Department of the Treasury	
Internal Revenue Service	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Intern	al Heve	nue Service Go to www.irs.gov/Form990 for instruction				Inspection			
A F	or th	e 2018 calendar year, or tax year beginning DEC 1, 2018	and endin	ng N	OV 30, 201	9			
Bc	heck if	C Name of organization			D Employer ident	ification number			
	Addre	S <u>VAN_ANDEL</u> EDUCATION INSTITUTE							
	Name				52-2000824				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room	n/suite	E Telephone numl				
	Final return	333 BOSTWICK AVENUE N.E.			616	-234-5000			
	term:		е		G Gross receipts \$	5,955,614.			
	Amer	GRAND RAPIDS, MI 49303			H(a) Is this a group				
	Appli	F Name and address of principal officer 1 1 MO 1111 0 . MI BILL	\leq	ム	for subordinat	es? Yes X No			
	pend	SAME AS C ABOVE	-()		H(b) Are all subordinate	s included? Yes No			
			(a)(1) or	527	=	a list (see instructions)			
		te: HTTPS://VAEI.VAI.ORG/			H(c) Group exempt				
	_	organization: Corporation X Trust Association Other		_ Year o	of formation: 1996	M State of legal domicile: MI			
Pa	rt I	Summary	777 A M T	O17	00 MIII 1/11	* *************************************			
9	1	Briefly describe the organization's mission or most significant activities OF	PERATI	ON	OF THE VAN	ANDEL			
Activities & Governance					L EDUCATIO				
/er	2	Check this box I if the organization discontinued its operations or c	disposed of	f more	1	1			
ģ	3	Number of voting members of the governing body (Part VI, line 1a)	41.		—				
مة د	4	Number of independent voting members of the governing body (Part VI, line	•		<u> </u>	4 4 5 33			
ţį	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			-	5 33			
ξ	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line	VED		<u> </u>	1,577.			
Ă		Net unrelated business taxable income from Form 990-Ti ling 38	VLV			537,778.			
_		<u> </u>		100	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	1 2020	1 91	5,095,183				
ű	, 9	Program service revenue (Part VIII, line 2g)		1221	141,245				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	V LIT	7	200				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	v, U1	_	0	. 0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		5,236,628	5,955,614.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•	1	3,002,962	. 2,706,628.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)		1,710,668				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	. 0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>7,179.</u>		1 122 122				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		\vdash	1,429,470				
i	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		ļ	6,143,100				
	19	Revenue less expenses Subtract line 18 from line 12			<906,472				
Net Assets or Fund Balances				Beg	ginning of Current Yea				
Sse	20	Total assets (Part X, line 16)		-	4,524,735				
let A	21	Total liabilities (Part X, line 26)		-	2,492,749				
	22 rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block			2,452,145	0,000,740.			
		lities of perjury, I declare that I have examined this return, including accompanying sch	nedules and s	stateme	ents, and to the best of	my knowledge and belief, it is			
		it, and complyte. Dc (3 a) or operation of the standard in standard in all information				my milemouge and sener, mile			
,		Merca			1 เด็วไล	2020			
Sign	,	Signature of difficur			Date				
Her		TIMOTHY J. MYERS, CFO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	_		ate Check	PTIN			
Paid		ANNE FULTON anne Julto	\overline{a}	9/	21/2020 If self-emp				
Prep	arer	Firm's name ▶ DELOITTE TAX LLP			Firm's EIN	0.6 40.65000			
Use	Only	Firm's address 200 RENAISSANCE CENTER, STE 3	3900						
_		DETROIT, MI 48243			Phone no. (313)396-3000			
May	the I	RS discuss this return with the preparer shown above? (see instructions)			<u> </u>	X Yes No			

4,770,055.

Total program service expenses

VAN ANDEL EDUCATION INSTITUTE

Form 990 (2018) VAN ANDEL ED
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	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3	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			\vdash
•	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,			$\overline{}$
	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			
	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		Х
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	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			_V
	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		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
•0-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
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?	120		
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		X
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_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 202		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
_	actional government of that by obtaining by and the stage complete controller of that of an anti-			

Pa	rt IV Checklist of Required Schedules (continued)		I.,	T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		┾≏
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	23	х	
04=	Schedule J	23		╆
243	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
Ŭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\vdash
	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			
	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		X
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			
	instructions for applicable filing thresholds, conditions, and exceptions)			۱
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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	30		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		 ^
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete			
-	Schedule N, Part II	32	ļ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ŀ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	↓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	ł
Pa	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38		Щ.
ra	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\Box	. 53	ᢡ
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	1 1		Į .
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1

Form **990** (2018)

832004 12-31-18

(gambling) winnings to prize winners?

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O

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			\mathbf{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 5									
	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.									
h	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
~	officer, director, trustee, or key employee?	2	$\overline{\mathbf{x}}$							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3		3		Х						
	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
4		5		X						
_	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	х							
	more members of the governing body?	/a								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		X						
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		- 21						
8			$\overline{\mathbf{x}}$							
a	The governing body?	8a 8b	X							
	Each committee with authority to act on behalf of the governing body?	OD								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X						
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		21						
Sec	tion B. Policies (This Section B requests information about policies not required by the internal nevertue Code)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?	10a	X	140						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
U	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							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	112								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	$\overline{\mathbf{x}}$							
	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)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X 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	l financ	cial							
	statements available to the public during the tax year									
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									

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 nor any related organization compensated any current officer, director, or trustee

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per		not c		more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	rector			İ			the	organizations	compensation
	hours for related	e or d	stee			Saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trust	nal tru:	١,	oyee	ompe .		(and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID VAN ANDEL	1.00	트	≗	ō	<u> </u>	호등	₽	<u> </u>		
CHAIRMAN / CEO	52.00	х		х		1		0.	510,007.	112,315.
(2) DR. JUAN OLIVAREZ	1.00				一	Г				
VAEI TRUSTEE	0.00	Х						8,000.	2,000.	0.
(3) DR. JAMES BULTMAN	1.00									
VAEI TRUSTEE	0.00	Х						11,750.	0.	0.
(4) SUSAN MEELE START 12/10/18	1.00									
VAEI TRUSTEE		Х				_		1,000.	0.	0.
(5) TERESA WEATHERALL-NEAL 12/10/18	1.00						1			
VAEI TRUSTEE		X	igsqcup			<u> </u>		1,000.	0.	0.
(6) TIMOTHY MYERS	1.00								224 222	05 540
CHIEF FINANCIAL OFFICER/VP	52.00		Ш	X		<u> </u>	<u> </u>	0.	334,088.	85,549.
(7) TERRA TARANGO	53.00			.,				202 775	ا م	74 000
VAEI DIRECTOR	0.00		_	X			_	292,775.	0.	74,998.
(8) DR. STEVE TRIEZENBERG DEAN OF GRADUATE SCHOOL	53.00				х			0.	276,123.	73,038.
(9) RANDY SCHREGARDUS	45.00			_	4	-	\vdash	0.	270,123.	73,030.
MANAGER OF PROFESSIONAL DEVELOPMENT	0.00					x		117,567.	0.	25,856.
(10) TEMPLE IRELAND-ROSENBERGER	45.00	_	-			<u>^`</u>	H	117,307.	0.	25,050.
VAEI ASSOCIATE DIRECTOR	0.00					х		162,661.	0.	37,669.
THE RESIDENCE OF THE PROPERTY	3.00	_		Н		-	_	102,001		
						<u> </u>				
		Н	Н			\vdash	-			
						<u> </u>				
					_	<u> </u>				
										Farm 990 (0010)

Form 990 (2018)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hı	ghe	st (Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable			tımate	_
		hours per	box	, unle	ss pe	rson	ıs bot	th an		compensation			ount (of
		week (list any	⊢	T .		1	1	Ι	⊢ ™	from related			other	t.on
		hours for	Individual trustee or director						the organization	organization (W-2/1099-Mi			pensa om the	
		related	5 8	ste			rsate		(W·2/1099·MISC)	(** 2) 1000 1011	50,		anızatı	
		organizations	T I	Institutional trustee		ag.	шре		(,				d relate	
		below	Idua	퇽	₌	Key employee	est co	듈	i	•		orga	ınızatı	วทธ
		line)	활	in st	Officer	Keye	Highest compensated employee	Former						
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	O. b. Askal	L	L	L	<u> </u>		<u> </u>	▙	594,753.	1,122,2	18	40	9,4	25
	Sub-total	II Caatian A							0.		-0.	- 10 .	<i>,</i> , ,	0.
	Total from continuation sheets to Part V	ii, Section A							594,753.	1,122,2		40	9,4	
2	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to th		liete	ad al	hov.	a) w/	ho r					<i>-</i> , <u>-</u> .	
2	compensation from the organization	iot iiiriited to ti	1036	11316	ou a	0000	C) WI	101	eceived more triair wroc	,000 of reportati	,,,,			3
	compensation from the organization									·		\Box	Yes	No
3	Did the organization list any former officer,	director, or tri	uste	e. ke	ev er	nolo	vee	. or	highest compensated e	mplovee on			T	
_	line 1a? If "Yes," complete Schedule J for s	•		-,	., -		.,	,	g	,		3		X
4	For any individual listed on line 1a, is the si			amo	ensa	ation	n and	d ot	ther compensation from	the organization				
-	and related organizations greater than \$15	•		-					· · · · · · · · · · · · · · · · · · ·			4	X	
5	Did any person listed on line 1a receive or									dual for services	,			
	rendered to the organization? If "Yes," con								_			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	<u>rithi</u>	n the organization's tax	year				
	(A)								(B)			(C		
	Name and business								Description of s			omper	nsatio	<u> </u>
	TON PARTNERS CONSULTING				(L)	LN			CONTRACT LAB	OR - APP		4 5	0 0	^ ^
STI	REET, SUITE 404, BOSTO	N, MA U	<u> 41.</u>	Lυ					DESIGN			12	0,0	50.
														
					-			_		-				
	Total number of independent contractors (i	including but a	O+ I-	mito	d to	the	ال مع	Ster	d above) who received a	ore than				
2	\$100,000 of compensation from the organi		OL III	iiile	u 10		1	٥١٥٢	a above, who received it	ore triair				
	100,000 of compensation from the organi	Lation					_					Form 9	agn (2010)

52-2000824 Page 9

Check if Schedule O contains a response or note to any line. This Part VIII (A) Total revenue		T V		theck if Schedule O cont		or note to any lu	ne in this Part VIII			
Business Code Code				FIECK II Scriedule O Cont	ans a response	or note to any in	(A)	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code Code	nts	1 a	a Fede	rated campaigns	1a					
Business Code Code	ira our	ŀ	Mem	bership dues	1b					
Business Code Code	Am (•	Fund	raising events						
Business Code Code	ar		d Relat	ed organizations	1d 5 ,					
Business Code Code	ïs,	•	e Gove	rnment grants (contribut	tions) 1e	46,554.				
Business Code Code	tion	1	All oth	ner contributions, gifts, gran	its, and	<u> </u>				
Business Code Code	the		sımıla	r amounts not included abo	ve 1f	125,363.				
Business Code Code	10 p	g	Noncas	sh contributions included in lines	1a-1f \$					
Business Code Code	ರ್ಷ		n Total	I. Add lines 1a-1f		<u> </u>	5,848,951.			
Boundary Boundary										
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (foss) d Net rental income or (foss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (foss) d Net gain or (foss) 4 Net gain or (foss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Fart IV, line 18 b Less direct expenses c Net income or (foss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (foss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (foss) from sales of inventory Miscellaneous Revenue 11 a b C C d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 10 106, 663. 107, 663. 107, 663. 108, 663. 108, 663. 108, 663. 109, 663. 109, 663. 109, 663. 109, 663. 100, 663. 10	çe	2 8	sci	ENCE INSTRUC	TION	611600	106,663.	105,086.	1,577.	
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (foss) d Net rental income or (foss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (foss) d Net gain or (foss) 4 Net gain or (foss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Fart IV, line 18 b Less direct expenses c Net income or (foss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (foss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (foss) from sales of inventory Miscellaneous Revenue 11 a b C C d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 10 106, 663. 107, 663. 107, 663. 108, 663. 108, 663. 108, 663. 109, 663. 109, 663. 109, 663. 109, 663. 100, 663. 10	ē Ķ	ŀ	·			<u> </u>				
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Farm 000 (0040)							5 955 614	105 086	1.577	n .
	83200			TOTORIUG. OGG IIISH UGBONS			<u></u>	200,000		

Form 990 (2018) VAN ANDEL EDU-Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respon	·			- · · · I
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21	2,706,628.	2,706,628.		
2	Grants and other assistance to domestic	-			<u>-</u> .
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	366,522.	58,551.	307,971.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,054,189.	1,054,189.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	95,446.	95,446.		
9	Other employee benefits	151,738.	151,738.		
10	Payroll taxes	66,720.	66,720.		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	24,891.		24,891.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	252	252		
	column (A) amount, list line 11g expenses on Sch O.)	250.	250.		
12	Advertising and promotion	120,863.	120,863.	F 077	
13	Office expenses	72,450.	66,573.	5,877.	
14	Information technology	512.	453.	59.	
15	Royalties				
16	Occupancy	40 550	25 002	12 640	
17	Travel	48,550.	35,902.	12,648.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 061	1,511.	1,350.	
19	Conferences, conventions, and meetings	2,861.	633.	1,330.	
20	Interest	033.	033.		
21	Payments to affiliates	45,730.	45,730.		
22	Depreciation, depletion, and amortization	61,308.	4 3,730•	61,308.	
23	Insurance Other expenses, Itemize expenses not covered	01,500.		01,300.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ALLOCATED EXPENSES	508,688.	296,705.	174,804.	37,179
h	OTHER SCIENTIFIC	19,366.	19,366.		
C	SOFTWARE	16,337.	16,337.		
ď	REFRESHMENTS	13,999.	13,674.	325.	
	All other expenses	49,462.	18,786.	30,676.	
25	Total functional expenses. Add lines 1 through 24e	5,427,143.	4,770,055.	619,909.	37,179
26	Joint costs Complete this line only if the organization			· -	
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
) 12-31-18				Form 990 (2018

832010 12-31-18

Pai	π λ	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
			·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			72,857.	2	43,870.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			59,555.	4	610,449.
	5	Loans and other receivables from current and for	ormer c	officers, directors,			
		trustees, key employees, and highest compens	ated er	nployees Complete			<u></u>
		Part II of Schedule L			9,478.	5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		,		7	
⋖	8	Inventories for sale or use			22.522	8	450 405
	9	Prepaid expenses and deferred charges		,	23,790.	9	159,125.
	10a	Land, buildings, and equipment cost or other		202 264			
		basis Complete Part VI of Schedule D	10a	373,964.	40 336		22 620
	b	Less accumulated depreciation	10b	340,326.	19,336.	10c	33,638.
	11	Investments - publicly traded securities			2,564,156.	11	2,660,785.
	12	Investments - other securities See Part IV, line		1,775,563.	12	1,731,919.	
	13	Investments - program-related See Part IV, line	ļ		13	200 556	
	14	Intangible assets			14	289,556.	
	15	Other assets See Part IV, line 11	4 524 725	15	F F 20 242		
	16	Total assets. Add lines 1 through 15 (must equ	al line (34)	4,524,735.	16	5,529,342. 1,854,193.
	17	Accounts payable and accrued expenses		-	1,070,800.	17	1,634,193.
	18	Grants payable	}	355,120.	18	316,406.	
	19	Deferred revenue	}	333,120.	19	310,400.	
	20	Tax-exempt bond liabilities	D4 IV	-f C-b-adula D		20 21	
	21	Escrow or custodial account liability Complete		r			
Liabilities	22	Loans and other payables to current and former					
و		key employees, highest compensated employee	s, and	disquaimed persons			
Lia	22	Complete Part II of Schedule L Secured mortgages and notes payable to unrela	atad th	ird parties	<u>-</u>	23	=11.
	23 24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa		·			
		parties, and other liabilities not included on lines					
		Schedule D		, complete t all x c		25	
	26	Total liabilities. Add lines 17 through 25		Ì	2,031,986.	26	2,170,599.
		Organizations that follow SFAS 117 (ASC 958), ched	k here			
S	l	complete lines 27 through 29, and lines 33 ar					
nce	27	Unrestricted net assets			1,929,843.	27	2,751,724.
Jala	28	Temporarily restricted net assets			212,982.	28	257,095.
DI E	29	Permanently restricted net assets			349,924.	29	349,924.
Fur		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶└─│			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		ļ		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	0 400 540	32	2 250 542
Z	33	Total net assets or fund balances			2,492,749.	33	3,358,743.
	34	Total liabilities and net assets/fund balances			4,524,735.	34	5,529,342.

Form	1990 (2018) VAN ANDEL EDUCATION INSTITUTE	52-2	2000824	Pag	_{ge} 12
Pa	rt XI 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	5,955		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,427		
3	Revenue less expenses Subtract line 2 from line 1	3	528		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,492		
5	Net unrealized gains (losses) on investments	5	342	,14	<u>45.</u>
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	<4	, 62	<u> 22.</u> :
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,358	7.74	<u>43.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
	,			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u> -		
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	1 1		Ī
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both			ı	
	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,		. l	
	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		. -	 -	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi		- 1	v
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 "	2015
			Form 9	7 9 U (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018

Employer identification number

52-2000824

Open to Public Inspection

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

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

Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 \mathbf{x} A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (ı) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 VAN ANDEL EDUCATION INSTITUTE Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization, fails to qualify under the tests listed below, please complete Part III)

36	ction A. Fublic Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f)/Total			
1	Gifts, grants, contributions, and						/			
	membership fees received (Do not						/			
	include any "unusual grants ")						/			
2	Tax revenues levied for the organ-		}			/	1			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities		1	1						
	furnished by a governmental unit to					/				
	the organization without charge			<u> </u>	 	/	-			
4	Total. Add lines 1 through 3					/	<u> </u>			
5	The portion of total contributions				/					
	by each person (other than a				/					
	governmental unit or publicly	l								
	supported organization) included									
	on line 1 that exceeds 2% of the amount shown on line 11,									
	column (f)									
•	**				/					
	Public support. Subtract line 5 from line 4		<u>L</u>				l			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	- (4) 2014	(5) 2010	(0)23.13	(4) 2017	(0) 2010	(1) 10.0.			
8	Gross income from interest,			/						
•	dividends, payments received on									
	securities loans, rents, royalties,		,	ľ						
	and income from similar sources	`					į			
9	Net income from unrelated business			Ì						
	activities, whether or not the									
	business is regularly carried on		/							
10	Other income Do not include gain					-				
	or loss from the sale of capital									
	assets (Explain in Part VI)						ļ			
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities	, etc (see ınstructı	ons)			12				
13	First five years. If the Form 990 is fo		s fırst, second, thii	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)				
<u> </u>	organization, check this box and sto	here					▶□			
	ction C. Computation of Publ									
	Public support percentage for 2018 (column (f))		14	%			
	Public support percentage from 2017					15	. %			
16a	33 1/3% support test - 2018. If the				14 is 33 1/3% or n	nore, check this bo	ox and			
	stop here. The organization qualifies				d l.m 45 00 1/00/	ar mara abaak ti	bus boy			
	33 1/3% support test - 2017. If the				ine 15 is 33 1/3%	or more, check u	niis box			
47.	and stop here. The organization qual				0 10 160 or 16b	and line 14 is 100/	or more			
1/8	. 10% -facts-and-circumstances tes									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
h	10% -facts-and-circumstances tes	_			*	17a and line 15 is	10% or			
E.	/	-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organization						ns 🕨			
<u> </u>						dule A (Form 990				
	<i>*</i>					•	•			

Schedule A (Form 990 or 990-EZ) 2018 VAN ANDEL EDUCATION INSTITUTE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, picase coin	piete r art ir j		···	·	/
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(.,, == .	(3)	1-7			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			١	<i>/</i>		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b				I		
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income				İ		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						ļ
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					!	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
_	ction C. Computation of Publ			· · · · · · · · · · · · · · · · · · ·		т т	
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	
	ction D. Computation of Inves					 	
	Investment income percentage for 20	•		ine 13, column (f))		17	
	Investment income percentage from 2		•			18	<u>%</u>
19a	33 1/3% support tests - 2018. If the	-					17 is not ⊾
	more than 33 1/3%, check this box at						and and
C	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	-					a.iu ▶
20	Private foundation. If the organization						
_	23 10-11-18	ald flot offeon a	20x 011 iii 0 17, 10	_, cob, cricck (0 or 990-EZ) 2018
7	- · · · -				30		, · -

Part IV | 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

Section A.	All Sup	porting	Organizations

sec	tion A. All Supporting Organizations		Tv	
	Annual of the annual state of a constant of a constant of both or a constant of the annual state of the an		Yes	No
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	1	·	
2	Did the organization have any supported organization that does not have an IRS determination of status	- '-	 	
2	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)	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	3a	·	
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	3b		
С	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	3c		
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	4a		
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	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			l
	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	4c		
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)	5a		
D	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	\vdash	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
٠	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	1		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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)	7		
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)	8		
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
þ	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.	9b	\vdash	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	\vdash	
ıua	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
	supporting organizations, in res, answer rob below	100		

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Schedule A (Form 990 or 990-EZ) 2018

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)

2018.05051 VAN ANDEL EDUCATION INSTITU VAEI-201

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		<u> </u>
	ion 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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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		1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	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		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	janization (see
	instructions)	_		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

B Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 20	18 VAN ANI	EL EDU	CATION	INSTITUTE		52-2000824 P	age 8
Part VI	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section I Section D, lines 5, 6, an	ormation. Prov 1, 2, 3b, 3c, 4b,), lines 2 and 3, F	ide the expl 4c, 5a, 6, 9a Part IV, Section	anations requi , 9b, 9c, 11a, on E, lines 1c,	ired by Part II, line 11b, and 11c, Part 2a, 2b, 3a, and 3b	10, Part II, line 17a or IV, Section B, lines 1 , Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section C , Section B, line 1e, Part V	; .
 -	(See instructions)							
								
				<u>.</u>				
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332028 10-11-1	8				20	Schedule	A (Form 990 or 990-EZ)) 201
					20			

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

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-B

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

• ;	Section 501(c)(4), (5), or (6) organia	zations Complete Part III			
Nam	ne of organization			Emp	loyer identification number
		DEL EDUCATION INS			52-2000824
Pa	art I-A Complete if the o	rganization is exempt un	der section 501(c) or is a section 527 o	rganization.
1	Provide a description of the organ	nization's direct and indirect politi	cal campaign activities	s in Part IV	
2	Political campaign activity expend	ditures		▶ \$	j
3	Volunteer hours for political camp	paign activities			
Pa	art I-B Complete if the o	rganization is exempt un	der section 501(c)(3).	
	Enter the amount of any excise ta			▶ \$	
2	Enter the amount of any excise ta	ax incurred by organization manag	gers under section 495	55 ▶\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?		•		Yes No
	If "Yes," describe in Part IV				
Pa	art I-C Complete if the o	rganization is exempt un	der section 501(c), except section 501	(c)(3).
1	Enter the amount directly expend	ed by the filing organization for se	ection 527 exempt fun	ction activities	\
2	Enter the amount of the filing orga	anization's funds contributed to o	ther organizations for	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b			▶ \$;
4	Did the filing organization file Fori	m 1120-POL for this year?			Yes No
	Enter the names, addresses and	•	IN) of all section 527 p	political organizations to which	the filing organization
	made payments. For each organic	zation listed, enter the amount pa	ud from the filing organ	nization's funds. Also enter th	ne amount of political
	contributions received that were	promptly and directly delivered to	a separate political or	ganization, such as a separa	ate segregated fund or a
	political action committee (PAC)	lf additional space is needed, pro	vide information in Par	rt IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		, ,		filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
			· · ·		

_					
					
_	· · · ·				
			1		

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 1	VAN ANDEI	EI	OUCATION IN	STITUTE	52-2	000824 Page 2
Part II-A Complete if the org	janization is	exen	npt under section	n 501(c)(3) and fil	led Form 5768 (el	lection under
section 501(h)).						
				Part IV each affiliated	l group member's nam	ie, address, EIN,
expenses, and shar						
B Check ► ☐ If the filing organiza	tion checked box	A an	d "limited control" pro	visions apply	Γ	T
Limit	ts on Lobbying E	xpen	ditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means a	mour	nts paid or incurred.)		totals	totais
4 - T-tol labbarra and device to refle				<u>.</u>	0.	
1a Total lobbying expenditures to influ	•				0.	
 total lobbying expenditures to influence. Total lobbying expenditures (add line). 	•	e bod	y (direct lobbying)		0.	
d Other exempt purpose expenditures	•				5,427,143.	
e Total exempt purpose expenditure		nd 1d\			5,427,143.	-
f Lobbying nontaxable amount Ente	•			h columns	421,357.	
If the amount on line 1e, column (a) o			ying nontaxable am			
Not over \$500,000			he amount on line 1e			
Over \$500,000 but not over \$1,000			plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5			plus 10% of the exc			
Over \$1,500,000 but not over \$17,			plus 5% of the exce			
Over \$17,000,000		0,000	_			
		,				
g Grassroots nontaxable amount (en	iter 25% of line 1	f)			105,339.	
h Subtract line 1g from line 1a If zero	o or less, enter -C	-			0.	
i Subtract line 1f from line 1c If zero	or less, enter -0-				0.	
j If there is an amount other than ze	ro on either line 1	h or li	ne 11, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year [?]					Yes No
			aging Period Under			
(Some organizations th				-	of the five columns b	elow.
			te instructions for lir			
	Lobbying E	xpen	ditures During 4-Yea	ir Averaging Period		I
Calendar year	(a) 2015		(b) 2016	(c) 2017	(d) 2018	(e) Total
(or fiscal year beginning in)	(a) 2013		(6) 2010	(6) 2011	(4) 2010	(c) rotal
		-				
2a Lobbying nontaxable amount	445,08	33.	449,254.	457,155.	421,357.	1,772,849.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						2,659,274.
c Total lobbying expenditures		0.	0.	0.	0.	0.
			440 041	444.000	105 222	442.042
d Grassroots nontaxable amount	111,27	/1.	112,314.	114,289.	105,339.	443,213.
e Grassroots ceiling amount						664 000
(150% of line 2d, column (e))		\dashv				664,820.
f Grassroots lobbying expenditures		0.	0.	0.	0.	0.
i Grassioots loodyllig experidituresi		~ •	U • [, ,,	, ,,

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

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

of the lobbying activity 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?		
or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?		
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?	_	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?	_	
c Media advertisements? d Mailings to members, legislators, or the public?		
d Mailings to members, legislators, or the public?		-
e rubilications, or published of broadcast statements.		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		 -
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
j Total Add lines 1c through 1i	-	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6).	tion	
	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		-
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part II answered "Yes." 1 Dues, assessments and similar amounts from members	III-A, lin	ie 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	-	
expenses for which the section 527(f) tax was paid).		
a Current year		
b Carryover from last year		
c Total		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
expenditure next year?		
5 Taxable amount of lobbying and political expenditures (see instructions) 5		
Part IV Supplemental Information		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	d 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any additional information		
	_	

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

TANT ANDRE DOMONDON THOUTSEND

Employer identification number E2 2000024

Pai	t I Organizations Maintaining Donor Advise		or Accounts Complete of the
L a			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
		(a) bonor advised failes	(b) i dilas alla otilei 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		
	are the organization's property, subject to the organization's		└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	
D-	impermissible private benefit?		Yes No
Pai			art IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year		Held at the End of the Tax Year
	Total number of conservation easements		<u>2a</u>
	Total acreage restricted by conservation easements		2b
	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 structur	1 I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization 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		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing consequate	on assuments during the year
,	S	aling of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	to causily the requirements of section 17 ct	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
ь	If the organization elected, as permitted under SFAS 116 (AS		and 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		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under SFAS 1		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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

832051 10-29-18

Sche	dule D (Form 990) 2018 VAN AND	EL EDUCATI	ON INSTITU	TE		52	-20	00824 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or C	Other	Similar	Asse	ts (continued)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are	e a sign	ıfıcant use	of its	collection items
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organızatıon's	exemp	t purpose	ın Par	t XIII
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other si	mılar as	sets		
	to be sold to raise funds rather than to be ma							J Yes
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes	" on Fo	rm 990, P	art IV,	line 9, or
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets	not inc	cluded		n —
_	on Form 990, Part X?							J Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
								Amount
	Beginning balance					1c		
a	Additions during the year					1d		
e	Distributions during the year					1e		
f 2-	Ending balance	arm 000 Bart V lina	O1 for approve or a	ustadial assaulst	المالية المالية	1f		Yes No
2a	Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII					•		i res 🗀 No
Par								
		(a) Current year	(b) Prior year	(c) Two years ba		Three years	s back	(e) Four years back
1a	Beginning of year balance	4,339,720.	4,674,437.	4,319,63		4,660		1,942,131.
b	Contributions	336,000.	550,000.	96,00			,035.	3,524,662.
c	Net investment earnings, gains, and losses	342,145.	83,475.	521,01			,862.	31,172
ď	Grants or scholarships		•	<u> </u>	\neg		•	•
e	Other expenditures for facilities				\neg			
-	and programs	625,161.	968,192.	262,18	38.	545	,239.	822,013.
f	Administrative expenses	-				80	,000.	15,000.
g	End of year balance	4,392,704.	4,339,720.	4,674,43	37.	4,319	,610.	4,660,952.
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment	92.00	%					
þ	Permanent endowment ► 8.00	%	_					
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered	for the	organizatio	on	
	by							Yes No
	(i) unrelated organizations							3a(i) X
	(ii) related organizations							3a(ii) X
	If "Yes" on line 3a(ii), are the related organiza							3b X
4 Par	Describe in Part XIII the intended uses of the		wment funds	· -				
Par			Dort IV Imp 11a C	`aa Earm 000 Ba	w V lund	- 10		
	Complete if the organization answered	1 "-					1	(d) Book value
	Description of property	(a) Cost or o basis (investri	1 ''	,	depred	mulated	-	(d) Book value
12	Land	24013 (11140311	54313	(5,5.,	copie		+	
	Buildings						+-	
	Leasehold improvements	-	13	4,867.	13	4,867		0.
ď	Equipment			7,939.		5,479		32,460.
	Other			1,158.		9,980		1,178.

Schedule D (Form 990) 2018

	DUGA MION I	MONTHUME	F.3	2000024 - 4
Schedule D (Form 990) 2018 VAN ANDEL E Part VIII Investments - Other Securities.	DUCATION 1.	NSTITUTE	52-	-2000824 Page 3
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11b See Form 990	. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value		valuation Cost or end-	of-year market value
(1) Financial derivatives			-	
(2) Closely-held equity interests	-			· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A) ALTERNATIVE INVESTMENTS	1,731,9	19. END-OF-Y	YEAR MARKET	VALUE
(B)			<u> </u>	
(C)				
(D)				
<u>(E)</u>				
(F)		·		
(G)				
(H) Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,731,9	19.	·	
Part VIII Investments - Program Related.		+ - • 1		
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11c See Form 990	Part X line 13	
(a) Description of investment	(b) Book value		valuation Cost or end-	of-year market value
(1)			_	
(2)				
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·			
	on Form 000 Port IV	/ Inn 11d Soc Form 000	Part V line 15	
Complete if the organization answered "Yes"	Description	v, line i id Gee Folili 990	, Fait A, line 15	(b) Book value
(1)		<u></u>		(4, 2000)
(2)				
(3)			-	• • • • • • • • • • • • • • • • • • •
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u>.</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line) 15)		<u></u>	
Part X Other Liabilities.	5 000 5 11		- 000 D- (V) - 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	/, line 11e or 11f See For (b) Book value	m 990, Part X, line 25	·
<u> </u>		(b) DOOK VAIUE	-	
(1) Federal income taxes			-	
(2)			4	

(3) (4) (5) (6) (7) (8)

2. 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 X

Schedule D (Form 990) 2018

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

VAN ANDEL EDUCATION INSTITUTE

Schedule D (Form 990) 2018 VAN ANDEL EDUCATION INSTITUTE Part XIII Supplemental Information (continued)	52-2000824 Page 5
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 VAN ANDEL RESEARCH INSTITUTE (A RELATEI	O ORGANIZATION)
AND VAN ANDEL EDUCATION INSTITUTE TO FUND OPERATING EXPENSE	ß.
	

Schedule D (Form 990) 2018

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

Pa				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the]		ŀ
	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	l	<u> </u>	
	If you need more space, use Part II	3	X	<u>L</u> .
	SEE PART II			
			}	
4	Does the organization maintain the following?		<u> </u>	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
			ŀ	
5	Does the organization discriminate by race in any way with respect to	l		
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
		ļ		
		1		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
-	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			1
-	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1
	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form			2) 201

Schedule E (Form 990 or 990-EZ) 2018 VAN ANDEL EDUCATION INSTITUTE 52-2000824 Page 2
Part II 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.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
VAN ANDEL EDUCATION INSTITUTE RECEIVED AN APPROPRIATION FROM THE STATE OF
MICHIGAN OF \$150,000 IN PRIOR FISCAL YEAR 2018.

SCHEDULE I (Form 990)

Department of the Treasury

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

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

▶ Attach to Form 990.

Open to Public OMB No 1545-0047

Schedule I (Form 990) (2018) <u>2</u> NSTITUTE GRADUATE SCHOOL Employer identification number 52-2000824 Inspection (h) Purpose of grant or assistance UPPORT VAN ANDEL X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any PERATIONS. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 2,690,750 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table VAN ANDEL EDUCATION INSTITUTE (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 20-3340886 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SCHOOL - 333 BOSTWICK AVENUE N.E. VAN ANDEL INSTITUTE GRADUATE - GRAND RAPIDS, MI 49503 or government Name of the organization Internal Revenue Service Part LHA

Schedule | (Form 990) (2018) 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 VAN ANDEL EDUCATION INSTITUTE

Page 2

52-2000824

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	e 2, Part III, column	(b), and any other ac	Iditional information	
PART I, LINE 2:					
VAEI BOARD MEMBERS MEET FIVE TIMES		THROUGHOUT THE YEAR.	VAIGS	FINANCIAL	
UPDATES ARE PROVIDED AND THE VAIGS	BUDGET	IS APPROVED.	D.		
PART II					
PART II: \$2,690,750 IS BASED ON CASH GRANTS TO VAIGS.	ASH GRAN	rs to vaig	S. PAGE 10,	O, PART	
IX, LINE 1 INCLUDES ACCRUAL BASED	GRANTS OF	GRANTS OF \$2,706,628.	28.		

Schedule I (Form 990) (2018)

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

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

Pa	art I Questions Regarding Compensation		_	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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	1		
	Travel for companions Payments for business use of personal residence			1
	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	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	I —	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			:
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			·
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	— · · · · · · · · · · · · · · · · · · ·			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	İ		
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	······································			1 1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Ì		
	contingent on the revenues of		•	
а	The organization?	5a		X
	Any related organization?	5b		X
	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			ĺ
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	aldi	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
(1) DAVID VAN ANDEL	Ξ	0	0	0	0	0	0	0
CHAIRMAN / CEO	E	386,538.	101,25	22,219.	111,25	1,065.	622,322.	101,250.
(2) TIMOTHY MYERS	Ξ			0		0		
CHIEF FINANCIAL OFFICER/VP	(ii)	, 31	55,	1,292.	74,	11,120.	419,63	55,485.
(3) TERRA TARANGO	(i)	235,876.	47,	9,737.	63,370.	11,628.	367,773.	47,162.
VAEI DIRECTOR	(ii)	0		0.		0	0	0
(4) DR. STEVE TRIEZENBERG	Θ			0.		0.		
DEAN OF GRADUATE SCHOOL	(11)	•	44,	3,236.	61,	11,628.	349,	44,386.
(5) TEMPLE IRELAND-ROSENBERGER	(i)	154,926.	7,266.	469.	26,041.	11,628.	200,330.	7,266.
VAEI ASSOCIATE DIRECTOR	(11)	0	0 •]	0.	0	0	• 0	0
	(1)							
	3							
	Ξ							
	(ii)							
	Θ							
	(11)							
	(i)							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

18 Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number VAN ANDEL EDUCATION INSTITUTE 52-2000824 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (VAEI). FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: VAIGS WAS GRANTED REAFFIRMATION OF ACCREDITATION BY THE HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS IN MAY 2018. FORM 990, PART VI, SECTION A, LINE 2: VAEI, VAIGS, VAI AND VARI SHARE COMMON MANAGEMENT. AS OFFICERS OF ALL FOUR ORGANIZATIONS, DAVID VAN ANDEL AND TIMOTHY MYERS INTERACT AND WORK TOGETHER WITH TERRA TARANGO, AN OFFICER OF VAEI AND DR. STEVE TRIEZENBERG, 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 FULL 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 AND PROCEDURES WHICH ADMINISTER AND ENFORCE A PROCESS TO IDENTIFY, EVALUATE, AND MANAGE

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THESE POLICIES HAVE BEEN APPROVED BY THE

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

POTENTIAL CONFLICTS OF INTEREST.

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

VAN ANDEL EDUCATION INSTITUTE

Employer identification number 52-2000824

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 THE CC AND ICOIC MANAGE POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE. 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 IN THE EVENT A POTENTIAL COI ARISES AT THE BOARD OR SENIOR EXECUTIVES. 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)

-4,622.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization VAN ANDEL EDUCATION INSTITUTE		Employer identification numbe 52-2000824
FORM 990, PART III, LINE 3, CHANGE IN PROGRAM SERVI	CES:	
IN 2019 VAEI OFFICIALLY DISCONTINUED NEXGEN INQUIRY	, AN C	ONLINE PLATFORM
WHICH PROVIDED TEACHERS AND STUDENTS WITH WEB-BASEI	LEARN	VING TOOLS.
	··· -	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

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

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

VAN ANDEL EDUCATION INSTITUTE

Name of the organization Department of the Treasury Internal Revenue Service

Partil

Employer identification number 52-2000824

(g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes × × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity 'AN ANDEL DUCATION NSTITUTE AN ANDEL NSTITUTE End-of-year assets **e** status (if section Public charity 501(c)(3)) 12C Total income Exempt Code Ð section 01(C)3 501(C)3 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) MICHIGAN MICHIGAN MICHIGAN SUPPORTING ORGANIZATION Primary activity OPERATING A GRADUATE Primary activity OR VARI AND VAEI MEDICAL RESEARCH 9 RGANIZATION SCHOOL VAN ANDEL RESEARCH INSTITUTE - 52-2000823 20-3340886, 333 BOSTWICK AVENUE NE, GRAND Name, address, and EIN (if applicable) VAN ANDEL INSTITUTE GRADUATE SCHOOL VAN ANDEL INSTITUTE - 52-2000820 Name, address, and EIN of related organization of disregarded entity GRAND RAPIDS, MI 49503-2518 GRAND RAPIDS, MI 49503-2518 49503-2518 333 BOSTWICK AVENUE NE 333 BOSTWICK AVENUE NE RAPIDS, MI PartII

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

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Schedule R (Form 990) 2018

832161 10-02-18 LHA

Schedule R (Form 990) 2018 VAN ANDEL EDUCATION INSTITUTE

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

(c) Name, address, and EIN Primary activity configuration of related organization configuration conf	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomins (related,	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Oisproportonate	(i) Code V-UBI	(J) JBI Genera	l or Perc	(k) centage
		foreign country)		excluded fro sections	om tax under 512-514)		assets	Yes	┰	dule pariner 1065) Yes No	<u> </u>	
									_			
									 -	1	+	
											<u> </u>	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	as a Corp	oration or Trust. Co	omplete if th	ne organizatio	n answered "Y	ss" on Form 99	10, Part IV, lin	e 34, because i	t had one o	r more rel	lated
(a)			(q)	(0)	(p))	(e)	(J)	(6)	(u)	1)	=
Name, address, and EIN of related organization	N S	Prin	Primary activity	Legal domicile (state or	Direct controlling entity		Type of entity Sh (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership		512(b)(13) controlled
,				foreign country)	•	ort			assets			2
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832162 10-02-18				44					Scl	Schedule R (Form 990) 2018	orm 990)) 2018
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Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VAN ANDEL RESEARCH INSTITUTE	Ā	1,826,197.	1,826,197.ACTUAL AMOUNT PAID
(2) VAN ANDEL RESEARCH INSTITUTE	N	49,968.	49,968.ALLOCATED BASED ON EFFORT
(3) VAN ANDEL RESEARCH INSTITUTE	0	285,730.	285,730.ALLOCATED BASED ON EFFORT
(4) VAN ANDEL INSTITUTE GRADUATE SCHOOL	В	2,690,750.	2,690,750.ACTUAL AMOUNT PAID
(5) VAN ANDEL INSTITUTE	υ	5,677,034.	5,677,034.ACTUAL AMOUNT RECEIVED
(6) VAN ANDEL INSTITUTE	Qι	375.	375.ACTUAL AMOUNT PAID
832163 10-02-18	45		Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) VAN ANDEL RESEARCH INSTITUTE	ð	613,371.	613,371. ACTUAL AMOUNT RECEIVED
(8) VAN ANDEL INSTITUTE	٥	45,805.	45,805.ACTUAL AMOUNT RECEIVED
(9) VAN ANDEL RESEARCH INSTITUTE	0	135,811.	135,811.ALLOCATED BASED ON EFFORT
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Page 4

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.

Schedule	R (Form 990) 2018 VAN ANDEL EDUCATION INSTITUTE	52-2000824 Page 5
Part VI	R (Form 990) 2018 VAN ANDEL EDUCATION INSTITUTE Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions	
	Trovide additional mornautor for responded to questions on estimate in	
		
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