**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury

Open to Public Inspection

A	For the	e 2017 calendar year, or tax year beginning DEC 1, 2017 and ending	NOV 30, 2018
В	Check if applicable	C Name of organization	D Employer identification number
Г	Addre	S <u>VAN</u> ANDEL EDUCATION INSTITUTE	
Ē	Name		52-2000824
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/si	
	Final	333 BOSTWICK AVENUE N E	616-234-5000
	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 5,236,628.
<u></u>		GRAND RAPIDS, MI 49303	H(a) Is this a group return
L	tion pend	F Name and address of principal officer TIMOTHI O. MIEKS	for subordinates? Yes X No
_		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 1.	If "No," attach a list. (see instructions)
			H(c) Group exemption number rear of formation: 1996 M State of legal domicile: MI
	art I	Summary	ear of formation. 1990 M State of legal dofficile. M1
<u> </u>	<del></del>		N OF THE VAN ANDEL
Governance			UCATION INSTITUTE
na.	1	Check this box  fithe organization discontinued its operations or disposed of m	·
Ş Ş	1	Number of voting members of the governing body (Part VI, line 1a)	3
	1	Number of independent voting members of the governing body (Part VI, line 1b)	4 2
Activities &	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 28
ŧ	1	Total number of volunteers (estimate if necessary)	6 0
Ę	1	Total unrelated business revenue from Part VIII, column (C), line	7a 9,322.
٩	ь	Net unrelated business taxable income from Form 990-T, line 34	7b <363,104.
<u> </u>		THE CENT	Prior Year Current Year
4013 Tue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  OCT 2 2 20	46743,293. 5,095,183.
פֿוּ	9	Program service revenue (Part VIII, line 2g)	
v 6 Ll Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200.
_ ر	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	44,387. 0.
7 —	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A); ilines 2)	4. 128,409. 5,236,628.
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,846,797. 3,002,962. 0. 0.
SCAINIAL D Expenses	1	Benefits paid to or for members (Part IX, column (A), line 4)	1,662,178. 1,710,668.
Expenses	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 1,710,668.
Se L	I	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)   93,525.	0. 0.
2 X	I	Total fundraising expenses (Part IX, column (D), line 25)   93,525  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,476,100. 1,429,470.
n	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,985,075. 6,143,100.
	I	Revenue less expenses Subtract line 18 from line 12	<1,056,666.> <906,472.:
es o		Heveride less expenses oubtract line to normalite 12	Beginning of Current Year End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	5,193,075. 4,524,735.
Ass	21	Total liabilities (Part X, line 26)	1,875,767. 2,031,986.
ĘĘ.	22	Net assets or fund balances Subtract line 21 from line 20	3,317,308. 2,492,749.
	art II	Signature Block	
Und	er pena	lties of perjugg, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge and belief, it is
true	, correc	t, and complete. Deplaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.
		Childy . Yhypia	10/7/19
Sig	n	Signature of officer	Date ' /
Her	е	TIMOTHY J. MYERS, CFO	
		Type or print name and title	LDoto L L L DTW
		Print/Type preparer's name Preparer's signature	Date   Check   PTIN   10/1/19   Institute   P.0.941863
Paid		ANNE FULTON anne Julian	Sertemployed F 0 0 0 5 5 5 5 5 5
	parer Only	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772
use	Unity	Firm's address 200 RENAISSANCE CENTER, STE 3900 DETROIT, MI 48243	Phone no. (313)396-3000
N.A.	the IF	· · · · · · · · · · · · · · · · · · ·	
	01 11-2	RS discuss this return with the preparer shown above? (see instructions) 8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	<u>L</u> Yes <u>No</u> Form <b>990</b> (2017)•
1320	VI 11-2	- n Line i or i aperwork neduction Act Houge, see the separate instructions.	10111 333 (2017)

Form 990 (2017) VAN ANDEL EDUCATION INSTITUTE
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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		х
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	х	
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	$\vdash$		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
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	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	<u>X</u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<b></b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		· v	
4	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ī	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X
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Form 990 (2017). VAN ANDEL EDUCATION INSTITUTE
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 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	х	
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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		l	۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ļ
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		Λ
31	If "Yes," complete Schedule N. Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>اٽ ا</del>		
	Schedule N, Part II	32		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
ь	If "Yes" to line 35a, 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	Х	
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>.</u> _
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 (	(2017)

• 1

<u>Pa</u>	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
	. Once it out could be contained a response of note to any line in this hart v			Yes	No				
_1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a   31	<b>*</b>	88XX	328				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re								
	(gambling) winnings to prize winners?	,	1c	X	2000				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	<b>36</b> (4)	<b>X</b>	*****				
	filed for the calendar year ending with or within the year covered by this return 28								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	,				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0	0	3b	X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	<u> </u>	X				
ь	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	`5a	<u> </u>	X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<u> </u>	<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit		ŀ					
	any contributions that were not tax deductible as charitable contributions?	•	6a	<b> </b> -	X				
, D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	۱	1					
7	were not tax deductible?		6b	33.83%					
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	uces provided to the payor?	7a	<u> </u>	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	nces provided to the payor.	7b		<del>                                     </del>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required	10						
•	to file Form 8282?	is required	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1203	X146	366				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	30703363	X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Foi		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to	by the							
	sponsoring organization have excess business holdings at any time during the year?	•	8						
9	Sponsoring organizations maintaining donor advised funds.	_							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b	7000,00000	CV-285406				
10	Section 501(c)(7) organizations. Enter	1							
a	·	10a							
. b	· · · · · · · · · · · · · · · · · · ·	10b							
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	440							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a ·							
		11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a	2000	\$2000 E				
		12b	××*		<b>***</b>				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · · · · · · · · · · · · · · · ·							
	is the organization licensed to issue qualified health plans in more than one state?		13a	,,,,,,,,,,,	- x->4/4 2				
	Note. See the instructions for additional information the organization must report on Schedule O	4			250000				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the								
		13b							
c	Enter the amount of reserves on hand	13c	***						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b						
		•	Form	990	(2017)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 3		. ""	{
	If there are material differences in voting rights among members of the governing body, or if the governing	,	÷	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	] ,	. 1	
b	Enter the number of voting members included in line 1a, above, who are independent		, .	; s.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		<u> </u>	
	officer, director, trustee, or key employee?	2	Х	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			۱
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _	v	ŀ
	more members of the governing body?	7a	X	<b></b> -
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		$\frac{1}{X}$	فنستذ
	The governing body?	8a	X	<del> </del>
	Each committee with authority to act on behalf of the governing body?	8b		<del> </del>
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	<u> </u>		
	tion 2.1 one to print occurred to produce in community about periodes not required by the internal necessary		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	<del></del>
	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	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	7.	*, *<	. `}
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		]
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	, ,	٠.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			لنيا
	taxable entity during the year?	16a		X
Ь	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	<del></del>	<u> </u>	
500	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI	avadah	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avallat	iiC	
	Own website Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
13	statements available to the public during the tax year	ווומוו	ciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TIMOTHY J. MYERS, CFO - 616-234-5368			
	333 BOSTWICK AVENUE N.E., GRAND RAPIDS, MI 49503-2518			
72200		Form	990	(2017)

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

. Employees, and Independent Contractors

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

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

Check this box if neither the organization n							T .		<b>/=</b> \		
(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per	(do	not c	heck :	more	than	one	Reportable	Reportable	Estimated amount of	
	week	offi	box, unless person is both ar officer and a director/trustee)			is oot or/trus	n an tee)	compensation from	compensation from related	other	
	(list any	ē						the	organizations	compensation	
	hours for	a die	]			Ę.		organization	(W-2/1099-MISC)	from the	
	related	10 89	stee			nsate a		(W-2/1099-MISC)	(** = *********************************	organization	
	organizations	Individual trustee or director	institutional trustee		Key emptoyee	e e		'		and related	
	below	graf	慧	ıa eı	ig ig	est c	<u>ت</u> و			organizations	
	line)	upu;	Insti	Officer	Key	Highest compensated employee	Former				
(1) DAVID VAN ANDEL	1.00										
CHAIRMAN / CEO		Х		X	L			0.	490,327.	129,226.	
(2) DON MAINE (END 2/2018)	1.00	l								_	
VAEI TRUSTEE		X						10,000.	23,000.	0.	
(3) DR. JUAN OLIVAREZ	1.00										
VAEI TRUSTEE		Х						10,000.	0.	0.	
(4) DR.GORDON VAN HARN (END 4/2018)	1.00				Ì					_	
VAEI TRUSTEE		Х	Щ			L	L	10,000.	2,000.	0.	
(5) DR. JAMES BULTMAN	1.00							10 000		•	
VAEI TRUSTEE		X	Щ			ļ	_	10,000.	0.	0.	
(6) TIMOTHY MYERS	1.00						1		200 500	100 001	
CHIEF PINANCIAL OFFICER/VP	52.00			X		<u> </u>		0.	308,792.	107,081.	
(7) TERRA TARANGO	50.00			<b>.</b>			ĺ	260 000	0	00 041	
VAEI DIRECTOR	0.00		Н	X	<u> </u>	$\vdash$	_	269,008.	0.	90,041.	
(8) DR. STEVE TRIEZENBERG DEAN OF GRADUATE SCHOOL	50.00				X	•		0.	271,846.	00 712	
	45.00		Н		^	┝	<u> </u>	U •	2/1,040.	89,712.	
(9) WILLIAM DINKELMANN MANAGER OF PRODUCT DEVELOPMENT	0.00					x		110 525	0.	27 506	
(10) MARTIN COON	45.00	$\vdash$	Н		_	₽		118,535.	0.	27,596.	
SCIENCE EDUCATION SPECIALIST	0.00					x		104,787.	0.	21,495.	
(11) RANDY SCHREGARDUS	45.00		$\vdash$	_		₽	$\vdash$	104,707.	0.	21,493.	
MANAGER OF PROFESSIONAL DEVELOPMENT	0.00					x		111,240.	0.	25,640.	
(12) DAVID WHITESCARVER (FORMER)	0.00		H	$\vdash$		<del>  ^</del>	$\vdash$	111,240.		23,040.	
CHIEF LEGAL OFFICER/SECRETARY/VP	0.00						х	٥.	295,363.	0.	
			-	$\dashv$	_	H	Ë		230,0001		
			Н	$\dashv$		$\vdash$	Н				
						ŀ					
		<u> </u>		$\dashv$						-	
			П	$\Box$						•	

Form **990** (2017)

Form **990** (2017)

Parl	Section A. Office	ers, Directors, Trus	tees, Key Em	p!oy	rees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
	· (A)		(B)				<del></del>			(D)	(E)			(F)	
	Name and t	atle	Average	<ul> <li>I (do not check more than or</li> </ul>				one	Reportable	Reportable		Est	ımate	:d	
			hours per	box	, unle	ss pe	rson	is bot	h an		compensation	1		ount (	of
			week (list any	<u> </u>	1		I	T	,	from the	from related	.   .		other bensa	tion
			hours for	direct				_			organizations (W-2/1099-MIS			m the	
			related	tee or	ustee			ensate		(W-2/1099-MISC)	,	<i>'</i>		ınızatı	
			organizations	l fg	ınal trı		loyee	dwo.						relate	
			below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	rmer				orga	nızatı	วทร
				트	드	Ö	꽃	= 등	프			$\dashv$			
	*.*	<del></del>				_		┢	-			$\dashv$			
				1			[								
	· · · · · · · · · · · · · · · · · · ·											$\neg$			
															•
					$oxed{oxed}$			╙							
				<u> </u>	<u> </u>		ļ	┡				$\dashv$			
				┝	$\vdash$	_	_	┢	_	<u> </u>					
				l											
				$\vdash$				t	_	<del>                                     </del>		$\dashv$			
				l											
												$\bot$			
1b	Sub-total								<b>&gt;</b>	643,570.	1,391,32		490	7.	
С	Total from continuation	on sheets to Part VI	I, Section A						<b>&gt;</b>	0.	1 201 22	0.	400		0.
	Total (add lines 1b and	<del></del>							<u> </u>	643,570.			490	7.	91.
		· · ·	ot limited to th	ose	liste	ed at	DOV	e) wł	io r	received more than \$100	0,000 of reportable	÷			4
	compensation from the	e organization								<u> </u>			Т	Yes	No.
3	Did the organization list	t anv <b>former</b> officer.	director, or tru	ıste	e. ke	v en	nplo	vee.	or	highest compensated e	mplovee on	Г	寸		
	line 1a? If "Yes," compl	•			o,	,		,,,,,,	•	goc. copoca.cc c		ļ	3	X	
				le co	ompe	ensa	ation	n and	ot	her compensation from	the organization			$\neg \uparrow$	
	and related organizatio		•		•					**	J		4	X	
5	Did any person listed o	n line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/	elat	ted organization or indiv	dual for services				
	rendered to the organiz		plete Schedul	e <i>J f</i>	or su	ıch j	pers	son		· · · · · · · · · · · · · · · · · · ·			5		<u> </u>
	ion B. Independent Co									······································					
	•		•							that received more than	7.	pensati	ion fr	om	
	the organization Repor		the calendar y	ear	endi	ng w	vith	or w	rtnır	n the organization's tax	year				
		(A) Name and business	address							( <b>B)</b> Description of s	ervices	Cor	(C) mpen	ı satıor	n
ATO	MIC OBJECT								┪	CONTRACT LAB	OR - APP				
	WEALTHY ST	SE, GRAND	RAPIDS	, 1	II	49	950	03	- 1	DESIGN			162	2,3	43.
									ヿ						
											1				
									_						
											1				
									4						
									-		ŀ				
	Total number of indepe	endent contractors (	ncluding but a	Ot lo	mito	d to	the	يا مو	l	d above) who received m	ore than	···			
	\$100 000 of compens	•	•	J. 111		<b>.</b> .0	10	1	,,,,,,	above, who received it	.o.o ciuii				

Page 9 Rart VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or exempt function business sections 512 - 514 revenue revenue Federated campaigns 1b b Membership dues 1c Fundraising events 1d 4,852,876 d Related organizations 113,620 Government grants (contributions) All other contributions, gifts, grants, and 128,687 similar amounts not included above Noncash contributions included in lines 1a-1f '\$ ,095,183 Total. Add lines 1a-1f Business Code SCIENCE INSTRUCTION 611600 141,245 131,923 9,322 Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities Gross amount from sales of (ii) Other 200 assets other than inventory b Less cost or other basis 0 and sales expenses 200. c Gain or (loss) 200 200. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d

732009 11-28-17

9,322

5,236,628.

Total revenue. See instructions.

### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to domestic organizations 3,002,962 3,002,962 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 371,179 61,855 309,324 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 882,878 882,878 Other salaries and wages Pension plan accruals and contributions (include 108,410. 108,410 section 401(k) and 403(b) employer contributions) 294,044. 294,044. Other employee benefits 54,157. 54,157. 10 Payroll taxes Fees for services (non-employees) Management Legal 13,497. 13,497. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 169,033 165,445 3,588 column (A) amount, list line 11g expenses on Sch O.) 199,682. 199,682. Advertising and promotion 12 71,008. 66,458 4,550. 13 Office expenses

1,850.

38,392

1,725

15	Royalties
16	Occupancy
17	Travel
18	Payments of travel or entertainment expenses
	for any federal, state, or local public officials
19	Conferences, conventions, and meetings
20	Interest

Information technology

Payments to affiliates

23 Insurance Other expenses. Itemize expenses not covered 24e amount exceeds 10% of line 25, column (A)

Depreciation, depletion, and amortization

above. (List miscellaneous expenses in line 24e. If line amount, list line 24e expenses on Schedule O.) ALLOCATED EXPENSES

CURRICLULUM DEVELOPMENT

SOFTWARE OTHER SCIENTIFIC All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. \_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

248,236.	248,236.		
35,557.	_	35,557.	
465,734.	254,511.	117,698.	93,525
42,406.	42,406.		
37,863.	37,863.		
33,197.	33,055.	142.	
71,290.	39,709.	31,581.	
6 143 100	5 359 024	690 551	93 525

1,248.

27,962

602.

10,430

1,725

Form 990 (2017)

21

22

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A)		(B)
	<del></del>	·- ·- ·			Beginning of year	↓	End of year
	1	Cash - non-interest-bearing	420 555	1			
	2	Savings and temporary cash investments			130,555.	2	72,857
	3	Pledges and grants receivable, net			F0-001	3	<u> </u>
	4	Accounts receivable, net	78,991.	4	59,555		
	5	Loans and other receivables from current and for		· ·			
		trustees, key employees, and highest compensa	ated er	nployees. Complete	17,990.	****	9,478
	١.	Part II of Schedule L	<b>.</b> .		17,990.	5	9,4/0
	6	Loans and other receivables from other disquali					
	l	section 4958(f)(1)), persons described in section		_			
<b></b>		employers and sponsoring organizations of sections					
Assets	١,,	employees' beneficiary organizations (see instr)	Comp	nete Part II of Sch L		7	
As	7	Notes and loans receivable, net Inventories for sale or use				8	
	8	Prepaid expenses and deferred charges			23,531.	9	23,790
	i	Land, buildings, and equipment cost or other	1		23,331.	1888	
	100	basis Complete Part VI of Schedule D	10a	374,206.			
	h	Less: accumulated depreciation	10b	354,870.	27,172.	10c	19,336
	11	Investments - publicly traded securities	.00	001,000	3,157,437.	11	2,564,156.
	12	Investments - other securities. See Part IV, line	11		1,516,999.	12	1,775,563.
	13	Investments - program-related. See Part IV, line			,,	13	,
	14	Intangible assets		240,400.	14	1	
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	al line (	34)	5,193,075.	16	4,524,735
	17	Accounts payable and accrued expenses		1,875,767.	17	1,676,866	
	18	Grants payable				18	
	19	Deferred revenue				19	355,120
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Ē		key employees, highest compensated employee	es, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		•		23	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, pa	-				<u></u>
		parties, and other liabilities not included on lines	17-24	) Complete Part X of	,		
	00	Schedule D			1,875,767.	25 26	2,031,986.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	\ aba	k here X and	1,075,707.	26 (%) \$0	2,031,300
(D		complete lines 27 through 29, and lines 33 an		K nere 🚩 🕰 and			
Ö	27	Unrestricted net assets	u 54.		2,762,610.	27	1,929,843.
alar	28	Temporarily restricted net assets			204,774.	28	212,982.
Ä	29	Permanently restricted net assets			349,924.	29	349,924.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	8), check here		38.5%	
or F	}	and complete lines 30 through 34.		.,,			
sts	30	Capital stock or trust principal, or current funds			OUCAGO GARALIZAR RANGO STATUS AND RESPONSACIONES	30	TANK MINING THE PARTY OF THE PA
.SSE	31	Paid-in or capital surplus, or land, building, or eq	juipme	nt fund		31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances	•		3,317,308.	33	2,492,749.
	34	Total liabilities and net assets/fund balances		<u> </u>	5,193,075.	34	4,524,735.
					1		Form <b>990</b> (2017

Form **990** (2017)

Form	1990 (2017). VAN ANDEL EDUCATION INSTITUTE	52-2	000824	Page 12
Ŗä	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,236	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,143	
3	Revenue less expenses Subtract line 2 from line 1	3		,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,308.
5	Net unrealized gains (losses) on investments	5	83	,475.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1	,562.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,492	,749.
"Ŗ <u>á</u>	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
-	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2ь	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

732012 11-28-17

Form **990** (2017)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

				ATION INSTIT				5	2-2000824			
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part ) S	ee instruction	s	····			
The 1 2 3 4	organ  X	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5 6 7		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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 9 10		A community trust describe An agricultural research orgor university or a non-land-quiversity	ganization described grant college of agric	I in section 170(b)(1)(A)(culture (see instructions)	ix) operate Enter the	name, city	y, and state o	f the collec	ge or			
11		activities related to its exer income and unrelated busin See section 509(a)(2). (Co An organization organized	npt functions - subje ness taxable income mplete Part III ) and operated exclus	ect to certain exceptions, e (less section 511 tax) fr sively to test for public sa	and (2) no om busine afety See	o more that esses acqu section 50	in 33 1/3% of uired by the or	its suppor	t from gross investment after June 30, 1975.			
12 a		An organization organized a more publicly supported or lines 12a through 12d that  Type I. A supporting organization supported expansions.	rganizations describe describes the type o anization operated, s	ed in section 509(a)(1) of of supporting organization supervised, or controlled	r section n and con by its sup	<b>509(a)(2)</b> aplete line: ported orç	See section s s 12e, 12f, and ganization(s), t	5 <b>09(a)(3)</b> . ( d 12g typically by	Check the box in			
b		the supported organization organization. You must of Type II. A supporting organization or management of organization(s). You must	complete Part IV, Separation supervised of the supporting organization.	ections A and B.  d or controlled in connection anization vested in the s	tion with it	ts support	ed organizatio	on(s), by ha	aving			
С		Type III functionally inte	egrated. A supportin	g organization operated				lly integrat	ed with,			
d		Type III non-functionally that is not functionally int requirement (see instruct	y integrated. A supp tegrated The organizations) You must con	porting organization oper zation generally must sai nplete Part IV, Sections	ated in co tisfy a dist A and D,	nnection v ribution re and Part	with its suppo quirement and V.	d an attent	viveness			
е		Check this box if the orga functionally integrated, or					a Type I, Type	II, Type III				
f		er the number of supported o										
g		vide the following information  Name of supported  organization	n about the supporte (ii) EIN	ed organization(s)  (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
				above (see instructions))								
							-					
		-										
							•					

Sch	nedule A (Form 990 or 990-EZ) 2017 V					52-2000	0/824 Page 2
P	artill Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(y	1)
	· (Complete only if you checke			_	on failed to qualify	under Part III If the	organization
	fails to qualify under the test	s listed below, plea	se complete Part	III )		/	
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				İ	/ /	
	include any "unusual grants.")					/	
2	Tax revenues levied for the organ-	-				/	
	ization's benefit and either paid to					/	
	or expended on its behalf	}				/	
3	The value of services or facilities				7		
	furnished by a governmental unit to				/		
	the organization without charge	1			/		
4	Total. Add lines 1 through 3				/		<del></del>
5	The portion of total contributions			**************************************			
Ŭ	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)				<b>/</b>		
6	Public support. Subtract line 5 from line 4	2014/17/2004/2004/2012 2014/17/2004/2004/2012	\$60,980,000,000,000	**************************************	\$26. \$26. \$36. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4	200000000000000000000000000000000000000	
	ction B. Total Support	ARCHART RECOGNICATION CONTRACTOR		<u>                                     </u>	CONTRACTOR	butter:384nu388A, 049e9001a9aa3.48	
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015 <sup>7</sup>	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4) 2010	(0) 2014	(9)2313	(4) 20.0	(0) 2017	(i) / Old.
8	Gross income from interest,			/			
•	dividends, payments received on			/			
	securities loans, rents, royalties,			/			
	and income from similar sources			/			
9	Net income from unrelated business			<del>'</del>			
•	activities, whether or not the			/			
	business is regularly carned on			/			
10	Other income Do not include gain			/			·
	or loss from the sale of capital			ľ			
	assets (Explain in Part VI.)		<i> </i>				
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instruction	ons) /	00-000000000000000000000000000000000000	AND THE PROPERTY OF THE PARTY O	12	
	First five years. If the Form 990 is fo	•	· /	d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	=	/	<b>-,</b>	,		▶□
Se	ction C. Computation of Pub		rcentage				
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	9/
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	9
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
t	33 1/3% support test - 2016. If the	organization did no	ot check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% i	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pai	t VI how the organi	ızatıon
	meets the "facts-and-circumstances"					_	▶□
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir-		#				▶□
18	Private foundation. If the organization		1 -	•			<u>.</u> ▶□
			T			dule A (Form 990	
			1			•	•
			I				
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							-

Schedule A (Form 990 or 990-EZ) 2017

732023 10-06-17

# Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tron A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		<del></del> -
4	Add lines 1 through 3	4	,	E
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		t .
ect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of secunties	1a		
, b	Average monthly cash balances	1b		,
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	, - *-	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1		1
2	Enter 85% of line 1 .	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2017

10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions.			

f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i_	Carryover from 2012 not applied (see instructions)		
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D,		
	line 7. \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2017, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j	-	
	and 4c		
8	Breakdown of line 7		
a	Excess from 2013		
b	Excess from 2014		
С	Excess from 2015		
<u>.</u> d	Excess from 2016		
е	Excess from 2017		

Schedule A (Form 990 or 990-EZ) 2017

(provide details in Part VI) See instructions

Distributable amount for 2017 from Section C, line 6

Excess distributions carryover, if any, to 2017

b From 2013c From 2014d From 2015e From 2016

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Part-VI	Supplemental Part IV, Section A.	Information lines 1, 2, 3b, 3d	Provide the	explanations requ	ured by Part II, line 1	V, Section B, line:	or 17b, Part III, line 12; s 1 and 2, Part IV, Section	n C,
	Section D, lines 5, (See instructions)	tion D, lines 2 an 6, and 8, and Pa	id 3, Part IV, art V, Section	Section E, lines 10 E, lines 2, 5, and (	c, 2a, 2b, 3a, and 3b, 6 Also complete this	part V, line 1, Par part for any addr	t V, Section B, line 1e, Pa tional information	art V,
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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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public

Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

● Se	ction 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name (	of organization			Emp	loyer identification number
		EL EDUCATION IN			52-2000824
Part	I-A Complete if the or	ganization is exempt un	der section 501(c	or is a section 527 o	organization.
1 P	rovide a description of the organi	zation's direct and indirect politi	ical campaign activities		
2 P	olitical campaign activity expendi	tures		▶ \$	<u></u>
3 V	plunteer hours for political campa	ign activities			
Part	I-B   Complete if the or	ganization is exempt un	der section 501(c	:)(3).	
	nter the amount of any excise tax			<u>√(-)-</u>	
	nter the amount of any excise tax	, ,		55 <b>▶</b> §	·
3 If	the organization incurred a section	on 4955 tax, did it file Form 4720	O for this year?		Yes No
4a W	as a correction made?		·		Yes 🗀 No
<b>b</b> If	"Yes," describe in Part IV				
Part	I-C Complete if the or	ganization is exempt un	der section 501(c	), except section 501	(c)(3).
1 Er	nter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	<u> </u>
2 Er	nter the amount of the filing organ	nization's funds contributed to c	ther organizations for	section 527	
ex	empt function activities			▶ 9	S
<b>3</b> To	otal exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
lın	e 17b			▶ 9	<u> </u>
4 D:	d the filing organization file Form	1120-POL for this year?			└── Yes └── No
<b>5</b> Er	nter the names, addresses and e	mployer identification number (E	EIN) of all section 527 p	political organizations to whi	ch the filing organization
	ade payments For each organiza	•			•
	ontributions received that were pr				ate segregated fund or a
pc	olitical action committee (PAC) If	additional space is needed, pro	vide information in Pai	rt IV	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				idilos il fiorie, enter o	delivered to a separate
					political organization
					If none, enter -0-
				<u> </u>	
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		I	I		I

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2017

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	dule C (Form 990 or 990-EZ) 2017	VAN A	NDEL E	DUCATION IN	ISTITUTE	52-2	000824 Page 2			
	Partili-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
A Ch	<del></del>	ation belon	gs to an aff	iliated group (and list ii	n Part IV each affiliated	I group member's nam	e, address, EIN			
	expenses, and sha		_		'⊸ ۔ سد ۔ ہو	<b>3</b> 112	, ,			
B Ch	eck 🕨 🔲 if the filing organiza	ation check	ed box A a	nd "limited control" pre	ovisions apply.					
-			bying Expe neans amo	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to inf	luence pub	lic opinion (	(grass roots lobbying)		0.	_			
b	Total lobbying expenditures to infi	luence a le	gislative bo	dy (direct lobbying)	•	0.				
С	Total lobbying expenditures (add	lines 1a an	d 1b)		-	0.				
d	Other exempt purpose expenditui	res				6,143,100.				
е	Total exempt purpose expenditure	es (add line	s 1c and 1c	d)	•	6,143,100.				
f_	Lobbying nontaxable amount Ent	er the amo	unt from th	e following table in bot	th columns	457,155.				
L	If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:					
Ĺ	Not over \$500,000		20% of	the amount on line 1e		**************************************	A			
Ĺ	Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000	<b>*</b>	*			
	Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		* * *			
	Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000					
	Over \$17,000,000		\$1,000,	000						
				-						
g	Grassroots nontaxable amount (er	nter 25% o	f line 1f)	-		114,289.				
h	Subtract line 1g from line 1a If ze	ro or less, e	enter -0-		•	0.	ı			
i	Subtract line 1f from line 1c If zer	o or less, e	nter -0-			0.				
j	If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720	_				
	reporting section 4911 tax for this	year?			•	, [	Yes No			
			4-Year Av	eraging Period Under	section 501(h)	•				
	(Some organizations t					of the five columns b	elow.			
			•	ate instructions for li			·			
		Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period					
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total			
_2a	Lobbying nontaxable amount	38	2,072.	445,083.	449,254.	457,155.	1,733,564.			
	Lobbying ceiling amount									
	(150% of line 2a, column(e))						2,600,346.			
	Total lobbying expenditures					0.	0.			
	*	<del>                                     </del>			<del> </del>	-				
d	Grassroots nontaxable amount	9	5,518.	111,271.	112,314.	114,289.	433,392.			
	Grassroots ceiling amount									

Schedule C (Form 990 or 990-EZ) 2017

650,088.

(150% of line 2d, column (e))

# Schedule C (Form 990 or 990 EZ) 2017 VAN ANDEL EDUCATION INSTITUTE 52-200082 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)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(t	)
	e lobbying activity.	Yes	No	Amo	ount
1 a	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 Volunteers?				
b	Media advertisements?				
d e f	Publications, or published or broadcast statements?			- ·	
g	man and the state of the state				
i j	Other activities?  Total Add lines 1c through 1i			***********	· ************************************
c	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				,
	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se		
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 2	Yes	No
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect	the prior yea	r) 3	ection	
1,3,50,	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."				ne 3, is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	tıcal	1		
	expenses for which the section 527(f) tax was paid). Current year		2a		, .
b	Total		2b 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		3	-	
5 Pai	Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	·	5		
Prov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground uctions), and Part II-B, line 1. Also, complete this part for any additional information	up list), Part I	I-A, lines 1 a	and 2 (see	•
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				<del>.</del>	
-			-n	<u></u>	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of 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 a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring				
	impermissible private benefit?	<u> </u>	Yes No				
Pa	rt II   Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area				
	Protection of natural habitat	Preservation of a certifie	ed historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic str	• •	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure					
	listed in the National Register		2d ]				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		[] ·				
_	violations, and enforcement of the conservation easements i		└ Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year				
			(A)(D)()				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(I) Yes No				
0	and section 170(h)(4)(B)(ii)?	an accompate in its revenue and evenue of					
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	•	· · · · · · · · · · · · · · · · · · ·				
	conservation easements	don's financial statements that describes the	e organization's accounting for				
Pai	t III   Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	er Similar Assets.				
<u> </u>	Complete if the organization answered "Yes" on Form	-					
1a	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	nt and halance sheet works of art				
	historical treasures, or other similar assets held for public ext	•	•				
	the text of the footnote to its financial statements that descri		o or positio dervice, provide, arr arryan,				
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e						
	relating to these items	,					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o	ain, provide				
	the following amounts required to be reported under SFAS 1	-	••				
а	Revenue included on Form 990, Part VIII, line 1	, , <u></u>	<b>▶</b> \$				
	Assets included in Form 990, Part X		<b>&gt;</b> \$				
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017				

		EL EDUCATI					00824	
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	er Simi	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are a	significant	use of its	collection r	tems
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of				ar assets	_	_	
	to be sold to raise funds rather than to be m						Yes	<u>No</u>
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	<del> </del>				<del> </del>		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	ot included	_	٦ .	
	on Form 990, Part X?					Ļ_	J Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
					<u> </u>		Amount	
C	Beginning balance				1c			
	Additions during the year				1d			
_	Distributions during the year				1e			
f	Ending balance						T.,	
	Did the organization include an amount on F				-		」 Yes	No No
Pai	If "Yes," explain the arrangement in Part XIII  TV Endowment Funds. Complete							
<u> </u>	Endownient Funds. Complete			·	(d) Three	veare back	(e) Four ye	are back
10	Regioning of wear balance	(a) Current year 4,674,437.	(b) Prior year 4,319,610.	(c) Two years back 4,660,952.		942,131.		18,102.
	Beginning of year balance Contributions	550,000.	96,000.	128,035.	<del></del>	24,662.	<del></del>	15,227.
		83,475.	521,015.	155,862.	<del> </del>	31,172.		08,802.
c d	Net investment earnings, gains, and losses Grants or scholarships	00,1,0.	321,023.	200,002.	<del>                                     </del>	<u> </u>		
	Other expenditures for facilities				-			
-	and programs	968,192.	262,188.	545,239.	,	322,013.		
	Administrative expenses			80,000		15,000.		
g	End of year balance	4,339,720.	4,674,437.	4,319,610.	4 6	60,952.	1 9	42,131.
2	Provide the estimated percentage of the curr		· · ·		. ,	,	,	
a	Board designated or quasi-endowment	91.40	%	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Permanent endowment ► 8.60	%	<b>–</b> ′°					
	Temporarily restricted endowment ▶	%						
-	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organi	zation		
	by	J			J		Y	s No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(ii) 2	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?				3b 3	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent.	· ·					
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a S	See Form 990, Part >	(, line 10			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book v	alue
		basis (investri	nent) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
C	Leasehold improvements			4,867.	134,8		<u>.</u>	0.
d	Equipment			8,181.	210,7			414.
	Other			1,158.	9,2	36.		922.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. column (B), line 1	0c)			19,	336.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 VAN ANDEL E	DUCATION :	INSTITUTE	52	-2000824 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book valu	ie (c) Method o	f valuation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) ALTERNATIVE INVESTMENTS	1,775,	563. END-OF-	YEAR MARKET	VALUE
(B)				
(C)				
(D)			<u></u>	·
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,775,	563.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11c See Form 99	0, Part X, line 13.	
(a) Description of investment	(b) Book valu		f valuation Cost or end	-of-year market value
(1)		*		·
(2)	-		<del></del>	
(3)	_			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	······	Language and a second	ARTHUR AND ARTHUR RESIDENCE TREATMENT	ים יבעינו ממיינגמנטומר 3 ייממני יניימט ב' 5 7 - 2 יימניי 2 - 2 (י.ע. 2 יוני-
Complete if the organization answered "Yes"	on Form 990. Part	IV. line 11d. See Form 99	0. Part X. line 15	
	Description	.,		(b) Book value
(1)	· ·			
(2)				
(3)		*****		•
(4)				
(5)				
(6)				
(7)	<del></del>	<del>-,</del>		
	<del></del>			
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	2.15.)			
Part X Other Liabilities.	<i>: 13)</i>			
)	an Form 000 Bort	IV line 11e or 11f Coe Er	orm 000 Bort V line 25	
(1) 5	on Form 990, Part	(b) Book value	In 990, Part X, line 25	************************************
	<del>`</del>	(b) Dook value	$\dashv$	
(1) Federal income taxes		<del> </del>		
· (2)		<del> </del>	+	
(3)		<del>                                     </del>		
(4)		<del>                                     </del>	+	
(5)		<del> </del>	<b></b>	
(6)				

Liability for uncertain tax positions. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2017 VAN ANDEL EDUCATION INSTITUTE	52-2000824 Page 5
Part XIII Supplemental Information (continued)	
PRINCIPAL OPERATIONS OF THE VAN ANDEL INSTITUTE GRADUATE	· · · · · · · · · · · · · · · · · · ·
SCHOOL	
PART V	
VAN ANDEL INSTITUTE (A RELATED ORGANIZATION) MAINTAINS ENDO	OWED FUNDS FOR
THE BENEFIT OF BOTH VARI AND VAN ANDEL EDUCATION INSTITUTE	(A RELATED
ORGANIZATION) TO FUND OPERATING EXPENSES.	
	<del></del>
	- <del> </del>
	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2017

#### SCHEDULE.E

(Form 990 or 990-EZ)

Internal Revenue Service

&Partil\*

# **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

YES NO

Employer identification number

52-2000824

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain If you need more space, use Part II 3 SEE PART II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain If you need more space, use Part II. Does the organization discriminate by race in any way with respect to Students' rights or privileges? 5a b Admissions policies? 5с Employment of faculty or administrative staff?

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

- b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2017

5e 5f

6a

**6**b

Scholarships or other financial assistance?

e Educational policies?

h Other extracurricular activities?

f Use of facilities? g Athletic programs?

Schedule E (Form 990 or 990-EZ) 2017 VAN ANDEL EDUCATION INSTITUTE 52-2000824 Page 2  Part III Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable  Also provide any other additional information
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
POLICY WAS MADE KNOWN TO THE GENERAL COMMUNITY VIA WEBSITE
AND NUMEROUS ONLINE FORUMS. IN ADDITION, THE DEAN AND THE
ADMINISTRATIVE STAFF OF THE GRADUATE SCHOOL TRAVEL TO SEVERAL
STATES FOR RECRUITING PURPOSES. THIS COURSE OF ACTION WAS
EXPECTED TO BE AN EFFECTIVE METHOD OF PUBLICIZING THE POLICY
TO THE GENERAL COMMUNITY.
SCHEDULE E, PART I, LINE 6A
VAN ANDEL EDUCATION INSTITUTE RECEIVED AN APPROPRIATION FROM THE STATE
OF MICHIGAN OF \$150,000 DURING FISCAL YEAR 2018.
<del></del>

SCHEDULE I	
(Form 990)	

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasu Internal Revenue Service

Internal Revenue Service			► Go to www ir	s gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organizat		EDMOATIO	N THEMTON	•				Employer identification number
Part I General II	nformation on Grants a		N INSTITUTE	<u> </u>				52-2000824
<u></u>								<del> </del>
	zation maintain records		e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	
	award the grants or assi			f - d 45 - 11 - 4 -	101-1			X Yes No
	IV the organization's pro d Other Assistance to							
<u>, , , , , , , , , , , , , , , , , , , </u>	hat received more than				_	anization answered	res on Form 990, Pan	t IV, line 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VAN ANDEL INSTITU SCHOOL - 333 BOST								SUPPORT VAN ANDEL
- GRAND RAPIDS, M		20-3340886	501(C)(3)	2,997,818.	0.			INSTITUTE GRADUATE SCHOOL OPERATIONS.
<del></del>								
							ì	
				l .			ļ	
							ĺ	ł
	<del></del>							
							<b></b>	
		L					L	
2 Enter total numb	er of section 501(c)(3) a	ind government or	ganizations listed in th	e line 1 table				<b>▶</b> 1.

Schedule I (Form 990) (2017)

732102 11-01-17		36			Schedule I (Form 990) (2017)
	<del></del>				
		40,000,0	<del></del>		
IX, LINE 1 INCLUDES ACCRUAL BASED					
PART II: \$2,997,818 IS BASED ON C	ASH GRAN	TS TO VAIG	S. PAGE 1	0, PART	
PART II					
UPDATES ARE PROVIDED AND THE VAIGS	BUDGET	IS APPROVE	D.		
VAEI BOARD MEMBERS MEET FIVE TIMES	THROUGH	OUT THE YE	AR. VAIGS	FINANCIAL	<del></del>
PART I, LINE 2:					
'Part IV' Supplemental Information Provide the information reg	uired in Part I, lii	ne 2, Part III, column	(b), and any other a	dditional information	
So Sand Comments	1.2	10		<u></u>	
	<u></u>				
		<u> </u>			
			1		

52-2000824

(f) Description of noncash assistance

Page 2

Schedule I (Form 990) (2017) VAN ANDEL EDUCATION INSTITUTE

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated 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)

## SCHEDULE J (Form 990)

# **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

VAN ANDEL . EDUCATION INSTITUTE

**Employer identification number** 52-2000824

	Questions riegarding compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
			<b>Y</b>	
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	224000000	522222
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			\$680°X
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	20000	25238
	tidatees, and officers, including the OLO/Lacoutive Director, regarding the items checked on the Ta	2000	\$2 <b>8</b> 87	(360)
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ü	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to		23	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee  Written employment contract  Compensation consultant  Compensation survey or study			
	Form 990 of other organizations . Approval by the board or compensation committee			
	Discount About the state of the			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		X	2023
	Receive a severance payment or change-of-control payment?	4a		х
_	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	NEW PROPERTY.	288648
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	222	<b>***</b>	
	The organization?	5a		X
Ь	Any related organization?	5b	55866.50	A 200200
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
	The organization?	6a		X
b.	Any related organization?	6b	20090 JQC JA	X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	2002		
	not described on lines 5 and 6? If "Yes," describe in Part III	74284.88	aurioc 200 or	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	202,000,00	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			22
	Regulations section 53 4958-6(c)?	9		l

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 VAN ANDEL EDUCATION INSTITUTE 52-2000824

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title  (b) Base compensation repertise compensation compe			(B) Breakdown of	(B) Breakdown of W 2 and/or 1099 MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
CRIREMAN / CEO (U) 366,923. 102,000. 21,404. 128,250. 976. 619,553. 102,000. (2) THOTHY MYERS (I) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. CRIEF PIRMARCIAL OFFICER/VF (II) 270,346. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 415,873. 37,636. 810. 95,875. 11,206. 359,049. 16,875. 10,100. 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(A) Name and Title			incentive	reportable	other deferred compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990
CRAIRMAN / CRO   (u) 366,923. 102,000. 21,404. 128,250. 976. 619,553. 102,00	(1) DAVID VAN ANDEL	10							0.
CHIEF FINANCIAL OFFICER/VF (i) 270,346. 37,636. 810. 95,875. 11,206. 415,873. 37,63 (3) TERRA TARANGO (i) 232,042. 16,875. 20,091. 78,835. 11,206. 359,049. 16,87 VARI DIRECTOR (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CHAIRMAN / CEO		366,923.	102,000.	21,404.	128,250.	976.	619,553.	102,000.
(3) TERRA TARANGO (1) 232,042. 16,875. 20,091. 78,835. 11,206. 359,049. 16,87 VABI DIRECTOR (1) 0. 0. 0. 0. 0. 0. 0. 0.  (4) DR. STEVE TRIEZENBERG (1) 0. 0. 0. 0. 0. 0. 0.  DEAN OF GRADUATE SCHOOL (1) 227,467. 41,164. 3,215. 78,506. 11,206. 361,558. 41,16 (5) DAVID WHITESCANVER (FORMER) (1) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) TIMOTHY MYERS	(1)							0.
VAEI DIRECTOR	CHIEP FINANCIAL OFFICER/VP	160							37,636.
(4) DR. STEVE TRIEZENBERG (6) 0. 0. 0. 0. 0. 0. 0. 0. DEAN OF GRADUATE SCHOOL (7) 227,467. 41,164. 3,215. 78,506. 11,206. 361,558. 41,16  (5) DAVID WHITESCANVER (PORMER) (7) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3) TERRA TARANGO	(0)		16,875.					16,875.
DEAN OF GRADUATE SCHOOL  (i) 227,467. 41,164. 3,215. 78,506. 11,206. 361,558. 41,166. (5) DAVID WHITESCARVER (FORMER)  (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	VAEI DIRECTOR	(0)	•				-		0.
(5) DAVID WHITESCARVER (PORMER) (0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 295,363. 38,52 (0) 0. 0. 0. 295,363. 38,52 (0) 0. 0. 0. 0. 0. 295,363. 38,52 (0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(4) DR. STEVE TRIEZENBERG	3							0.
CHIEF LEGAL OFFICER/SECRETARY/VP (i) 0. 38,526. 256,837. 0. 0. 295,363. 38,52  (i) (ii) (ii) (iii) (ii	DEAN OF GRADUATE SCHOOL	(0)							41,164.
	(5) DAVID WHITESCARVER (FORMER)	(0)		7 -					0.
	CHIEF LEGAL OFFICER/SECRETARY/VP	(0)	0.	38,526.	256,837.	0.	0.	295,363.	38,526.
		3							
		(0)							
(i) (ii) (ii) (iii) (iii	-	(0)						<u></u>	
(u) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		(0)							
		(0)							
		(0)							
(t) (u) (i) (i) (ii) (ii) (iii) (iii		(1)							
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(i) (ii) (ii) (iii) (iii		(0)							
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Schedule J (Form 990)		(0)							L

Schedule J (Form 990) 2017 VAN ANDEL EDUCATION INSTITUTE	52-2000824	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete	this part for any additional informat	tion
PART II, LINE 5		
INCLUDES SEVERANCE PAYMENTS FROM VAN ANDEL INSTITUTE TO DAVID		
WHITESCARVER OF \$256,837.46 FROM CALENDAR YEAR 2017.		· · · · · · · · · · · · · · · · · · ·
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#### SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

**2017** 

Open To Public Inspection

Part II
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Corrected?  Yes No  No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of loan or organization with organization of loan organization organization of loan organization o
(c) Description of transaction  (d) Corrected?  Yes No  No  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan or foom 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization  (c) Description of transaction  (d) Corrected?  Yes No  (d) Corrected?  Yes No  (e) Onginal principal amount  (f) Balance due organization of transaction (h) Approved organization organization organization organization organization?  (g) In Operative (h) Approved organization o
(a) Name of disqualified person person and organization (c) Description of transaction Yes No  Person and organization (c) Description of transaction Yes No  Yes No  Yes No  Person and organization (c) Description of transaction Yes No  Y
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan or from the organization principal amount (f) Balance due (g) In default? (i) Written agreement? To From (e) Onginal principal amount (f) Relationship vital vi
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan o
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
Section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization of loan with organization?  (c) Purpose of loan organization?  To From  (e) Original principal amount (f) Balance due organization (g) In default? Committee? (ii) Written agreement?  Yes No Yes No Yes No
The second of th
Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization of loan of loan or organization?  To From (e) Onginal principal amount (f) Balance due principal amount (g) In default? (i) Written agreement?  Yes No Yes No Yes No
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization of loan
reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person with organization of loan of
(a) Name of interested person (b) Relationship with organization of loan (c) Purpose of loan (d) Loan to or from the organization? To From (e) Original principal amount (f) Balance due (g) In default? (i) Written (ii) Written (ii) Written (ii) Written (ii) Written (iii) W
interested person with organization of loan organization of loan organization? To From the organization?
interested person with organization of loan organization?  To From To
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Total ▶ \$ 9,478.
Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27
(a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of
interested person and assistance assistance assistance
the organization

SEE PART V FOR CONTINUATIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

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

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

VAN ANDEL EDUCATION INSTITUTE	52-2000824
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
(VAEI).	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
VAIGS WAS GRANTED REAFFIRMATION OF ACCREDITATION BY THE H	IIGHER LEARNING
COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES A	ND SCHOOLS IN
MAY 2018.	
FORM 990, PART VI, SECTION A, LINE 2:	
VAEI, VAIGS, VAI AND VARI SHARE COMMON MANAGEMENT. AS OF	FICERS OF ALL FOUR
ORGANIZATIONS, DAVID VAN ANDEL AND TIMOTHY MYERS INTERACT	AND WORK TOGETHER
WITH TERRA TARANGO, AN OFFICER OF VAEL AND DR. STEVE TRIE	ZENBERG, A KEY
EMPLOYEE OF VAEI AND VAIGS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE TRUSTEES OF VAN ANDEL INSTITUTE ELECT MEMBERS OF VAEI	'S GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
FOLLOWING COMPLETION OF THE FINANCIAL AUDIT, THE FORM 990	IS PREPARED AND
REVIEWED BY MANAGEMENT. IT IS THEN CIRCULATED TO THE FUL	L BOARD FOR REVIEW
AND COMMENTS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
VAEI HAS WRITTEN CONFLICT OF INTEREST ("COI") POLICIES AN	D PROCEDURES WHICH
ADMINISTER AND ENFORCE A PROCESS TO IDENTIFY, EVALUATE, A	ND MANAGE
POTENTIAL CONFLICTS OF INTEREST. THESE POLICIES HAVE BEE	N APPROVED BY THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Scher	dule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

BOARD OF TRUSTEES. VAI ADMINISTERS COI POLICIES AND PROCEDURES THROUGH TWO STANDING COMMITTEES: THE CONFLICTS COMMITTEE ("CC") AND THE INSTITUTIONAL COI COMMITTEE ("ICOIC"). COI POLICIES AND PROCEDURES APPLY TO AND SERVE AS A GUIDE FOR EVERYONE IN THE ORGANIZATION. IN PARTICULAR, THEY PROVIDE A USEFUL RESOURCE FOR DEVELOPING ACTIVITIES OR RELATIONSHIPS WITH OUTSIDE ENTITIES OR PERSONS, AND ESTABLISH A PROCESS FOR COMMITTEES TO REVIEW AND MANAGE POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE. THE CC AND ICOIC ARE CHAIRED BY THE GENERAL COUNSEL. THE CC REQUIRES ANNUAL AND UPDATED DISCLOSURES BY COVERED PERSONS AND REVIEWS AND APPROVES MANAGEMENT PLANS. ICOIC POLICIES AND PROCEDURES SERVE AS A GUIDE FOR BOARDS OF TRUSTEES AND SENIOR EXECUTIVES. IN THE EVENT A POTENTIAL COI ARISES AT THE BOARD OR SENIOR EXECUTIVE LEVEL, THE ICOIC MEETS TO REVIEW AND DETERMINE HOW TO MANAGE SUCH A POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE COI POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABILITY DATA FROM AN EXPERT THIRD PARTY IS OBTAINED AND REVIEWED BY THE INDEPENDENT, JOINT COMPENSATION COMMITTEE OF VAN ANDEL EDUCATION INSTITUTE AND RELATED ORGANIZATIONS TO DETERMINE APPROPRIATE COMPENSATION FOR THE CEO, EXECUTIVE MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES, ON BEHALF OF VAN ANDEL EDUCATION INSTITUTE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC ARE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN NET ASSETS OF VAIGS (A RELATED ENTITY)

-1,562.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, 36, or 37.

Attach to Form 990.

2017 Open to Public

OMB No 1545-0047

Name of the organization

► Go to www irs.gov/Form990 for instructions and the latest information

Name of the organization  VAN ANDEL EDUC	ATION INSTITUTE				Employer identific 52-20008	
Part   Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total incor	(e) me End of-year as	ssets Direct c	(f) ontrolling utity
Part II: Identification of Related Tax-Exempt Organizations during the tax year	tions. Complete if the organization a	inswered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one or	r more related tax exe	mpt
(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 5 12(b)(13) controlled entity? Yes No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
VAN ANDEL INSTITUTE - 52-2000820							Ī
333 BOSTWICK AVENUE NE	SUPPORTING ORGANIZATION		1				1
GRAND RAPIDS, MI 49503-2518	FOR VARI AND VAEI	MICHIGAN	501(C)3	1.2C	N/A	1	Х
VAN ANDEL RESEARCH INSTITUTE - 52-2000823							
333 BOSTWICK AVENUE NE	MEDICAL RESEARCH		1		VAN ANDEL		1
GRAND RAPIDS, MI 49503-2518	ORGANIZATION	MICHIGAN	501(C)3	4	INSTITUTE	Х	
VAN ANDEL INSTITUTE GRADUATE SCHOOL -					VAN ANDEL		
20-3340886, 333 BOSTWICK AVENUE NE, GRAND	OPERATING A GRADUATE		1		EDUCATION		
RAPIDS, MI 49503-2518	SCHOOL	MICHIGAN	501(C)3	2	Institute	Х	ļ <u>.</u>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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732161 09-11-17 LHA

Schedule R (Form 990) 2017 VAN ANDEL EDUCATION INSTITUTE

organizations treated as a part			ersmp. Complete ii	the organization answe	ned les onton	11 550, Fait IV, IIIIe	34, Decausi	s it had one of mor	ie relatec	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	end of year assets	(h) Disproportionale allocations?	amount in box	(j) General or j managing partner?	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	otal Share of Disproportionals amount in basets allocations?		amaunt in ha		General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes N	<u> </u>
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Part IVs 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	(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	Sec 512(1 contr ent	(i) ction (b)(13) rolled lity?
	<u> </u>	country)		or trusty		433013		Yes	No
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Schedule R (Form 990) 2017

ote Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<u></u> Y	res	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?		$\perp$	$\Box$	
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	<u>1a</u>	I		Х
b Gift, grant, or capital contribution to related organization(s)	1b	Ŀ	x ]	
c Gift, grant, or capital contribution from related organization(s)	1c	$\perp$	Х	
d Loans or loan guarantees to or for related organization(s)	1d	<u>II</u>	I	X
e Loans or loan guarantees by related organization(s)	1e	$\Box$		Х
f Dividends from related organization(s)	1f	1	I	X
g Sale of assets to related organization(s)	1g	I		X
h Purchase of assets from related organization(s)	1h	$\coprod$	$\Box$	Х
Exchange of assets with related organization(s)	1i	$\perp$	$\Box$	Х
Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>	$\perp$	$\Box$	Х
		Т.		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
Performance of services or membership or fundraising solicitations for related organization(s)	11	Ι	$\Box$	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	$\mathbf{I}$		Х
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Т	X	
o Shanng of paid employees with related organization(s)	10	Т	XΤ	
		Т		
P Reimbursement paid to related organization(s) for expenses	1p		χ̈́	
Reimbursement paid by related organization(s) for expenses	1q	Т	х	
		T	$\Box$	
Other transfer of cash or property to related organization(s)	1r	-		X
s Other transfer of cash or property from related organization(s)	1s	T	ヿ	Х

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)	(b)	(c)	(d)						
Name of related organization	Transaction	Amount involved	Method of determining amount involved						
	type (a s)								
(1) VAN ANDEL RESEARCH INSTITUTE	P	1 642 569	ACTUAL AMOUNT PAID						
(I) VIII INDED ADDIRECT INDITIOE	<u> </u>	1,042,505.	ICTORD INIOUNT THIS						
III IIDE DECENDANT INCOMENTARI		40 212	ALLOGAMED DAGED ON REPORM						
(2) VAN ANDEL RESEARCH INSTITUTE	N	48,313.	ALLOCATED BASED ON EFFORT						
(3) VAN ANDEL RESEARCH INSTITUTE	0	323,896.	ALLOCATED BASED ON EFFORT						
(4) VAN ANDEL INSTITUTE GRADUATE SCHOOL	В	2.997.818.	ACTUAL AMOUNT PAID						
	<del></del>	4,000,000							
(5) VAN ANDEL INSTITUTE	l c	1 952 976	ACTUAL AMOUNT RECEIVED						
5) VAR ARDED INSTITUTE		4,032,070.	ACTUAL AMOUNT RECEIVED						
	_		L						
(6) VAN ANDEL INSTITUTE	P	31,148.	ACTUAL AMOUNT PAID						
732163 09 11-17	46		Schedule R (Form 990) 2017						

VAN ANDEL EDUCATION INSTITUTE

52-2000824

(a) Name of other organization	(b) Transaction type (a r)	(c) Amount involved	(d) Method of determining amount involved
y VAN ANDEL RESEARCH INSTITUTE	Q	178,528.	ACTUAL AMOUNT RECEIVED
3) VAN ANDEL INSTITUTE	Q	88,932.	ACTUAL AMOUNT RECEIVED
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9)			
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52-2000824 Page 4

Schedule R (Form 990) 2017 VAN ANDEL EDUCATION INSTITUTE

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)	(b)	(c)	estment partnerships (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(1)	(g)	0	1)	(1)	(	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all Partners s	Share of	Share of	Dispr	1000	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or F	Percentage
of entity		(state or foreign	(related, unrelated,	501(c)(3	total	end-of year	Lion	nate	amount in box 20	mane	aging (	ownership
,		country)	excluded from tax under	orgs r	income	assets	Yes	III III III	Of Schedule K-1	, part		
		,,	36010113 312-314)	Yes N			Yes	No	(1011111003)	Yes	NO	
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Schedule R (Form 990) 2017

Schedule	R (Form 990) 2017	VAN ANDEL EDUCATION INSTITUTE	52-2000824 Page 5
Part V	R (Form 990) 2017  Supplemental Inf	ormation.	
	Provide additional info	rmation for responses to questions on Schedule R See instructions	
	. Frovide additional into	mation for responses to questions of schedule in See instructions	
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