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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

VAN ANDEL RESEARCH INSTITUTE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

333 BOSTWICK AVENUE NE

Room/suite

City or town, state or country, and ZIP + 4

GRAND RAPIDS, MI 49503

F Name and address of principal officer

TIMOTHY J MYERS

333 BOSTWICK AVENUE NE

GRAND RAPIDS, MI 49503

D Employer identification number

52-2000823

E Telephone number

(616) 234-5000

G Gross receipts \$ 64,949,975

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.VAI.ORG

K Form of organization

☐ Corporation ☒ Trust ☐ Association ☐ Other

L Year of formation 1996

M State of legal domicile MI

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities MEDICAL RESEARCH ORGANIZATION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	345
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,293,324
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	319,272
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	69,868,505	57,012,820
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,332,729	1,522,584
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-272,304	819,423
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,766,282	4,334,013
			76,695,212	63,688,840
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	221,029	340,825
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,508,665	26,065,382
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 465,513		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	69,776,826	39,147,197
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,506,520	65,553,404
	19	Revenue less expenses Subtract line 18 from line 12	-15,811,308	-1,864,564
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	253,776,425	270,167,888
	22	Net assets or fund balances Subtract line 21 from line 20	312,690,617	358,085,475
			-58,914,192	-87,917,587

Part II

Signature Block

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

Sign Here

Signature of officer

2012-10-12

Date

TIMOTHY J MYERS CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LORI BOYCE

Preparer's signature

LORI BOYCE

Date

Check if self-employed ☐

PTIN

Firm's name

DELOITTE TAX LLP

Firm's EIN

Firm's address

200 RENAISSANCE CENTER STE 3900

DETROIT, MI 48243

Phone no (313) 396-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 2,294,558 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 \$ 1,913,728 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 ACCOMPLISHMENTS

4c

(Code) (Expenses \$ 1,374,533 including grants of \$) (Revenue \$ 1,137,649)

THE LABORATORY FOR TRANSLATIONAL MEDICINE IS FOCUSED ON THE DEVELOPMENT AND UTILIZATION OF MOLECULAR AND COMPUTATIONAL TECHNOLOGIES TO STUDY HOW A TUMOR SPREADS TO DISTANT PARTS OF THE BODY FROM ITS ORIGINAL LOCATION (METASTASIS), AND IDENTIFYING APPROACHES TO TREAT SUCH AGGRESSIVE CANCERS USING A "PERSONALIZED MEDICINE" APPROACH SEE SCHEDULE O FOR FURTHER INFORMATION ABOUT THIS PROGRAM

4d

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

(Expenses \$ 38,027,999 including grants of \$ 490,825) (Revenue \$ 2,080,528)

4e


















Total program service expenses

\$ 43,610,818

Form 990 (2010)

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 (see instruction)? 	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b	No
c 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. 	11c	No
d 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. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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 Yes	
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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		No
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 lines 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	Section 501(c)(3) and 501(c)(4) organizations. 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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <div></div>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	91
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	345
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4	
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	Yes	
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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 15a or 15b, 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	Yes	
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		No

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 CFO 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 (616) 234-5368

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DAVID VAN ANDEL CHAIRMAN / CEO	28 00	X		X				412,250	0	129,965
(2) GEORGE VANDE WOUDE TRUSTEE/ DIST INVESTIGATOR	50 00	X						325,763	0	44,345
(3) DR JAMES FAHNER TRUSTEE	1 00	X						10,000	0	0
(4) DR FRITZ ROTTMAN PHD TRUSTEE	1 00	X						10,000	2,000	0
(5) DR JEFFREY TRENT PRESIDENT & RESEARCH DIREC	50 00	X		X				1,043,405	0	303,030
(6) JOSE CARDENAS TRUSTEE	1 00	X						10,000	0	0
(7) WILLIAM POST TRUSTEE	1 00	X						0	0	0
(8) R JACK FRICK CHIEF ADMINISTRATIVE OFFICER	50 00			X				265,597	0	101,087
(9) TIMOTHY MYERS CHIEF FINANCIAL OFFICER	50 00			X				156,599	0	90,958
(10) JEFFREY BATTERSHALL SECRETARY/ INTERIM CHIEF LEGAL	1 00			X				0	0	0
(11) DAVID WHITESCARVER SECRETARY/ CHIEF LEGAL OFFICER	50 00			X				0	0	0
(12) KATHLEEN VOGELSANG DIR OF INVESTMENTS	45 00					X		180,737	0	35,576
(13) DR H ERIC XU DIST INVESTIGATOR	45 00					X		267,231	0	48,773
(14) DR JAMES RESAU DIST INVESTIGATOR	45 00					X		192,433	0	39,977
(15) JOHN BENDER CLINICAL OPERATIONS DIRECT	45 00					X		233,240	0	31,603
(16) BRYON CAMPBELL CHIEF INFORMATION OFFICER	45 00					X		179,498	0	35,557

Part VII

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: 36

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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	12,393,896
BANK OF AMERICAMERRILL LYNCH 100 N TRYON ST CHARLOTTE, NC 28202	CREDIT ENHANCEMENT FEES	3,600,486
AON RISK SERVICES CENTER INC 75 REMITTANCE DR STE 1943 CHICAGO, IL 606751943	INSURANCE	543,679
WARNER NORCROSS & JUDD 111 LYON ST 900 OLD KENT GRAND RAPIDS, MI 495032487	LEGAL/ CONSULTING	444,669
DK SECURITY INC 5160 FALCONVIEW AVE SE KENTWOOD, MI 49512	SECURITY SERVICES	420,458

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	47,313,999			
	e Government grants (contributions) 1e	6,982,060			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,716,761			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	57,012,820			
	Program Service Revenue		Business Code		
2a RESEARCH BILLED REV		541700	1,522,584	235,284	1,287,300
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		1,522,584			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			
		159,959			159,959
	4 Income from investment of tax-exempt bond proceeds . .				
	5 Royalties	242,481			242,481
		(i) Real	(ii) Personal		
	6a Gross Rents	2,183,955	11,679		
	b Less rental expenses	1,147,826	5,655		
	c Rental income or (loss)	1,036,129	6,024		
	d Net rental income or (loss)	1,042,153	1,036,129	6,024	
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		767,118		
	b Less cost or other basis and sales expenses		107,654		
	c Gain or (loss)		659,464		
	d Net gain or (loss)	659,464	659,464		
	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	561000	4,274,282			4,274,282
b REIMBURSED EXPENSES	900099	263,846			263,846
c LOSS ON INVESTMENTS	523000	-1,491,927			- 1,491,927
d All other revenue		3,178			3,178
e Total. Add lines 11a-11d		3,049,379			
12 Total revenue. See Instructions		63,688,840	1,930,877	1,293,324	3,451,819

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	340,825	340,825		
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	2,799,911	1,527,558	1,272,353	
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	18,030,691	9,952,428	7,662,767	415,496
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,517,854	904,745	587,999	25,110
9	Other employee benefits	2,388,416	1,423,583	925,003	39,830
10	Payroll taxes	1,328,510	791,961	514,902	21,647
a	Fees for services (non-employees)				
	Management				
b	Legal	1,133,197	69,871	1,063,326	
c	Accounting	176,968		176,968	
d	Lobbying	50,000		50,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,384,795	1,805,653	579,142	
12	Advertising and promotion	452,400	36,261	416,139	
13	Office expenses	141,280	82,483	58,797	
14	Information technology	317,986	134,979	183,007	
15	Royalties				
16	Occupancy	2,570,936	1,985,561	585,375	
17	Travel	768,754	551,253	217,501	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	126,927	94,418	32,509	
20	Interest	11,205,203	8,647,481	2,557,722	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,123,630	8,209,616	1,914,014	
23	Insurance	370,573	239,644	130,929	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LAB SUPPLIES & SERVICES	3,464,855	3,464,855		
b	EQUIPMENT & SOFTWARE	1,944,232	1,106,860	837,372	
c	OTHER SCIENTIFIC	764,424	764,424		
d	SCIENTIFIC PURCHASED SE	705,358	705,358		
e	RECRUITING AND RELOCATI	586,227	227,871	358,356	
f	All other expenses	1,859,452	543,130	1,352,892	-36,570
25	Total functional expenses. Add lines 1 through 24f	65,553,404	43,610,818	21,477,073	465,513
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			6,671,503	2	954,773
	3	Pledges and grants receivable, net			2,623,400	3	1,194,099
	4	Accounts receivable, net			1,236,706	4	2,551,038
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			2,351,000	7	1,664,455
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			823,236	9	1,271,897
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	263,656,878	219,778,822	10c	210,880,670
	b	Less: accumulated depreciation	10b	52,776,208			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			1,887,951	12	1,367,061
	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			18,305,890	15	50,185,978
16	Total assets. Add lines 1 through 15 (must equal line 34)			253,776,425	16	270,167,888	
Liabilities	17	Accounts payable and accrued expenses			25,465,798	17	55,926,177
	18	Grants payable				18	
	19	Deferred revenue			1,453,448	19	1,756,331
	20	Tax-exempt bond liabilities			220,000,000	20	220,385,000
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			65,771,371	25	80,017,967
	26	Total liabilities. Add lines 17 through 25			312,690,617	26	358,085,475
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			-39,862,048	27	-80,494,164
	28	Temporarily restricted net assets			-19,053,644	28	-7,425,523
	29	Permanently restricted net assets			1,500	29	2,100
	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			-58,914,192	33	-87,917,587
	34	Total liabilities and net assets/fund balances			253,776,425	34	270,167,888

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,688,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,553,404
3	Revenue less expenses Subtract line 2 from line 1	3	-1,864,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-58,914,192
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,138,831
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-87,917,587

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	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	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

2010

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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 \$	38,027,999	including grants of \$	490,825) (Revenue \$	2,080,528)

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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		50,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			50,000
	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 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PAID MANAGEMENT WAS ONLY UTILIZED TO MANAGE RELATIONSHIPS WITH OUTSIDE CONSULTANTS AND DID NOT PARTICIPATE IN DIRECT LOBBYING THEREFORE, NO COMPENSATION EXPENSE HAS BEEN ALLOCATED TO LOBBYING EXPENSE

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

2010

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</div> <div><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</div> <div><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)											
	<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of open space</div>	<div><input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>										
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
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)?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
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	▶ \$ _____

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	

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

3a(i)

☐ Yes ☐ No

(ii)

related organizations

3a(ii)

☐ Yes ☐ No

b

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

3b

☐ Yes ☐ No

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		5,288,315		5,288,315
b Buildings		218,665,823	26,474,773	192,191,050
c Leasehold improvements				
d Equipment		38,310,415	26,272,369	12,038,046
e Other		1,392,325	29,066	1,363,259
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				210,880,670

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	163,688,840
2	Total expenses (Form 990, Part IX, column (A), line 25)	265,553,404
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-1,864,564
4	Net unrealized gains (losses) on investments	4-251,644
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-26,887,187
9	Total adjustments (net) Add lines 4 - 8	9-27,138,831
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-29,003,395

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	159,181,889
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-251,644	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d18,975	
e	Add lines 2a through 2d	2e-232,669
3	Subtract line 2e from line 1	359,414,558
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 7b4a	
b	Other (Describe in Part XIV)4b4,274,282	
c	Add lines 4a and 4b	4c4,274,282
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	563,688,840

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	188,185,284
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d26,906,162	
e	Add lines 2a through 2d	2e26,906,162
3	Subtract line 2e from line 1	361,279,122
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 7b4a	
b	Other (Describe in Part XIV)4b4,274,282	
c	Add lines 4a and 4b	4c4,274,282
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	565,553,404

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.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT THE CORE RESEARCH OF VARI BY SUPPLYING A STEADY SOURCE OF INCOME FOR ITS OPERATING BUDGETS.
		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. THERE WAS NO MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED NOVEMBER 30, 2011.
		PART XI, LINE 8. NET LOSS RELATED TO THE INTEREST RATE SWAP. PART XII, LINE 2D. RECLASS OF TMS COST OF GOODS SOLD TO PRESENT ON STATEMENT OF REVENUE RATHER THAN STATEMENT OF FUNCTIONAL EXPENSES. PART XIII, LINE 2D. INCLUDES BOTH THE NET LOSS RELATED TO THE INTEREST RATE SWAP AND RECLASS OF TMS COST OF GOODS SOLD TO PRESENT ON STATEMENT OF REVENUE RATHER THAN STATEMENT OF FUNCTIONAL EXPENSES.
		PART XII AND XIII, LINE 4B. EXPENSE ALLOCATIONS.
		PART V - ALL ENDOWMENT FUNDS ARE HELD AT THE VAN ANDEL INSTITUTE (A RELATED ORGANIZATION).

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

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

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

2

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

3

Enter total number of other organizations ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) GRADUATE STUDENT STIPENDS FOR VAN ANDEL GRADUATE SCHOOL AND MICHIGAN STATE UNIVERSITY STUDENTS	8	235,354	10,500	TUITION PAID	
(2) FOREIGN NATIONAL STUDENT STIPENDS	14	94,971			

Part IV

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	SCHEDULE I, PART I, LINE 2 FUNDS PROVIDED TO THE RESEARCH STUDENTS ARE CONTINUALLY MONITORED TO ENSURE THAT ALL FUNDS ARE USED FOR MISSION-DRIVEN PURPOSES STIPENDS ARE PROVIDED DIRECTLY TO THE STUDENTS FOR LIVING ASSISTANCE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 from the organization or a related organization?	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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(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				
(1) DAVID VAN ANDEL	(i) (ii)	300,014 0	89,284 0	22,952 0	129,426 0	539 0	542,215 0	0 0
(2) GEORGE VANDE WOUDE	(i) (ii)	281,791 0	15,000 0	28,972 0	43,022 0	1,323 0	370,108 0	0 0
(3) DR JEFFREY TRENT	(i) (ii)	853,335 0	130,000 0	60,070 0	291,278 0	11,752 0	1,346,435 0	0 0
(4) R JACK FRICK	(i) (ii)	217,709 0	45,908 0	1,980 0	92,939 0	8,148 0	366,684 0	0 0
(5) TIMOTHY MYERS	(i) (ii)	146,863 0	9,449 0	287 0	82,810 0	8,148 0	247,557 0	0 0
(6) KATHLEEN VOGELSANG	(i) (ii)	164,031 0	16,016 0	690 0	27,429 0	8,147 0	216,313 0	0 0
(7) DR H ERIC XU	(i) (ii)	245,796 0	20,985 0	450 0	40,626 0	8,147 0	316,004 0	0 0
(8) DR JAMES RESAU	(i) (ii)	186,741 0	3,712 0	1,980 0	31,830 0	8,147 0	232,410 0	0 0
(9) JOHN BENDER	(i) (ii)	209,861 0	10,000 0	13,379 0	23,455 0	8,148 0	264,843 0	0 0
(10) BRYON CAMPBELL	(i) (ii)	172,363 0	6,445 0	690 0	27,410 0	8,147 0	215,055 0	0 0
(11) STEVE HEACOCK FORMER	(i) (ii)	90,579 0	60,371 0	464,169 0	18,751 0	4,344 0	638,214 0	0 0
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 FOR CALENDAR YEAR 2010. PART I, LINE 1B: 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 \$0 IN FISCAL YEAR 2011, \$448,871 IN CALENDAR YEAR 2010. PART I, LINE 4B: STEVE HEACOCK \$0 FOR FISCAL YEAR 2011 AND \$3,808 CALENDAR YEAR 2010. GEORGE VANDE WOUDE \$16,500 FISCAL YEAR 2011 AND CALENDAR YEAR 2010.

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

2010

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		(i) Pool financing	
						Yes	No	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		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	223,154,512							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	113,036,720							
11	Other spent proceeds	110,117,792							
12	Other unspent proceeds								
13	Year of substantial completion	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	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	
		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 that may result in private business use of bond-financed property?	X							

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	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								
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	0 860 %							
6	Total of lines 4 and 5	0 860 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

		A		B		C		D	
		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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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						

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization VAN ANDEL RESEARCH INSTITUTE	Employer identification number 52-2000823
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		VARI AND VAEI SHARE COMMON MANAGEMENT AS OFFICERS OF VARI, DAVID VAN ANDEL, R JACK FRICK, TIMOTHY MYERS AND DAVID WHITESCARVER INTERACT AND WORK TOGETHER WITH STEVE TRIEZENBERG, A KEY EMPLOYEE OF VAEI

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, TECHNOLOGY TRANSFER, AND OFFICE OF GRANTS AND CONTRACTS

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 VARI'S 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 12	<p>VARI HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR WHICH THE ORGANIZATION ENFORCES 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 VAN ANDEL INSTITUTE'S INDEPENDENT COMPENSATION COMMITTEE. 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 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 B	JEFFREY BATTERSHALL IS LISTED AS SECRETARY ON PAGE 7 HE SERVED ON AN INTERIM BASIS AND WAS CONTRACTED FOR THIS PURPOSE THROUGH THE LAW FIRM WARNER, NORCROSS, & JUDD THROUGH OCTOBER 2011 ALL PAYMENTS FOR HIS SERVICES WERE PAID DIRECTLY TO WARNER, NORCROSS, & JUDD

Identifier	Return Reference	Explanation
	FORM 990, PART VII, PAGE 7	DAVID VAN ANDEL, R JACK FRICK, TIMOTHY MYERS, JEFFREY BATTERSHALL, AND DAVID WHITESCARVER ALSO PERFORMED WORK FOR VAN ANDEL INSTITUTE, VAN ANDEL EDUCATION INSTITUTE, AND VAN ANDEL INSTITUTE GRADUATE SCHOOL (RELATED ENTITIES)

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -251,644 LOSS ON BOND INTEREST SWAP -26,887,187 TOTAL TO FORM 990, PART XI, LINE 5 -27,138,831

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING THE AUDITOR FOR VAN ANDEL RESEARCH INSTITUTE'S FINANCIAL STATEMENTS DID NOT CHANGE DURING 2011

Identifier	Return Reference	Explanation
VARI'S THREE LARGEST PROGRAM SERVICES BY EXPENSES	FORM 990, PART III, LINES 4A-4C	<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 D IABETES LAB STUDIES USE MULTIDISCIPLINARY APPROACHES, INCLUDING MOLECULAR AND CELLULAR BI OLOGY, BIOCHEMISTRY, ANIMAL PHYSIOLOGY, X-RAY CRYSTALLOGRAPHY, AND PLANT HORMONE ABSCISIC ACID (ABA) RECEPTORS RESEARCH IN THIS GROUP CURRENTLY FOCUSES ON THREE AREAS NUCLEAR HOR MONE RECEPTORS, THE MET TYROSINE KINASE RECEPTOR, AND G PROTEIN-COUPLED RECEPTORS THESE P ROTEINS, BEYOND THEIR FUNDAMENTAL ROLES IN BIOLOGY, ARE IMPORTANT DRUG TARGETS RECENT DIS COVERIES INCLUDE THE CRYSTAL STRUCTURES OF EACH PEROXISOME PROLIFERATOR-ACTIVATED RECEP TO RS (PPAR) LIGAND-BINDING DOMAIN (LBD) BOUND TO MANY DIVERSE LIGANDS IN ORDER TO UNDERSTAND THE MOLECULAR BASIS OF LIGAND-MEDIATED SIGNALING BY PPAR'S, THE CRYSTAL STRUCTURES OF THE RECEPTORS BOUND TO COACTIVATORS OR CO-REPRESSORS, WHICH PROVIDES A FRAMEWORK FOR UNDERSTA NDING THE MECHANISMS OF PPAR AGONISTS AND ANTAGONIST AND THE RECRUITMENT OF COACTIVATORS A ND CO-REPRESSORS, ANDROGEN RECEPTOR (AR) MUTATION IN PROSTATE CANCERS OFTEN RESULTS IN ENH ANCED BINDING TO A PARTICULAR COACTIVATOR, SRC-3 (WHICH IS ALSO CALLED "AMPLIFIED IN BREAS T CANCER1", OR AIB1), AND RETINOIC ACID IS A LOW-AFFINITY LIGAND FOR COUP-TF, WHICH IS ONE OF THE MOST CONSERVED NUCLEAR RECEPTORS AND HAS ESSENTIAL ROLES IN ANGIOGENESIS, HEART DE VELOPMENT, CNS ACTIVITY, AND METABOLIC HOMEOSTASIS LINE 4B - PROGRAM SERVICE ACTIVITY #2 SINCE DISCOVERING THE C-MET RECEPTOR AND ITS LIGAND HEPATOCYTE GROWTH FACTOR (HGF/SF) IN T HE MID-1980S, THE LABORATORY OF MOLECULAR ONCOLOGY HAS FOCUSED ON INVESTIGATING THE PARAMO UNT ROLE THESE PROTEINS PLAY IN MALIGNANT PROGRESSION AND METASTASIS MET IS OVEREXPRESSED IN MANY TYPES OF HUMAN CANCER, AND ITS EXPRESSION CORRELATES WITH AN AGGRESSIVE DISEASE A ND POOR PROGNOSIS (HTTP://WWW VAI ORG/MET/) THE MAJOR ADVANCES MADE IN THE PAST DECADE IN UNDERSTANDING HGF/SF-MET CELLULAR SIGNALING HAVE PROVIDED POWERFUL RATIONALE FOR THE DEVE LOPMENT OF INHIBITORS TARGETING IT SEVERAL OF THESE INNOVATIVE INHIBITORS ARE CURRENTLY B EING EVALUATED IN CLINICAL TRIALS (HTTP://WWW VAI ORG/METCLINICALTRIALS/) THE ABERRANT EX PRESSION OF MET IN MANY HUMAN TUMORS ALSO NECESSITATED THE DEVELOPMENT OF COMPANION DIAGNO STICS TO IDENTIFY THOSE PATIENTS WHO COULD BENEFIT FROM MET TARGETED THERAPIES IN COLLABO RATION WITH DR BRIAN CAO, WE HAVE DEVELOPED A MONOCLONAL ANTIBODY (DESIGNATED MET4), WHIC H WE BELIEVE WILL PROVE VALUABLE AS A DIAGNOSTIC REAGENT AS WELL AS AN ESSENTIAL RESEARCH TOOL AS PART OF THE ONGOING EFFORT TO FURTHER ENHANCE OUR UNDERSTATING OF THE HGF/SF-MET SIGNALING SYSTEM, OUR LAB CURRENTLY FOCUSES ON THE PROJECTS DESCRIBED BELOW -CONTINUING T O DEVELOP AND CHARACTERIZE NOVEL RESEARCH MODELS FOR A VARIETY OF HUMAN CANCERS (LIVER, BRAIN, BREAST, LUNG AND OTHERS) AND USING THEM IN PRE-CLINICAL EVALUATION OF NEW C-MET INHIB ITORS AS WELL AS OTHER THERAPEUTIC STRATEGIES -EVALUATING HGF AUTOCRINE AS A THERAPEUTIC MARKER PREDICTING SENSITIVITY TO C-MET INHIBITION USING VARIOUS GLIOBLASTOMA AND HEPATOCELL ULAR CARCINOMA MODELS -INVESTIGATING THE UNIQUE ROLES THAT C-MET AND ERBB2 PLAY IN THE PRO GRESSION AND METASTASIS OF AGGRESSIVE BREAST CANCERS -STUDYING THE MECHANISMS RESPONSIBLE FOR PHENOTYPIC SWITCHING (E-MT/M-ET) AND EVALUATING THE ROLE OF CHROMOSOME INSTABILITY IN TUMOR PROGRESSION -DETERMINING THE TUMOR SUPPRESSOR ROLE OF MIG-6 AS WELL AS INVESTIGATING THE MOLECULAR MECHANISM UNDERLYING ITS FUNCTION IN BOTH CANCER AND OSTEOARTHRITIS LINE 4C -</p> <p>PROGRAM SERVICE ACTIVITY #3 THE LABORATORY OF TRANSLATIONAL MEDICINE (LTM) IS FOCUSED O N TWO CRITICAL AREAS OF CANCER RESEARCH AT THE BASIC SCIENCE LEVEL, THE LAB IS UTILIZING A RANGE OF MOLECULAR AND COMPUTATIONAL TECHNOLOGIES TO STUDY HOW TUMORS SPREAD TO DISTANT PARTS OF THE BODY FROM ITS ORIGINAL LOCATION - THIS PROCESS, KNOWN AS METASTASIS, IS ACCOU NTABLE FOR >90% OF CANCER RELATED DEATHS, AND THE IDENTIFICATION OF NEW DIAGNOSTIC AND TRE ATMENT STRATEGIES TARGETING THIS LETHAL PHENOTYPE OF CANCER ARE OF UTTERMOST IMPORTANCE I N THE AREA OF APPLIED RESEARCH, THE LTM IS FOCUSED ON DEVELOPING AND IMPLEMENTING STRATEGIES TO "PERSONALIZE" THE TREATMENT OF A RANGE OF AGGRESSIVE CANCERS WITH MOLECULARLY-GUIDED THERAPIES THE LTM CONTINUES TO BE AT THE FOREFRONT OF DESIGNING AND IMPLEMENTING APPROAC HES IN WHICH THE TREATMENT OF AN INDIVIDUAL PATIENT'S CANCER IS BASED UPON THE MOLECULAR A NALYSIS OF THAT PATIENT AND THEIR SPECIFIC DISEASE TO FACILITATE THIS, THE LAB DESIGNED A ND DEVELOPED AN INTEGRATED, BIOMEDICAL INFORMATICS SYSTEM FOR DATA MANAGEMENT, ANALYSIS, A ND REPORTING (KNOWN AS XENOBASE BIOINTEGRATION SUITE (XB-BIS)) IN ADDITION, THE LAB HAS B EEN HEAVILY INVOLVED IN COMMUNITY FOUNDING PARTNER</p>

Identifier	Return Reference	Explanation
VARI'S THREE LARGEST PROGRAM SERVICES BY EXPENSES	FORM 990, PART III, LINES 4A-4C	SHIPS THAT HAVE INCLUDED THE FORMATION OF A BIOMARKER-DRIVEN CLINICAL TRIALS CONSORTIUM (CLINXUS), A HIGH COMPLEXITY CLIA CERTIFIED LABORATORY (THE CENTER FOR MOLECULAR MEDICINE), AND A PERSONALIZED MEDICINE INFORMATION SERVICE COMPANY (INTERVENTION INSIGHTS) WHICH COLLECTIVELY, PERMIT THE APPLICATION OF PERSONALIZED THERAPY FOR LATE STAGE CANCER PATIENTS. RECENT ACCOMPLISHMENTS INCLUDE THE DEVELOPMENT AND COMMERCIALIZATION OF AN INTEGRATED INFORMATICS SOLUTION (XB-BIS), WHICH ENABLES EFFICIENT EXCHANGE OF INFORMATION BETWEEN THE BASIC RESEARCH LABORATORY AND THE CLINIC FOR EFFECTIVE TRANSLATIONAL RESEARCH. XB-BIS HAS BEEN LICENSED TO TRANSMED SYSTEMS WHICH IS NOW SUPPORTING ITS ADOPTION ACROSS MULTIPLE GROUPS ENGAGED IN TRANSLATIONAL RESEARCH BOTH WITHIN THE UNITED STATES AND BEYOND. IN PART THROUGH THE USE OF XB-BIS, THE LAB RECENTLY COMPLETED A FEASIBILITY STUDY OF 50 LATE-STAGE PEDIATRIC AND ADULT CANCER PATIENTS IN WHICH TUMOR-DERIVED GENE EXPRESSION PROFILES WERE ANALYZED TO IDENTIFY POTENTIAL DRUGS TO TARGET PERTURBED MOLECULAR COMPONENTS OF EACH PATIENT'S SPECIFIC TUMOR. ANECDOTAL SIGNS OF SUCCESS IN A HANDFUL OF PATIENTS PROVIDED THE IMPETUS TO LAUNCH A SERIES OF FOLLOW-UP STUDIES WITHIN FOCUSED PATIENT POPULATIONS, AND ALSO LED TO THE FORMATION OF INTERVENTION INSIGHTS, A PERSONALIZED MEDICINE INFORMATION SERVICE THAT SUPPORTS COMMUNITY AND ACADEMIC ONCOLOGISTS ACROSS THE UNITED STATES. AT VARI, THE LTM CONTINUES TO ADVANCE THE MOLECULAR AND COMPUTATIONAL TECHNOLOGIES AND IS CURRENTLY INVESTIGATING THE POTENTIAL USE OF NEXT GENERATION SEQUENCING TECHNOLOGIES IN TARGETED TRIALS OF NEUROBLASTOMA (SPONSORED BY THE NEUROBLASTOMA AND MEDULLOBLASTOMA TRANSLATIONAL RESEARCH CONSORTIUM (NMTRC) AND IN PARTNERSHIP WITH DELL AND INTERVENTION INSIGHTS), METASTATIC MELANOMA (SPONSORED BY A RECENT STAND UP 2 CANCER GRANT), TRIPLE NEGATIVE BREAST CANCER (SPONSORED BY A KOMEN PROMISE GRANT), AND GLIOBLASTOMA (SPONSORED BY HENRY FORD HOSPITAL AND A RECENT NIH GRANT).

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4D	<p>ALL OTHER PROGRAM SERVICE ACTIVITIES IN 2011, VARI RESEARCHERS FOUND WAYS TO POTENTIALLY DIAGNOSE AND FIGHT SEVERAL DIFFERENT TYPES OF CANCER IN 2011, VARI ALSO ANNOUNCED A PATENT WITH GENTEL BIOSCIENCES, A LEADER IN PROTEOMICS TOOLS, FOR A NEW APPROACH TO IDENTIFY BIOLOGICAL MARKERS TO HELP DIAGNOSE DISEASES SUCH AS CANCER BELOW ARE OTHER EXAMPLES OF SIGNIFICANT RESEARCH FINDINGS -VARI ANNOUNCED THE CREATION OF THE VARI PEDIATRIC CANCER TRANSLATIONAL RESEARCH PROGRAM, A PROJECT THAT UNITES BASIC RESEARCH AND CLINICAL CARE THROUGH A NATIONWIDE CONSORTIUM OF PARTNERS -RESEARCHERS DETERMINED HOW THE ANTI-CANCER ANTIBIOTIC GELDANAMYCIN AND ITS DERIVATIVE 17AAG WORK IN MORE DETAIL AND HAVE UNCOVERED A POSSIBLE EXPLANATION FOR SIDE EFFECTS, WHICH COULD INFORM FUTURE DRUG DESIGN -RESEARCHERS IDENTIFIED MK-STYX AS AN ENZYME THAT HELPS TO REGULATE CELL DEATH, AND FOUND OUT MORE ABOUT SPECIFICALLY HOW MK-STYX WORKS -RESEARCHERS IDENTIFIED THE GENE POLO-LIKE KINASE 1 (PLK1) AS A NEW POTENTIAL DRUG TARGET TO TREAT CLEAR CELL RENAL CELL CARCINOMA (CCRCC), THE MOST COMMON FORM OF KIDNEY CANCER THEY ALSO FOUND THAT THE PLK1 INHIBITOR BI 2536, CURRENTLY IN CLINICAL TRIALS FOR THE TREATMENT OF SEVERAL CANCERS, LED TO DRAMATIC REGRESSION OF CCRCC TUMORS -RESEARCHERS IDENTIFIED AN ENZYME, LRRK2, THAT SEEMS TO COOPERATE WITH MET, AN IMPORTANT GENE IN SEVERAL CANCERS, TO PROMOTE TUMOR CELL GROWTH AND SURVIVAL, SPECIFICALLY IN PAPILLARY RENAL AND THYROID CARCINOMAS -RESEARCHERS IDENTIFIED SPECIFIC PROTEINS THAT CARRY THE CA 19-9, THE BEST INDICATOR OF PANCREATIC CANCER, ANTIGEN AND MEASURED CA 19-9 LEVELS ON EACH PROTEIN IN AN EFFORT TO ENHANCE BLOOD TESTING BETTER KNOWLEDGE OF THESE CARRIERS IN VARIOUS DISEASE STATES COULD LEAD TO IMPROVED DIAGNOSTIC TESTS -RESEARCHERS INVESTIGATED THE ROLE OF THE PROTEIN HEPATOMA-DERIVED GROWTH FACTOR (HDGF) IN BREAST AND PROSTATE CANCERS AND FOUND THAT IT MAY PROMOTE CELL GROWTH IN THESE CANCERS AND COULD BE A THERAPEUTIC TARGET -RESEARCHERS FOUND THAT IN SK-MEL-28 MELANOMA CELLS, MEK2, AND NOT MEK1, IS SUFFICIENT FOR CELL PROLIFERATION, BUT THAT MEK1 CAN COMPENSATE FOR THE LOSS OF MEK2 ACTIVITY THESE INSIGHTS MAY AID IN THE DESIGN OF MORE EFFECTIVE THERAPIES FOR TREATING MELANOMA AND OTHER MEK-DEPENDENT CANCERS -IN COLLABORATION WITH RESEARCHERS FROM ANOTHER ORGANIZATION, RESEARCHERS IDENTIFIED A NOVEL MARKER THAT COULD HELP DIAGNOSE TYPE II EATL, WHICH IS THE TYPE MORE COMMON IN ASIA AND NOT ASSOCIATED WITH COELIAC DISEASE -IN ADDITION TO THOSE LISTED ABOVE, THERE WERE ALSO FINDINGS WITHIN MELANOMA, BRAIN CANCER, HEAD AND NECK CANCER, ALZHEIMER'S DIABETES, AUTOIMMUNE DISEASE, RETINOPATHY, AND HOOKWORM</p>

Identifier	Return Reference	Explanation
	FORM 990, PART X, LINE 33	VARI NET ASSETS SHOULD BE CONSIDERED ON A CONSOLIDATED BASIS WITH VAN ANDEL INSTITUTE (VAI), VAN ANDEL EDUCATION INSTITUTE (VAEI), AND THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), RELATED PARTIES ON A CONSOLIDATED BASIS, NET ASSETS ARE \$896,445,000 PER AUDITED FINANCIAL STATEMENTS THE NEGATIVE NET ASSETS AT VARI ARE DUE TO VAI FUNDING EXPENSES ON A CASH BASIS AND GUARANTEEING VARI'S LONG-TERM DEBT AND UNREALIZED BOND SWAP LOSS

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 VI, LINES 12-14	THE INSTITUTE DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY, A WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION POLICY, HOWEVER, IS REQUIRED TO CHECK NO BASED ON THE IRS INSTRUCTIONS AS THESE POLICIES HAVE NOT BEEN OFFICIALLY APPROVED BY OUR BOARD

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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
(1) VAI INNOVATIONS LLC 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 52-2000823	LICENSING INTELLECTUAL PROPERTY OF VARI	MI	-677,549	10,457	VAN ANDEL RESEARCH INSTITUTE
(2) VARI INTERNATIONAL 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 26-2615936	BIOMEDICAL RESEARCH	MI	-27,104	172,207	VAN ANDEL RESEARCH INSTITUTE
(3) BOSTWICK EVENT MANAGEMENT 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 52-2000823	EVENT MANAGEMENT	MI	-74,494	561	VAN ANDEL RESEARCH INSTITUTE
(4) VARI-CLINXUS LLC 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 27-4015168	CLINICAL TRIALS	MI	-47,858	80,282	VAN ANDEL RESEARCH INSTITUTE

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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		No
(2) VAN ANDEL EDUCATION INSTITUTE 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 52-2000824	OPERATING A SCHOOL	MI	501(C)(3)	2	VAN ANDEL INSTITUTE	Yes	
(3) 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	Yes	
(4) 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	Yes	
(5) TGEN RESEARCH INSTITUTE FOUNDATION 400 E VAN BUREN SUITE 850 PHOENIX, AZ 85004 33-1092191	FUNDRAISING	AZ	501(C)(3)	7	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Yes	

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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
(1) TRANSMED SYSTEMS INC 21170 CANYON OAK WAY CUPERTINO, CA95014 27-2358859	TRANSLATIONAL MEDICAL SOFTWARE AND SERVICES	CA	VAI INNOVATIONS LLC	C	-697,483	478,524	55 900 %

Part V

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

Yes

1g

No

1h

No

1i

No

1j

No

1k

Yes

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	(d) Method of determining 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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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 (\$)	(d) Method of determining amount involved
(1)	VAN ANDEL INSTITUTE	C	47,313,999	ACTUAL AMOUNT PAID
(2)	VAN ANDEL INSTITUTE	E	48,620,000	TOTAL RECORDED
(3)	VAN ANDEL INSTITUTE	M	297,622	ALLOCATION BASED ON SQ FOOTAGE
(4)	VAN ANDEL INSTITUTE	O	189,048	ACTUAL AMOUNT PAID
(5)	VAN ANDEL EDUCATION INSTITUTE	O	61,273	ACTUAL AMOUNT PAID
(6)	VAN ANDEL EDUCATION INSTITUTE	P	296,896	ACTUAL AMOUNT RECEIVED
(7)	VAN ANDEL EDUCATION INSTITUTE	N	63,099	APPORTIONED SALARY AND BENEFITS
(8)	VAN ANDEL INSTITUTE GRADUATE SCHOOL	M	178,573	ALLOCATION BASED ON SQ FOOTAGE
(9)	VAN ANDEL INSTITUTE GRADUATE SCHOOL	P	139,244	ACTUAL AMOUNT RECEIVED
(10)	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Q	10,928,790	ACTUAL AMOUNT PAID
(11)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	N	465,845	NET AMOUNT INVOICED
(12)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	C	1,578,641	ACTUAL GRANT TOTAL
(13)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	K	452,155	ACTUAL AMOUNT PAID
(14)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	B	36,865	ACCRUED PER CONTRACT
(15)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	O	17,472	ACTUAL AMOUNT PAID
(16)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	F	9,000	ACTUAL AMOUNT RECEIVED
(17)	TRANSMED SYSTEMS INC	A	374,185	ACCRUED PER CONTRACT
(18)	TRANSMED SYSTEMS INC	B	500,000	ACTUAL AMOUNT PAID