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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 12-01-2011 and ending 11-30-2012

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) | Room/suite
333 BOSTWICK AVENUE NE

City or town, state or country, and ZIP + 4
GRAND RAPIDS, MI 49503

D Employer identification number
52-2000823

E Telephone number
(616) 234-5000

G Gross receipts $ 72,051,806

F Name and address of principal officer
TIMOTHY J MYERS
333 BOSTWICK AVENUE NE
GRAND RAPIDS, MI 49503

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

1 Briefly describe the organization's mission or most significant activities
MEDICAL RESEARCH ORGANIZATION

2 Check this box ▶☐ 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**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	367
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	897,673
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	80,719

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	57,012,820	57,997,024
9	Program service revenue (Part VIII, line 2g)	1,522,584	1,242,591
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	819,423	333,140
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,334,013	10,471,022
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,688,840	70,043,777
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	340,825	341,390
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)	26,065,382	27,658,068
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶412,173		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,147,197	40,558,351
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,553,404	68,557,809
19	Revenue less expenses Subtract line 18 from line 12	-1,864,564	1,485,968
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	270,167,888	267,685,668
21	Total liabilities (Part X, line 26)	358,085,475	361,102,589
22	Net assets or fund balances Subtract line 21 from line 20	-87,917,587	-93,416,921

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 — 2013-10-11 Date

▶ TIMOTHY J MYERS CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LORI BOYCE | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00121981

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP
200 RENAISSANCE CENTER STE 3900
DETROIT, MI 48243

EIN ▶ 86-1065772

Phone no ▶ (313) 396-3000

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 2,140,903 including grants of $) (Revenue $ 0)

THE PROGRAM FOR BIOSPECIMEN SCIENCE HAS FOCUSED ON THE CHANGE IN BIOLOGICAL PARAMETERS AND QUALITY OF BIOSPECIMENS CAUSED BY COLLECTION, PROCESSING, AND STORAGE PROCEDURES THIS RESEARCH IDENTIFIES EFFECTS ON THE CELL BIOLOGY THAT MAY BE UNRELATED TO THE DISEASE AND MORE SO CAUSED BY THE MANAGEMENT OF THE BIOSPECIMEN THE RESULTS CAN BE USED TO DEVELOP BEST PRACTICES IN THE MANAGEMENT OF BIOSPECIMENS AND ULTIMATELY IMPROVE THE QUALITY OF RESEARCH FINDINGS SCHEDULE O PROVIDES FURTHER INFORMATION REGARDING THIS PROGRAM'S ACCOMPLISHMENTS

4b (Code) (Expenses $ 1,731,921 including grants of $) (Revenue $ 500)

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 $ 1,661,508 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

(Code) (Expenses $ 39,181,071 including grants of $ 341,390) (Revenue $ 2,455,766)

4d Other program services (Describe in Schedule O)

(Expenses $ 39,181,071 including grants of $ 341,390) (Revenue $ 2,455,766)

4e **Total program service expenses** ▶ $ 44,715,403

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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 temporarily restricted endowments, permanent endowments, 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, line10? *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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	113		
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**	367		
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 or securities 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?			**12a**		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	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	5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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				411,467	0	122,461
(2) DR GEORGE VANDE WOUDE TRUSTEE/ DIST INVESTIGATOR	50 00	X						299,763	0	25,940
(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 TRENTTHROUGH 312 PRESIDENT & RESEARCH DIRECTOR	50 00	X		X				1,180,739	0	243,940
(6) WILLIAM POST THROUGH 312 TRUSTEE	1 00	X						2,000	0	0
(7) DR GARY TARPLEY TRUSTEE	1 00	X						0	0	0
(8) R JACK FRICK THROUGH 1211 CHIEF ADMINISTRATIVE OFFICER	50 00			X				275,769	0	95,458
(9) TIMOTHY MYERS CHIEF FINANCIAL OFFICER	50 00			X				237,174	0	78,801
(10) DAVID WHITESCARVER SECRETARY/ CHIEF LEGAL OFFICER	50 00			X				197,281	0	49,962
(11) DR JANA HALL CHIEF OPERATIONS OFFICER	50 00			X				0	0	0
(12) DR H ERIC XU DIST INVESTIGATOR	45 00					X		294,385	0	49,433
(13) JOHN BENDER CLINICAL OPERATIONS DIRECTOR	45 00					X		235,889	0	49,192
(14) BRYON CAMPBELL CHIEF INFORMATION OFFICER	45 00					X		191,590	0	35,484
(15) DR GISELLE SAULNIER SHOLLER DIST INVESTIGATOR	45 00					X		222,748	0	34,912
(16) DR SCOTT JEWELL DIST INVESTIGATOR	45 00					X		296,776	0	65,194

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,865,581	2,000	850,777

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 43

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BANK OF AMERICAMERRILL LYNCH 100 N TRYON ST CHARLOTTE, NC 28202	CREDIT ENHANCEMENT FEES	3,384,333
AON RISK SERVICES CENTER INC 75 REMITTANCE DR STE 1943 CHICAGO, IL 606751943	INSURANCE	551,182
WARNER NORCROSS & JUDD 111 LYON ST 900 OLD KENT GRAND RAPIDS, MI 495032487	LEGAL/ CONSULTING	547,737
PRIORITY HEALTH 1686 RELIABLE PARKWAY CHICAGO, IL 60686	HEALTH INSURANCE ADMIN	464,179
DK SECURITY 5160 FALCONVIEW AVE SE KENTWOOD KENTWOOD, MI 49512	SECURITY SERVICES	370,952

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 19

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 47,258,660				
	e	Government grants (contributions) 1e 6,031,998				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,706,366				
	g	Noncash contributions included in lines 1a-1f $ 12,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	57,997,024			
Program Service Revenue		Business Code				
	2a	RESEARCH BILLED REV 541700	1,242,591	345,420	897,171	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,242,591			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	214,931			214,931
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	253,826			253,826

		(i) Real	(ii) Personal				
6a	Gross rents	2,602,254	1,308				
b	Less rental expenses	1,506,788	806				
c	Rental income or (loss)	1,095,466	502				
d	Net rental income or (loss) . . . . . ▶			1,095,968	1,095,466	502	

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory		618,644				
b	Less cost or other basis and sales expenses		500,435				
c	Gain or (loss)		118,209				
d	Net gain or (loss) . . . . . ▶			118,209	118,209		
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 . . ▶						

Other Revenue

	Miscellaneous Revenue	Business Code				
11a	REL PARTY ADMIN SUPPO	561000	5,425,172			5,425,172
b	REIMBURSED EXPENSES	900099	3,654,325			3,654,325
c						
d	All other revenue		41,731			41,731
e	**Total.** Add lines 11a–11d . . . . . ▶		9,121,228			
12	**Total revenue.** See Instructions . . . ▶		70,043,777	1,559,095	897,673	9,589,985

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	341,390	341,390		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,248,987	1,128,006	1,120,981	
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	19,866,298	10,781,536	8,793,980	290,782
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,515,029	841,171	651,804	22,054
9	Other employee benefits	2,549,100	1,413,005	1,098,522	37,573
10	Payroll taxes	1,478,654	818,280	638,320	22,054
11	Fees for services (non-employees)				
a	Management				
b	Legal	926,115	55,923	870,192	
c	Accounting	132,611	15,194	117,417	
d	Lobbying	68,133		68,133	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	2,245,213	1,495,233	749,980	
12	Advertising and promotion	709,562	10,046	699,516	
13	Office expenses	136,899	77,504	59,395	
14	Information technology	366,110	155,278	210,832	
15	Royalties . .				
16	Occupancy	2,448,990	1,904,532	544,458	
17	Travel	695,945	445,065	250,880	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,918	91,507	73,411	
20	Interest	11,375,530	8,869,107	2,506,423	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,970,658	8,061,216	1,909,442	
23	Insurance	440,991	289,362	151,629	
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	3,248,873	3,248,873		
b	EQUIPMENT & SOFTWARE	2,033,196	1,077,077	956,119	
c	OTHER SCIENTIFIC	1,143,154	1,143,154		
d	SCIENTIFIC PURCH SVC	663,483	663,483		
e					
f	All other expenses	3,787,970	1,789,461	1,958,799	39,710
25	**Total functional expenses.** Add lines 1 through 24f	68,557,809	44,715,403	23,430,233	412,173
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		954,773	2	1,687,416
	3	Pledges and grants receivable, net		1,194,099	3	2,507,373
	4	Accounts receivable, net		2,551,038	4	1,262,403
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,664,455	7	1,647,915
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,271,897	9	1,153,469
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 266,334,661			
	b	Less accumulated depreciation	10b 62,385,484	210,880,670	10c	203,949,177
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,367,061	12	1,431,848
	13	Investments—program-related See Part IV, line 11		97,917	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		50,185,978	15	54,046,067
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		270,167,888	16	267,685,668
Liabilities	17	Accounts payable and accrued expenses		55,926,177	17	61,769,366
	18	Grants payable			18	
	19	Deferred revenue		1,756,331	19	388,625
	20	Tax-exempt bond liabilities		220,385,000	20	221,189,000
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		80,017,967	25	77,755,598
	26	**Total liabilities.** Add lines 17 through 25		358,085,475	26	361,102,589
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-80,494,164	27	-95,108,778
	28	Temporarily restricted net assets		-7,425,523	28	1,689,257
	29	Permanently restricted net assets		2,100	29	2,600
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		-87,917,587	33	-93,416,921
	34	Total liabilities and net assets/fund balances		270,167,888	34	267,685,668

Part XI Reconcilliation 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	70,043,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,557,809
3	Revenue less expenses Subtract line 2 from line 1	3	1,485,968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-87,917,587
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,985,302
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	-93,416,921

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	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	3b	Yes	

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 $ 39,181,071 including grants of $ 341,390) (Revenue $ 2,455,766)

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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

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☑ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

SPECTRUM HEALTH,
,
GRAND RAPIDS, MI

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) **(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?		
11g(ii) **(ii)** a family member of a person described in (i) above?		
11g(iii) **(iii)** a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
VAN ANDEL RESEARCH INSTITUTE	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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	68,133	
c	Total lobbying expenditures (add lines 1a and 1b)	68,133	
d	Other exempt purpose expenditures	68,489,676	
e	Total exempt purpose expenditures (add lines 1c and 1d)	68,557,809	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	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)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	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? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount				1,000,000	1,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c	Total lobbying expenditures				68,133	68,133
d	Grassroots non-taxable amount				250,000	250,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					375,000
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) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(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		218,645,316	32,192,644	186,452,672
c Leasehold improvements				
d Equipment		40,708,927	30,154,521	10,554,406
e Other		1,692,103	38,319	1,653,784
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				203,949,177

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BOND ISSUANCE COSTS NET OF ACCUMULATED AMORTIZATION	1,516,067
(2) PLEDGED SECURITIES	52,530,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	54,046,067

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED POSTRETIREMENT BENEFIT OBLIGATION	1,524,181
UNREALIZED LOSS ON BOND SWAP	69,959,449
MSU COLLEGE OF HUMAN MEDICINE-CONTRIBUTION PAYABLE	6,205,908
CAPITAL LEASE	66,060
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	77,755,598

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,043,777
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,557,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,485,968
4	Net unrealized gains (losses) on investments	4	64,787
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,050,089
9	Total adjustments (net) Add lines 4 - 8	9	-6,985,302
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,499,334

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	64,297,349
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	64,787		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	100,790		
e	Add lines **2a** through **2d**			2e	165,577
3	Subtract line **2e** from line **1**			3	64,131,772
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	5,912,006		
c	Add lines **4a** and **4b**			4c	5,912,006
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	70,043,778

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	69,796,683
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	7,150,879		
e	Add lines **2a** through **2d**			2e	7,150,879
3	Subtract line **2e** from line **1**			3	62,645,804
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	5,912,006		
c	Add lines **4a** and **4b**			4c	5,912,006
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	68,557,810

Part XIV Supplemental 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
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 EXPENDITURES
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON INTEREST RATE SWAP -7,050,089
		PART X, LINE 1(1) AND LINE 2 MANAGEMENT BELIEVES THE LIKELIHOOD VARI, OR ANY RELATED ORGANIZATION, WILL BE REQUIRED TO MAKE ANY ADDITIONAL PAYMENTS IS REMOTE PART XI, LINE 8 NET LOSS RELATED TO THE INTEREST RATE SWAP PART XII, LINE 2D RECLASS OF TRANSMED SYSTEMS (A RELATED PARTY) 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 TRANSMED SYSTEMS COST OF GOODS SOLD TO PRESENT ON STATEMENT OF REVENUE RATHER THAN STATEMENT OF FUNCTIONAL EXPENSES
		PART XII AND XIII, LINE 4B EXPENSE ALLOCATIONS PRESENTED WITHIN REVENUE
		PART V - ALL ENDOWMENT FUNDS ARE HELD AT THE VAN ANDEL INSTITUTE (A RELATED ORGANIZATION)

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA & THE PACIFIC	0	2	PROGRAM SERVICES	RESEARCH COLLABORATION - RESEARCH SERVICES	455,219
3a Sub-total	0	2			455,219
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	2			455,219

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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	198,410	12,000	TUITION PAID	
(2) FOREIGN NATIONAL STUDENT STIPENDS	13	105,980			

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
		SCHEDULE I, PART I, LINE 2 STIPENDS ARE PROVIDED TO THE RESEARCH STUDENTS FOR LIVING AND INSURANCE ASSISTANCE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		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?	**2**	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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	300,014	86,404	25,049	121,954	507	533,928	86,404
	(ii)	0	0	0	0	0	0	0
(2) DR GEORGE VANDE WOUDE	(i)	258,791	22,000	18,972	24,500	1,440	325,703	0
	(ii)	0	0	0	0	0	0	0
(3) DR JEFFREY TRENTTHROUGH 312	(i)	837,136	248,256	95,347	242,500	1,440	1,424,679	248,256
	(ii)	0	0	0	0	0	0	0
(4) R JACK FRICK THROUGH 1211	(i)	219,566	54,223	1,980	86,320	9,138	371,227	54,223
	(ii)	0	0	0	0	0	0	0
(5) TIMOTHY MYERS	(i)	180,247	56,627	300	69,663	9,138	315,975	56,627
	(ii)	0	0	0	0	0	0	0
(6) DAVID WHITESCARVER	(i)	101,372	0	95,909	46,154	3,808	247,243	0
	(ii)	0	0	0	0	0	0	0
(7) DR H ERIC XU	(i)	258,778	35,157	450	40,295	9,138	343,818	22,251
	(ii)	0	0	0	0	0	0	0
(8) JOHN BENDER	(i)	207,680	7,590	20,619	40,055	9,137	285,081	7,590
	(ii)	0	0	0	0	0	0	0
(9) BRYON CAMPBELL	(i)	176,668	14,232	690	26,347	9,137	227,074	14,232
	(ii)	0	0	0	0	0	0	0
(10) DR GISELLE SAULNIER SHOLLER	(i)	145,942	20,000	56,806	28,821	6,091	257,660	20,000
	(ii)	0	0	0	0	0	0	0
(11) DR SCOTT JEWELL	(i)	254,861	40,625	1,290	56,057	9,137	361,970	40,625
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	VARI ALLOWS FOR FIRST-CLASS OR CHARTER TRAVEL FOR OFFICERS AND TRUSTEES PART I, LINE 1B HOUSING ALLOWANCE AND RESIDENCE FOR PERSONAL USE ARE MANAGED BY HUMAN RESOURCES ON A CASE BY CASE BASIS, BOTH OF WHICH EXCLUSIVELY OCCUR IN CONNECTION WITH RELOCATION TO GRAND RAPIDS
	PART I, LINE 1B	A WRITTEN POLICY IS IN PLACE FOR FIRST CLASS/ CHARTER TRAVEL
	PART I, LINE 7	ALL OFFICERS AND OTHER HIGHLY COMPENSATED EMPLOYEES ARE INCLUDED IN A VARIABLE PAY PLAN BASED ON ACHIEVEMENTS OF THE ORGANIZATION AS WELL AS RESPECTIVE INDIVIDUAL PREDETERMINED GOALS AND OBJECTIVES

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

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 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			

		A		B		C		D	
		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 III Private 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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 ▶		1 090 %						
6	Total of lines 4 and 5		1 090 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		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 V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	VARI AND VAEI SHARE COMMON MANAGEMENT AS OFFICERS OF VARI, DAVID VAN ANDEL, R JACK FRICK, DR JANA HALL, TIMOTHY MYERS AND DAVID WHITESCARVER INTERACT AND WORK TOGETHER WITH STEVE TRIEZENBERG, AN OFFICER OF VAEI

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	VARI AND THE TRANSLATIONAL GENOMICS INSTITUTE (TGEN) SHARED COMMON GOVERNANCE. DR WILLIAM J POST, DR JOSE CARDENAS, AND DR JEFF TRENT ALL SERVED AS DIRECTORS FOR BOTH VARI AND TGEN (A RELATED ORGANIZATION) AS OF MARCH 12, 2012, VARI AND TGEN TERMINATED THEIR ALLIANCE AND AFFILIATION AGREEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	DURING THE FISCAL YEAR, JERRY CALLAHAN, AN INDEPENDENT CONTRACTOR, SERVED AS THE VICE PRESIDENT OF BUSINESS DEVELOPMENT AND EXTRAMURAL ADMINISTRATION AS OF JANUARY 2013, MR CALLAHAN BECAME A FULL TIME EMPLOYEE.

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 STATEMENT AUDIT, THE FORM 990 IS PREPARED AND REVIEWED BY MANAGEMENT IT IS THEN CIRCULATED TO THE FULL BOARD FOR REVIEW AND FINAL APPROVAL PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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 THIS POLICY HAS BEEN BOARD APPROVED THE VAN ANDEL INSTITUTE ADMINISTERS THE CONFLICT OF INTEREST (COI) POLICY, ON BEHALF OF VARI, THROUGH TWO COMMITTEES THE CONFLICTS COMMITTEE ("CC") AND THE INSTITUTIONAL COI COMMITTEE ("ICOIC") 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 CC, CHAIRED BY THE DIRECTOR OF COMPLIANCE, GENERATES AN ANNUAL DISCLOSURE QUESTIONNAIRE DISTRIBUTED TO ALL STAFF TO ENFORCE THE POLICY THE CC IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE DIRECTOR RESOLUTIONS ARE IMPLEMENTED WITH APPROVAL OF THE COMMITTEE AND IN DISCUSSION WITH THE CHAIRMAN THE COI POLICY ALSO SERVES AS A GUIDE FOR ALL MEMBERS OF THE BOARD OF TRUSTEES AND SENIOR EXECUTIVES THE ICOIC 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 CHIEF LEGAL OFFICE REVIEWS AND MEETS WITH THE BOARD OF TRUSTEES TO RESOLVE POTENTIAL CONFLICTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA FROM EXPERT, THIRD PARTY IS OBTAINED AND REVIEWED BY VAN ANDEL INSTITUTE'S INDEPENDENT COMPENSATION COMMITTEE TO DETERMINE APPROPRIATE COMPENSATION FOR THE CEO, EXECUTIVE MANAGEMENT OFFICIALS, EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES, ON BEHALF OF VAN ANDEL RESEARCH INSTITUTE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII, PAGE 7	DAVID VAN ANDEL, R JACK FRICK, DR JANA HALL, TIMOTHY MYERS, 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 GAINS ON INVESTMENTS 64,787 LOSS ON INTEREST RATE SWAP -7,050,089 TOTAL TO FORM 990, PART XI, LINE 5 -6,985,302

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 2012

Identifier	Return Reference	Explanation
	PART III, LINE 3	EFFECTIVE MARCH 12, 2012, VARI AND TGEN TERMINATED THEIR ALLIANCE AND AFFILIATION AGREEMENT AND TGEN CONVERTED FROM A MEMBER-BASED ARIZONA NOT-FOR-PROFIT CORPORATION TO A DIRECTOR-BASED ARIZONA NOT-FOR-PROFIT CORPORATION, WHEREBY VARI IS NO LONGER THE SOLE MEMBER OF TGEN THE RESULTS OF OPERATIONS OF TGEN THROUGH THE EFFECTIVE TERMINATION DATE, ARE REFLECTED AS DISCONTINUED OPERATIONS WITHIN THE VAN ANDEL INSTITUTE AND AFFILIATES CONSOLIDATED AND CONSOLIDATING STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS (WHICH VARI IS PART OF) TGEN ASSETS, LIABILITIES AND NET ASSETS TRANSFERRED TOTALED $57,577,000, $21,348,000 AND $36,229,000, RESPECTIVELY TGEN REVENUE AND SUPPORT EARNED BEFORE THE AGREEMENT TERMINATION, DURING FISCAL YEAR 2012 TOTALED $9,012,000 TGEN EXPENSES INCURRED BEFORE THE AGREEMENT TENNINATION, DURING FISCAL YEAR 2012 TOTALED $13,193,000 TGEN REVENUE AND SUPPORT EARNED FOR FISCAL YEAR ENDED NOVEMBER 30, 2011 TOTALED $54,670,000 TGEN EXPENSES INCURRED FOR FISCAL YEAR ENDED NOVEMBER 30, 2011 TOTALED $68,855,000

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINES 4A-4C	LINE 4A - PROGRAM SERVICE ACTIVITY #1 THE PROGRAM FOR BIOSPECIMEN SCIENCE HAS FOCUSED ON T HE CHANGE IN BIOLOGICAL PARAMETERS AND QUALITY OF BIOSPECIMENS CAUSED BY COLLECTION, PROCE SSING, AND STORAGE PROCEDURES THE BIOREPOSITORY WITHIN THE PROGRAM FOR BIOSPECIMEN SCIENC E INCLUDES SCIENTIFIC EVALUATION ON THE PATTERNS OF DEGRADATION IN BIOSPECIMENS, DATABASE TRACKING AND MANAGEMENT OF BIOSPECIMEN INVENTORY, BIOSPECIMEN KIT DEVELOPMENT AND MANUFACT URING, SHIPPING AND TRACKING SERVICES, PROCUREMENT OF SURGICAL TISSUE AND BIOSPECIMENS FRO M PATIENT POPULATIONS, QUALITY CONTROL ASSESSMENT OF OPERATIONS FOR THE COLLECTION AND BAN KING OF BIOSPECIMENS, AND BIOSPECIMEN PROJECT MANAGEMENT THE VARI BIOREPOSITORY CONTAINS APPROXIMATELY 10,000 FROZEN HUMAN TISSUES AND THEIR DERIVATIVES AND A PARAFFIN BLOCK ARCHI VE OF HUMAN DIAGNOSTIC TISSUES CURRENTLY EXCEEDING 900,000 BLOCKS TISSUE ACQUISITION IS I N COLLABORATION WITH WEST MICHIGAN HOSPITALS, PROVIDING FRESH-FROZEN AND PARAFFIN-EMBEDDED SURGICAL TISSUES AND BLOOD FROM CONSENTING PATIENTS THE BIOREPOSITORY IS DESIGNED TO PRO VIDE HUMAN TUMORS TO INVESTIGATORS WITH IRB-APPROVED BASIC AND TRANSLATIONAL RESEARCH PROJ ECTS ACCOMPLISHMENTS INCLUDE, MANAGING BIOREPOSITORY SERVICES FOR THE MULTIPLE MYELOMA RE SEARCH FOUNDATION, THE NATIONAL CANCER INSTITUTE'S CANCER HUMAN BIOBANK (CAHUB), MULTIPLE BIOSPECIMEN ACQUISITION AND BIOREPOSITORY MANAGEMENT PROJECTS FOR VARI INVESTIGATORS, BIOR EPOSITORY ACCREDITATION FROM THE COLLEGE OF AMERICAN PATHOLOGIST (CAP), AND A FOUNDING MEM BER OF THE GREAT LAKES BIOREPOSITORY RESEARCH NETWORK (GLBRN) LINE 4B - PROGRAM SERVICE A CTIVITY #2 SINCE DISCOVERING THE C-MET RECEPTOR AND ITS LIGAND HEPATOCYTE GROWTH FACTOR (H GF/SF) IN THE MID-1980S, THE LABORATORY OF MOLECULAR ONCOLOGY HAS FOCUSED ON INVESTIGATING THE PARAMOUNT ROLE THESE PROTEINS PLAY IN MALIGNANT PROGRESSION AND METASTASIS MET IS OV EREXPRESSED IN MANY TYPES OF HUMAN CANCER, AND ITS EXPRESSION CORRELATES WITH AN AGGRESSIV E DISEASE AND POOR PROGNOSIS (HTTP://WWW.VAI.ORG/MET/) THE ABERRANT EXPRESSION OF MET IN MANY HUMAN TUMORS ALSO NECESSITATED THE DEVELOPMENT OF COMPANION DIAGNOSTICS TO IDENTIFY T HOSE PATIENTS WHO COULD BENEFIT FROM MET TARGETED THERAPIES AS PART OF THE ONGOING EFFORT TO FURTHER ENHANCE OUR UNDERSTANDING OF THE HGF/SF-MET SIGNALING PATHWAY, OUR LAB CURRENT LY FOCUSES ON THE PROJECTS DESCRIBED BELOW - CONTINUING TO DEVELOP AND CHARACTERIZE NOVEL RESEARCH MODELS FOR A VARIETY OF HUMAN CANCERS (LIVER, BRAIN, BREAST, LUNG AND OTHERS) AN D USING THEM FOR PRE-CLINICAL EVALUATION OF NEW C-MET INHIBITORS AS WELL AS OTHER THERAPEU TIC STRATEGIES - EVALUATING HGF AUTOCRINE AS A THERAPEUTIC MARKER PREDICTING SENSITIVITY T O C-MET INHIBITION USING VARIOUS GLIOBLASTOMA AND HEPATOCELLULAR CARCINOMA MODELS - STUDYI NG THE MECHANISMS RESPONSIBLE FOR PHENOTYPIC SWITCHING (E-MT/M-ET) AND EVALUATING THE ROLE OF CHROMOSOME INSTABILITY IN TUMOR PROGRESSION - INVESTIGATING THE ROLES OF MIG-6 AND THE MECHANISMS OF ITS ACTION IN CANCER DEVELOPMENT AND IN THE MAINTENANCE OF JOINT HOMEOSTASI S - PLANNING FURTHER IN VIVO DRUG COMBINATION STUDIES FOR DEVELOPING BETTER THERAPEUTIC ST RATEGIES THAT WILL BE MORE EFFECTIVE THAN C-MET INHIBITOR AS A SINGLE AGENT IN TREATING ME T-EXPRESSING TUMORS - INVESTIGATING HOW MET SIGNALING INTERACTS WITH THE ERBB FAMILY OF RE CEPTORS IN THE PROGRESSION AND THERAPEUTIC RESISTANCE OF ERBB2-POSITIVE AND TRIPLE-NEGATIV E BREAST CANCERS - USING OUR UNIQUE HUMAN-HGF TRANSGENIC SCID MOUSE MODEL TO EXPLORE THE E FFECTIVENESS OF MET TARGETED THERAPY IN TREATING HUMAN CANCERS SUCH AS NON-SMALL CELL LUNG CANCER AND THE POTENTIAL MET DRUG RESISTANCE MECHANISM LINE 4C - PROGRAM SERVICE ACTIVITY #3 THE LABORATORY OF STRUCTURAL SCIENCES IS FOCUSED ON STUDYING THE STRUCTURES AND FUNCTI ONS 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 A GENTS FOR TREATING HUMAN DISEASE, INCLUDING CANCER AND DIABETES LAB STUDIES USE MULTIDISC IPLINARY APPROACHES, INCLUDING MOLECULAR AND CELLULAR BIOLOGY, BIOCHEMISTRY, ANIMAL PHYSIO LOGY, AND X-RAY CRYSTALLOGRAPHY RESEARCH IN THIS GROUP CURRENTLY FOCUSES ON THREE AREAS NUCLEAR HORMONE RECEPTORS, THE MET TYROSINE KINASE RECEPTOR, AND G PROTEIN-COUPLED RECEPTO RS THESE PROTEINS, BEYOND THEIR FUNDAMENTAL ROLES IN BIOLOGY, ARE IMPORTANT DRUG TARGETS RECENT DISCOVERIES INCLUDE THE CRYSTAL STRUCTURES OF EACH PEROXISOME PROLIFERATOR-ACTIVA TED RECEPTORS (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 STRUCT URES OF THE RECEPTORS BOUND TO COACTIVATORS OR CO-REPRESSORS, WHICH PROVIDES A FRAMEWORK F OR UNDERSTANDING THE MECHANISMS OF PPAR AGONISTS AND ANTAGONIST AND THE RECRUITMENT OF COA CTIVATORS AND CO-REPRESSORS, ANDROGEN RECEPTOR (AR) MUTATION IN PROSTATE CANCERS OFTEN RES ULTS IN ENHANCED BINDING TO A PARTICULAR COACTIVAT

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINES 4A-4C	OR, SRC-3 (WHICH IS ALSO CALLED "AMPLIFIED IN BREAST CANCER1", OR AIB1), AND RETINOIC ACID IS A LOW-AFFINITY LIGAND FOR COUP-TF, WHICH IS ONE OF THE MOST CONSERVED NUCLEAR RECEPTOR S AND HAS ESSENTIAL ROLES IN ANGIOGENESIS, HEART DEVELOPMENT, CNS ACTIVITY, AND METABOLIC HOMEOSTASIS FOR THE MET TYROSINE KINASE RECEPTOR, THE LAB HAS DETERMINED THE CRYSTAL STRU CTURE OF THE C-MET LIGAND, HEPATOCYTE GROWTH FACTOR, NK1 AND NK2 VARIANTS, AND FOR G PROTE IN-COUPLED RECEPTORS (GPCRS) WE HAVE DETERMINED CRYSTAL STRUCTURES OF THE LIGAND BINDING D OMAIN OF THE PTH RECEPTOR AND THE CRF RECEPTOR, AND WE ARE DEVELOPING HORMONE ANALOGS FOR TREATING OSTEOPOROSIS, DEPRESSION, AND DIABETES IN ADDITION, WE ARE DEVELOPING A MAMMALIA N OVEREXPRESSION SYSTEM AND PLAN TO USE IT TO EXPRESS FULL-LENGTH GPCRS FOR CRYSTALLIZATIO N AND STRUCTURAL STUDIES THE LAB ALSO STUDIES THE PLANT HORMONE ABSCISIC ACID (ABA) SIGNA LING PATHWAYS, WITH THEIR STRUCTURES OF ABA RECEPTORS BEING HIGHLIGHTED AS ONE OF TOP 10 S CIENTIFIC BREAKTHROUGHS BY SCIENCE IN 2009

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4D	IN 2012, VARI RESEARCHERS FOUND WAYS TO POTENTIALLY DIAGNOSE AND FIGHT SEVERAL DIFFERENT TYPES OF CANCER AND NEURODEGENERATIVE DISEASES BELOW ARE EXAMPLES OF SIGNIFICANT RESEARCH FINDINGS - VARI RESEARCHERS PROVIDED A MORE COMPLETE UNDERSTANDING OF THE BIOLOGY OF TYPE 2 PAPILLARY RENAL CELL CARCINOMA (PRCC2), AN AGGRESSIVE TYPE OF KIDNEY CANCER WITH NO EFFECTIVE TREATMENT, WHICH WILL HELP DEVELOP EFFECTIVE TREATMENT STRATEGIES - VARI RESEARCHERS INTEGRATED GENE EXPRESSION PROFILING AND RNAI SCREENING DATA TO IDENTIFY GENES INVOLVED IN THE DEVELOPMENT AND PROGRESSION OF CLEAR CELL RENAL CELL CARCINOMA (CCRCC), A SUB TYPE THAT ACCOUNTS FOR 75 PERCENT OF ALL KIDNEY CANCERS AND THAT, UNLIKE PRCC2, RESPONDS FAVORABLY TO DRUGS TARGETING VASCULAR ENDOTHELIAL GROWTH FACTOR THE STUDY INDICATED THAT CELL-CYCLE-RELATED GENES, IN PARTICULAR PLK1, WERE ASSOCIATED WITH DISEASE AGGRESSIVENESS AND HIGHLIGHT PLK1 AS A PROMISING POTENTIAL THERAPEUTIC TARGET - VARI RESEARCHERS DETERMINED THAT COMBINATION DRUG THERAPY MAY BE NEEDED TO COMBAT NON-SMALL CELL LUNG CANCER (NSCLC) THEY FOUND THAT PROTEIN SIGNALING PLAYS A CRITICAL ROLE IN TUMOR CELL DEVELOPMENT, ACTIVATING THE STAT3 GENE, AN OVERACTIVE GENE IN SEVERAL TYPES OF CANCER, IN SOME NSCLC CELL LINES THIS TYPE OF PROTEIN-GENE SIGNALING PLAYS A CRUCIAL ROLE IN TUMOR CELL BEHAVIOR THAT MAY NOT BE IMPACTED BY DRUGS THAT SELECTIVELY TARGET THESE MUTATIONS - AN INTERNATIONAL TEAM LED BY THE NCCS-VARI TRANSLATIONAL RESEARCH LABORATORY REPORTED THE FIRST COMPREHENSIVE GENOMIC STUDY OF BILE DUCT CANCER, DISCOVERING CRITICAL GENES RESPONSIBLE FOR THE ONSET OF THE DISEASE IDENTIFYING NEW GENES FREQUENTLY MUTATED IN BILE DUCT CANCERS WILL LEAD TO A BETTER UNDERSTANDING OF HOW BILE DUCT CANCERS DEVELOP - VARI BECAME PART OF A NATIONAL RESEARCH EFFORT TO HELP PATIENTS WITH MULTIPLE MYELOMA BY EXTRACTING AND STORING DNA AND RNA FROM TISSUE SAMPLES FOR NEXT-GENERATION SEQUENCING ANALYSIS RESEARCHERS HOPE TO SHED NEW LIGHT ON THE RELATIONSHIP BETWEEN MOLECULAR VARIATION AND PATIENTS' RESPONSE OR RESISTANCE TO THERAPY - VARI RESEARCHERS AND COLLEAGUES IN CHINA DEMONSTRATED THAT AN ELEVATED PERCENTAGE OF TH17 CELLS IN THE TUMOR MICROENVIRONMENT PLAY A CRUCIAL ROLE IN THE PRODUCTION AND ACCUMULATION OF A CELL CORRELATED TO SURVIVAL OF PATIENTS WITH NASOPHARYNGEAL CARCINOMA (NPC), A CANCER OF THE HEAD AND NECK - RESEARCHERS FROM LUND UNIVERSITY IN SWEDEN, UNDER THE DIRECTION OF DR PATRIK BRUNDIN, DIRECTOR OF THE VARI CENTER FOR NEURODEGENERATIVE SCIENCE ANNOUNCED A BREAKTHROUGH IN RESTORING NEURON FUNCTION TO PARTS OF THE BRAIN DAMAGED BY HUNTINGTON'S DISEASE BY SUCCESSFULLY TRANSPLANTING INDUCED PLURIPOTENT STEM (IPS) CELLS INTO ANIMAL MODELS THEY ALSO PUBLISHED A STUDY DETAILING HOW PARKINSON'S DISEASE SPREADS THROUGH THE BRAIN - VARI RESEARCHERS IDENTIFIED PLASMA-BASED MOLECULAR BIOMARKERS MOLECULAR BIOMARKERS WOULD BE HIGHLY USEFUL CLINICAL TOOLS TO DETECT PARKINSON'S PRIOR TO THE DEVELOPMENT OF THE DISEASE'S MOTOR SYMPTOMS - VARI SCIENTISTS MAPPING THE STRUCTURE OF THE RECEPTOR FOR ABSCISIC ACID (ABA), A PLANT HORMONE THAT CONTROLS GROWTH, DEVELOPMENT AND RESPONSES TO ENVIRONMENTAL STRESS, DISCOVERED THAT ABA REGULATES THE STRESS-RESPONSE PATHWAY BY AFFECTING AN ENZYME BELONGING TO THE PHOSPHATASE FAMILY

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 $1,024,607,000 PER AUDITED FINANCIAL STATEMENTS THE NEGATIVE NET ASSET BALANCE AT VARI IS DUE TO VAI FUNDING EXPENSES ON A CASH BASIS AND THE UNREALIZED LOSS RECORDED IN ASSOCIATION WITH THE INTEREST RATE SWAP

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VAN ANDEL RESEARCH INSTITUTE

Employer identification number
52-2000823

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VAI INNOVATIONS LLC 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 52-2000823	LICENSING INTELLECTUAL PROPERTY OF VARI	MI	-551,461	10,174	VAN ANDEL RESEARCH INSTITUTE
(2) VARI INTERNATIONAL 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 26-2615936	BIOMEDICAL RESEARCH	MI	147	172,379	VAN ANDEL RESEARCH INSTITUTE
(3) BOSTWICK EVENT MANAGEMENT 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 52-2000823	EVENT MANAGEMENT	MI	1,659	117,458	VAN ANDEL RESEARCH INSTITUTE
(4) VARI-CLINXUS LLC 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 495032518 27-4015168	CLINICAL TRIALS	MI	-95,413	45,834	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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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, CA 95014 27-2358859	PERSONALIZED MEDICINE SOFTWARE AND SERVICES	DE	VAI INNOVATIONS LLC	C	-1,355,136	776,718	53 370 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	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)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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	47,258,660	ACTUAL AMOUNT PAID
(2)	VAN ANDEL INSTITUTE	E	52,530,000	TOTAL RECORDED
(3)	VAN ANDEL INSTITUTE	M	297,514	ALLOCATION BASED ON SQ FOOTAGE
(4)	VAN ANDEL INSTITUTE	O	122,179	ACTUAL AMOUNT PAID
(5)	VAN ANDEL INSTITUTE	N	150,926	ALLOCATION BASED ON EFFORT
(6)	VAN ANDEL EDUCATION INSTITUTE	O	113,347	ACTUAL AMOUNT PAID
(7)	VAN ANDEL EDUCATION INSTITUTE	P	1,185,642	ACTUAL AMOUNT RECEIVED
(8)	VAN ANDEL EDUCATION INSTITUTE	N	64,648	APPORTIONED SALARY AND BENEFITS
(9)	VAN ANDEL EDUCATION INSTITUTE	N	35,015	ALLOCATION BASED ON EFFORT
(10)	VAN ANDEL INSTITUTE GRADUATE SCHOOL	N	16,904	ALLOCATION BASED ON EFFORT
(11)	VAN ANDEL INSTITUTE GRADUATE SCHOOL	M	178,508	ALLOCATION BASED ON SQ FOOTAGE
(12)	VAN ANDEL INSTITUTE GRADUATE SCHOOL	P	421,046	ACTUAL AMOUNT RECEIVED
(13)	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Q	8,000,000	ACTUAL AMOUNT PAID
(14)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	N	392,174	NET AMOUNT INVOICED
(15)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	C	767,513	ACTUAL GRANT TOTAL
(16)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	K	87,486	ACTUAL AMOUNT PAID
(17)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	B	25,237	ACCRUED PER CONTRACT
(18)	THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	O	136	ACTUAL AMOUNT PAID
(19)	TRANSMED SYSTEMS INC	A	291,667	ACCRUED PER CONTRACT
(20)	TRANSMED SYSTEMS INC	B	712,941	ACTUAL AMOUNT PAID

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
(21)	VAN ANDEL INSTITUTE	P	3,518,531	ACTUAL AMOUNT PAID