GOVERNOR JOHN CHERRY, MICHIGAN STATE SENATE and HOUSE OF REPRESENTATIVES, AND ATTORNEY GENERAL OF MICHIGAN - LIFE SCIENCE PROGRAMS AND FUNDING, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH RESEARCH AND HEALTH CARE SUPPORT PROGRAMS FEDERAL GOVERNMENT FUNDING FOR NCI/ NIH, AND STEM EDUCATION PROGRAMS

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Employer identification number  
52-2000823

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X▶ \$ 435,037

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		218,579,630	20,716,931	197,862,699
c Leasehold improvements . . . . .				
d Equipment . . . . .		38,634,573	23,793,217	14,841,356
e Other . . . . .		7,097,442	22,675	7,074,767
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				219,778,822

Schedule D (Form 990) 2009





Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,695,212
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,506,520
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,811,308
4	Net unrealized gains (losses) on investments	4	227,235
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,219,955
9	Total adjustments (net) Add lines 4 - 8	9	-5,992,720
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-21,804,028

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	73,039,851
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	227,235
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	227,235
3	Subtract line 2e from line 1 . . . . .	3	72,812,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	3,882,596
c	Add lines 4a and 4b . . . . .	4c	3,882,596
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	76,695,212

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	94,843,878
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	6,219,955
e	Add lines 2a through 2d . . . . .	2e	6,219,955
3	Subtract line 2e from line 1 . . . . .	3	88,623,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	3,882,596
c	Add lines 4a and 4b . . . . .	4c	3,882,596
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	92,506,519

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part III, Line 4		The glass Chihuly sculpture is a unique, one-of-a-kind Chandelier reminiscent of the DNA double helix. The Chandelier, which is placed in the reception area, provides motivation and inspiration as Scientists are driven to understand the genetic basis of diseases in their pursuit of cures and other therapies.
Part V, Line 4	Description of Intended Use of Endowment Funds	TO SUPPORT THE CORE RESEARCH OF VARI BY SUPPLYING A STEADY SOURCE OF INCOME FOR ITS OPERATING BUDGETS.
		PART VI, LINE 1B. THE INCREASE IN BUILDING BOOK VALUE REFLECTS THE 240,000 SQUARE FOOT PHASE II EXPANSION. THE PHASE II EXPANSION OF VARI NEARLY TRIPLED LABORATORY SPACE AND ALLOWS FOR CURRENT AND FUTURE GROWTH OF PROGRAMS AND EXPANDED RESEARCH SUCH AS NEURODEGENERATIVE DISEASES THROUGH THE JAY VAN ANDEL PARKINSONS RESEARCH LAB.
		Part X. In June 2006, FASB issued ASC 740, Income Taxes (formerly FASB Interpretation (FIN) No. 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No. 109). ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. ASC 740 also provides guidance on derecognition, classification, interest and penalties, accounting for interim periods, disclosure, and transition. ASC 740 is effective for fiscal years beginning after December 15, 2008. This standard was adopted for fiscal year ended November 30, 2010 and had no material impact on the consolidated financial statements.
		Part XI, Line 8 and Part XIII Line 2d. NET LOSS RELATED TO THE INTEREST RATE SWAP.
		Part XII and XIII, Line 4b. Expense reimbursements.
		Part V - All endowment funds are held at the Van Andel Institute (a related organization).

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Employer identification number</b>
52-2000823

<b>1</b>	<b>For grantmakers.</b> Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2</b>	<b>For grant makers.</b> Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
<b>3</b>	Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
52-2000823

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friends of Crescent Park 333 Bostwick Avenue NE Grand Rapids, MI 49503	264562012	501(c)3		205,579			Support Crescent Park Renovation

2

Enter total number of section 501(c)(3) and government organizations . . . . .

1

3

Enter total number of other organizations . . . . .

0





Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Employer identification number  
52-2000823

Part 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, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
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		No
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID VAN ANDEL	(i)	301,378	92,252	20,678	38,886	440	453,634	0
	(ii)	0	0	0	0	0	0	0
GEORGE VANDE WOUDE	(i)	301,030	0	18,972	40,250	1,237	361,489	0
	(ii)	0	0	0	0	0	0	0
R JACK FRICK	(i)	215,921	52,517	1,290	40,650	9,112	319,490	0
	(ii)	0	0	0	0	0	0	0
STEVE HEACOCK	(i)	239,709	57,534	17,190	40,250	9,112	363,795	0
	(ii)	0	0	0	0	0	0	0
Joseph Gavan	(i)	151,611	35,700	300	23,000	9,112	219,723	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY MYERS	(i)	126,473	10,468	248	9,259	9,112	155,560	0
	(ii)	0	0	0	0	0	0	0
LINDA ZARZECKI	(i)	132,576	10,740	597	9,729	9,112	162,754	0
	(ii)	0	0	0	0	0	0	0
KATHleen VOGELSANG	(i)	158,545	92,399	450	11,550	8,671	271,615	0
	(ii)	0	0	0	0	0	0	0
Ted Heilman	(i)	142,383	68,744	428	10,312	9,112	230,979	0
	(ii)	0	0	0	0	0	0	0
Dr H Eric Xu	(i)	184,051	14,843	450	13,262	9,111	221,717	0
	(ii)	0	0	0	0	0	0	0
Dr James Resau	(i)	179,837	178	1,980	13,147	9,111	204,253	0
	(ii)	0	0	0	0	0	0	0
BRYON CAMPBELL	(i)	165,103	13,916	690	13,262	9,111	202,082	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	VARI allows for first-class or charter travel to officers and Trustees. Fitness center membership dues were paid by VARI for Steve Heacock totaling \$500. There is not a policy for Housing allowance or residence for personal use. This is offered only on rare occasions and for special circumstances. Human Resources manages this on a case by case basis.
	Part I, Line 1b	A written policy is in place for first class/ charter travel and Health/ Social club dues/ fees.
Supplemental Information	Part III	PART I, LINE 4A SEVERANCE PAID TO STEVE HEACOCK TOTALED \$448,871 IN FISCAL YEAR 2010, \$0 CALENDAR YEAR 2009. PART I, LINE 4B STEVE HEACOCK \$5,077 FISCAL YEAR 2010, \$16,500 CALENDAR YEAR 2009. GEORGE VANDE WOUDE \$16,500 FISCAL YEAR 2010 AND CALENDAR YEAR 2009.
Supplemental Information	Part III	PART II DR. JEFFREY TRENT WAS EMPLOYED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED PARTY, DURING CALENDAR YEAR 2009. TGEN BECAME A RELATED PARTY TO VARI AS OF DECEMBER 1, 2009. ONE MONTH OF COMPENSATION IS THEREFORE REPORTED ON VARI'S FORM 990 PART VII AND SCHEDULE J PART II.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number  
52-2000823

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A Michigan Strategic Fund Limited Obligation Revenue	52-1417332	594698EG3	04-10-2008	220,000,000	BUILD, EQUIP & FURNISH PHASE II RESEARCH FACILITY, & REFUND \$50M PRIOR LTD		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	223,159,144									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows	141,613									
4	Other unspent proceeds	3,159,144									
5	Issuance costs from proceeds	1,794,232									
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	112,039,949									
8	Year of substantial completion	2009									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 440 %									
6	Total of lines 4 and 5	0 440 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Employer identification number  
52-2000823

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DR JEFFREY TRENT	Officer	1,235,000	House Purchase		No

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VAN ANDEL RESEARCH INSTITUTE

Employer identification number

52-2000823

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Jerry Callahan, an Independent Contractor, serves as the Vice President of Business Development and Technology Transfer

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		FORM 990, PART VI, SECTION A, LINE 4 THE VAN ANDEL RESEARCH INSTITUTE (VARI) AMENDED THEIR TRUST AGREEMENT TO GIVE AUTHORITY TO THE VAN ANDEL INSTITUTE BOARD OF DIRECTORS TO APPOINT AND REMOVE THE TRUSTEES OF VARI



Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE TRUSTEES OF VAN ANDEL INSTITUTE HAVE THE AUTHORITY TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Following completion of the financial audit, the Form 990 is prepared and reviewed by management. It is then circulated to the full Board for review and final approval prior to filing with the IRS.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		<p>VARI has a written conflict of interest policy for which the organization enforced 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 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.</p>

Identifier	Return Reference	Explanation
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. The compensation committee is under the Van Andel Institute board of trustees, although all employees are employed by either Van Andel Research Institute or Van Andel Education Institute. Records and documentation, including comparability data, are kept and support decisions made on behalf of these arrangements and are contemporaneously documented.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		These documents are available to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part III, Lines 4a-4c	VARI's three largest program services by expenses	<p>Line 4a - Program service activity #1 The laboratory of Structural Sciences is focused on studying the structures and functions of protein/ ligand complexes that play key roles in major hormone signaling pathways The laboratory also works on exploring the structural information to develop therapeutic agents for treating human disease, including cancer and diabetes Lab studies use multidisciplinary approaches, including molecular and cellular biology, biochemistry, animal physiology, and x-ray crystallography Research in this group currently focuses on three areas nuclear hormone receptors, the met tyrosine kinase receptor, and G protein-coupled receptors These proteins, beyond their fundamental roles in biology, are important drug targets In addition, this lab has extended their research to plant hormone abscisic acid (ABA) receptors Recently they determined the structure of GR bound to deacylcortivazol (DAC), which binds to GR with 200-fold more potency than cortisol, the physiological glucocorticoid The GR DAC structure reveals that the GR ligand binding pocket can be expanded dramatically, to twice its normal size This new pocket provides a tremendous opportunity for drug design and screening Using a computational screen, the lab identified several nonsteroidal ligands that like dissociated glucocorticoids in our cell-based assay The lab is now running animal studies to confirm the physiological activities of these novel nonsteroidal ligands, which could lead to new methods of treating inflammation and autoimmune diseases The lab has determined crystal structures of the ligand binding domain of the PTH and CRF receptors, and we are developing hormone analogs for treating osteoporosis, depression, and diabetes</p> <p>Line 4b - Program service activity #2 Since discovering MET in 1984, and its ligand hepatocyte growth factor (HGF) in 1991, the laboratory of Molecular Oncology has focused on understanding the numerous and diverse roles that MET and HGF/SF plays in malignant progression and metastasis Met is a transmembrane protein found in many different types of human cells Increased expression of this protein has been found in most human solid tumors The lab staff has developed antibodies against the Met protein that allow them to determine the location of cells that produce Met, and radiolabeled antibodies allow the imaging of tumors within living tissue These antibodies have been shown to be valuable reagents for detecting cells that express Met Studies are underway to determine for a variety of cancers the percentage that express the Met protein and to determine the feasibility of using Met expression or anti-Met antibodies as detection and prognostic tools for physicians Recent lab achievements include the finding that MET may be an important target for an aggressive form of breast cancer, the development of important animal models for evaluating the efficacy of anti-HGF and/or anti-MET therapeutics, and the development of animal models for investigating the factors that modulate glioblastoma growth and evaluating therapeutic agents Animal models are uniquely suited for evaluating new therapeutics, both alone and in combination with other therapeutics</p> <p>Line 4c - Program service activity #3 The Laboratory of Cancer and Developmental Cell Biology is collaborating with various other physicians to try to exploit the properties of anthrax lethal factor and develop a new way to fight cancers such as melanoma, as well as to provide insight into the regulation of growth and vascularization of soft-tissue cancers called sarcomas Recently the lab received funding to investigate the genetic causes of cancer including sarcomas in dogs This lab has also been highly involved in rallying an unprecedented national alliance of veterinarians, basic scientists, and clinicians to form the Canine Hereditary Cancer Consortium (CHCC) The CHCC will integrate genomic studies of dogs with phenotypic and pharmacologic tests to predict therapies for human disease This strategy leverages the low genetic diversity of pure bred dogs coupled with their predisposition for particular cancers to identify the underlying genetic lesions and biochemical pathways that contribute to these diseases, and then translate these discoveries to humans Over the course of the last year, members of the CHCC have begun to define the fundamental goals that would characterize its growth with respect to cancer discovery in the coming decade In the next two years the lab will focus our efforts on unraveling the genetic causes of several cancers, including but not limited to hemangiosarcoma, osteosarcoma, melanoma, malignant histiocytic sarcoma, and lymphoma The goals are ambitious but this is a one-time opportunity to make an incredible difference in the diagnosis and treatment of cancer in not only humans but also dogs</p> <p>Line 4d - All other program service activities The Van Andel Research Institute (VARI) is dedicated to improving human</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Lines 4a-4c	VARI's three largest program services by expenses	<p>human health by determining the molecular basis of disease, utilizing genetics, bio-chemistry, structural and molecular biology, and chemistry. VARI's current focus is on building programs in basic sciences related to improving our understanding of cancer, including research programs in functional genomics, as well as, initial research efforts in neurological disorders, Parkinson's disease, and other devastating diseases. VARI has also made a long-term commitment to the development of programs that facilitate the translations of discoveries into therapeutic strategies for improving human health. VARI has over 30 program service accomplishments because of its varied research endeavors. In 2010, VARI researchers identified many disease-related findings including potential ways to diagnose and treat several types of cancer. Researchers found a way to reverse resistance to sunitinib, a treatment that is currently the first line of defense against a form of kidney cancer. They also found a protein that may serve as a useful biomarker to predict patients' response to sunitinib treatment. The study of salivary gland cancer led to the discovery that the approved drug rapamycin may have great potential in the treatment of this cancer. A new method was developed to better study the cells that line and protect the prostate in relation to the development of cancer. Using this model, they found that normal cells and cancer cells depend on different factors to survive, which could aid in discovering how to target cancer cells without affecting normal cells when developing treatments. In collaboration with researchers at other organizations, a biomarker that could help in the treatment of patients with an aggressive type of lung cancer was discovered. Researchers identified an enzyme that could help diagnose and treat a form of liver cancer. A method was developed to predict whether pancreatic cysts are benign or are precursors to invasive cancer. Pancreatic cancer is often diagnosed in advanced stages beyond standard treatment options, detecting the cancer early could save many lives. Researchers also found that the protein PEBP1 could be a diagnostic marker for pancreatic cancer.</p>

Identifier	Return Reference	Explanation
PART IV, LINE 32		VARI NET ASSETS SHOULD BE CONSIDERED ON A CONSOLIDATED BASIS WITH VAN ANDEL INSTITUTE (VAI), VAN ANDEL EDUCATION INSTITUTE, AND THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE, RELATED PARTIES ON A CONSOLIDATED BASIS, NET ASSETS ARE \$925,926,000 PER AUDITED FINANCIAL STATEMENTS THE NEGATIVE NET ASSETS AT VARI ARE DUE TO VAI FUNDING EXPENSES ON A CASH BASIS THEREFORE, ACCRUALS CAUSE NET ASSETS TO BE NEGATIVE



Identifier	Return Reference	Explanation
Form 990, Part VII, Section B		Compensation for Hunt - Owen Ames & Kimball excludes estimated materials and includes estimated labor on Hunt managed sub-contractors

Identifier	Return Reference	Explanation
form 990, part VII, Section A		Dr Jeffrey Trent is not an independent voting member of the board for fiscal year ending November 30, 2010, because he was paid compensation His compensation through VARI began in January 2010, and therefore, is not included in part VII, section A, column D Compensation from the Translational Genomics Research Institute (TGEN), a related party beginning December 1, 2009, is included for the period December 1, 2009 through December 31, 2009 During this time period, Dr Trent spent the majority of his time (51%) on VARI matters with the reminder of such time (approximately 49%) devoted to TGEN matters

Identifier	Return Reference	Explanation
form 990, part VII, Section B		JEFFREY BATTERSHALL IS LISTED AS SECRETARY ON PAGE 7 HE IS CONTRACTED THROUGH THE LAW FIRM WARNER, NORCROSS, & JUDD ALL PAYMENTS FOR HIS SERVICES ARE PAID DIRECTLY TO WARNER, NORCROSS, & JUDD

Identifier	Return Reference	Explanation
FORM 990, PART IX, COLUMN D		FUNDRAISING EXPENSES AT VARI WERE INCURRED TO SUPPORT THE MISSION OF THE RESEARCH INSTITUTE THROUGH GRANT SOLICITATION AND EXTRAMURAL PROPOSAL PREPARATION

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE PROCESS FOR SELECTING THE AUDITOR FOR VAN ANDEL RESEARCH INSTITUTE'S FINANCIAL STATEMENTS DID NOT CHANGE DURING 2010

Identifier	Return Reference	Explanation
form 990, Schedule R, Part II		VARI became the sole member of the Translational Genomics Research Institute (TGen), an Arizona nonprofit, as of December 1, 2009 TGen has been recognized by the IRS as a tax-exempt corporation under section 501(c)(3) of the Code THE primary mission of TGEN is to make and translate genomic discoveries into advances in human health TGen has the follow ing w holly ow ned entities that w ere created to support TGen through various functions The Translational Genomics Research Institute Foundation (Foundation), TGen Accelerator Management, LLC, The Center for Translational Drug Development (TD2), and International Biosciences Commercialization Consortium, LLC (IBCC)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
VAN ANDEL RESEARCH INSTITUTE

Employer identification number  
52-2000823

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VAI INNOVATIONS LLC 333 Bostwick Avenue NE GRAND RAPIDS, MI 49503 52-2000823	Licensing Intellectual Property of VARI	MI	-762,427	10,974	N/A
VARI International 333 Bostwick Avenue NE GRAND RAPIDS, MI 49503 26-2615936	Biomedical research	MI	-47,441	1,268,631	N/A
XB TRANSMED SOLUTIONS LLC 333 Bostwick Avenue NE GRAND RAPIDS, MI 49503 20-3947727	TRANSLATIONAL MEDICAL SOFTWARE AND SERVICES	MI	181,241		N/A
BOSTWICK EVENT MANAGEMENT 333 Bostwick Avenue NE GRAND RAPIDS, MI 49503 52-2000823	EVENT MANAGEMENT	MI	-43,636		N/A
paradise valley property llc 333 Bostwick Avenue NE grAND RAPIDS, MI 49503 52-2000823	property transactions	MI	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Van Andel Institute  333 Bostwick Avenue NE  Grand Rapids, MI 495032518 52-2000820	Supporting organization for VARI and VAEI	MI	501(c)(3)	11c	N/A
Van Andel Education Institute  333 Bostwick Avenue NE  Grand Rapids, MI 495032518 52-2000824	Operating a School	MI	501(c)(3)	2	N/A
Van andel Institute Graduate School  333 Bostwick Avenue NE  Grand Rapids, ME 495032518 20-3340886	Operating a School	MI	501(c)(3)	2	Van Andel Education Institute
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  445 N 5TH STREET SUITE 600  PHOENIX, AZ 85004 75-3065445	MEDICAL RESEARCH	AZ	501(c)(3)	7	VAN ANDEL RESEARCH INSTITUTE
TGEN RESEARCH INSTITUTE FOUNDATION  400 E VAN BUREN SUITE 850  PHOENIX, AZ 85004 33-1092191	FUNDRAISING	AZ	501(c)(3)	7	N/A

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TRANSMED SYSTEMS INC 21170 CANYON OAK WAY CUPERTINO, CA95014 27-2358859	TRANSLATIONAL MEDICAL SOFTWARE AND SERVICES	CA	VAN ANDEL RESEARCH INSTITUTE	C	-410,129	178,450	55 900 %



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

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)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

Software ID:  
Software Version:  
EIN: 52-2000823  
Name: VAN ANDEL RESEARCH INSTITUTE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Van Andel Institute	C	63,319,977
(1) Van Andel Institute	E	236,690,000
(2) Van Andel Institute	O	201,052
(3) Van Andel Education Institute	P	1,278,596
(4) THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Q	10,000,000
(5) THE TRANSLATIONAL GENOMIC RESSEARCH INSTITUTE	Q	1,078,497
(6) THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	N	340,951
(7) THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	C	1,234,367
(8) THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	K	42,680
(9) van andel institute graduate school	B	8,022
(10) TRANSMED SYSTEMS INC	A	100,000
(11) TRANSMED SYSTEMS INC	B	500,000

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return VAN ANDEL RESEARCH INSTITUTE	Business or activity to which this form relates  Form 990 Page 10	Identifying number  52-2000823
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	5,930,679

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	5,930,679
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1					28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID VAN ANDEL Chairman / CEO	40 00	X		X				414,308	0	39,326
GEORGE VANDE WOUDE DIST Investigator	40 00	X			X			320,002	0	41,487
Dr James Fahner TRUSTEE	1 00	X						15,000	0	0
Dr FRITZ ROTTMAN PHD TRUSTEE	1 00	X						11,000	4,000	0
DR JEFFREY TRENT PRESIDENT & RESEARCH DIRECTOR	40 00	X		X				0	87,170	1,463
JOSE CARDENAS TRUSTEE	1 00	X						0	0	0
R JACK FRICK CHIEF ADMINISTRATIVE OFFICER	40 00			X				269,728	0	49,762
STEVE HEACOCK CAO / GENERAL COUNSEL	40 00			X				314,433	0	49,362
Joseph Gavan VP-Communications & Development	40 00			X				187,611	0	32,112
TIMOTHY MYERS CHIEF FINANCIAL OFFICER	40 00			X				137,189	0	18,371
LINDA ZARZECKI VICE PRESIDENT OF HUMAN RESOURCES	40 00			X				143,913	0	18,841
JEFFREY BATTERSHALL SECRETARY	1 00			X				0	0	0
KATHleen VOGELSANG Dir of Investments	40 00					X		251,394	0	20,221
Ted Heilman SR Portfolio Manager	40 00					X		211,555	0	19,424
Dr H Eric Xu Dist Investigator	40 00					X		199,344	0	22,373
Dr James Resau Dist Investigator	40 00					X		181,995	0	22,258
JOHN BENDER CLINICAL OPERATIONS DIRECTOR	40 00					X		0	0	0
BRYON CAMPBELL CHIEF INFORMATION OFFICER	40 00					X		179,709	0	21,433