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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Inspection

A For the 2021 calendar year, or tax year beginning DEC 1, 2021 and ending NOV 30, 2022 Check if applicable: C Name of organization D Employer identification number Address change VAN ANDEL INSTITUTE Name change 52-2000820 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 616-234-5000 333 BOSTWICK AVENUE N.E. termin-ated G Gross receipts \$ 2,048,494,733. City or town, state or province, country, and ZIP or foreign postal code Amended return GRAND RAPIDS, MI 49503 H(a) Is this a group return Applica-F Name and address of principal officer: TIMOTHY J. MYERS JYes IX No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c)(If "No," attach a list. See instructions J Website: ► WWW.VAI.ORG **H(c)** Group exemption number ▶ K Form of organization: Corporation x Trust Association Other > L Year of formation: 1996 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORTING ORGANIZATION TO THE Activities & Governance VAN ANDEL RESEARCH INSTITUTE AND VAN ANDEL EDUCATION INSTITUTE Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 556,657. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year** Current Year 86,194,807. Contributions and grants (Part VIII, line 1h) 126,211,620 Revenue Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 171,550,990 89,999,337. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -400,765 -565,206. 297,361,845 175,628,938. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,836,346 97,119,729. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57,000. 70,500. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 14,415,641 15,779,185. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 70,308,987 112,969,414. 227,052,858 62,659,524. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,123,026,794. 2,082,989,471. 20 Total assets (Part X, line 16) 6,318,765 5,088,250. 21 Total liabilities (Part X, line 26) Net/ 2,116,708,029. 2,077,901,221. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TIMOTHY J. MYERS, CFO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 10/12/23 ANNE FULTON Paid P00941863 self-employed DELOITTE TAX LLP Preparer Firm's name Firm's EIN ▶ 86-1065772 Firm's address 50 SOUTH SIXTH STREET Use Only MINNEAPOLIS, MN 55402 Phone no.612-397-4000 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990 (2021)

VAN ANDEL INSTITUTE

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

Briefly describe the organization's mission:

VAN ANDEL INSTITUTE (VAL) IS ORGANIZED AND OPERATED FOR THE BENEFIT

VAN ANDEL INSTITUTE (VAI) IS ORGANIZED AND OPERATED FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF BOTH THE VAN ANDEL RESEARCH INSTITUTE (VARI) AND VAN ANDEL EDUCATION INSTITUTE (VAEI). Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4,601,136. including grants of \$ 4,601,136.) (Revenue\$ 4a) (Expenses \$ TO OPERATE FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE VAN ANDEL EDUCATION INSTITUTE (VAEI), WHICH INCLUDES THE VAN ANDEL INSTITUTE GRADUATE SCHOOL (VAIGS) AND SCIENCE ACADEMY. VAIGS PREPARES BIOMEDICAL RESEARCH SCHOLARS THROUGH A GRADUATE PROGRAM IN CELL AND MOLECULAR GENETICS. THE SCIENCE ACADEMY PROGRAMS CREATE A UNIQUE SETTING FOR STUDENTS, K-12, ENCOURAGING AND ENABLING THEM TO EXPLORE, QUESTION, AND INVESTIGATE AS SCIENTISTS DO. 92,518,593. including grants of \$ 4b (Code:) (Expenses \$ TO OPERATE FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE VAN ANDEL RESEARCH INSTITUTE (VARI). A MEDICAL RESEARCH ORGANIZATION. VARI CONDUCTS BIOMEDICAL RESEARCH, FOCUSING ON CANCER EPIGENETICS AND PARKINSON'S DISEASE WITH AN EMPHASIS ON TRANSLATING SCIENTIFIC RESEARCH RESULTS INTO CLINICAL APPLICATIONS. (Code:) (Expenses \$) (Revenue \$ including grants of \$ Other program services (Describe on Schedule O.)

4e Total program service expenses ▶ 97,119,729.

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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? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| • | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | Х | |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 3 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | x |
| 0 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | |
| 8 | 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 donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | |
| 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 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | Х | |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

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| Checklist of Required Schedules (continued) |
|---|
| |
| |
| |

| | | | Yes | No |
|----------|---|------------|------|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 04- | | |
| L | Schedule K. If "No," go to line 25a | 24a 24b | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | <u> </u> |
| · | 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 | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| _ | "Yes, " complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | Х |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | |
| ٠. | Part V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Λ | — |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | - 20 | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) VAN ANDEL INSTITUTE Page 5 52 - 2000820

| | | | Yes | Na | | | | | |
|-----|---|-----|-----|----|--|--|--|--|--|
| 0- | Enter the number of employees reported an Form W.C. Transmittel of Wags and Tay Statements | | res | No | | | | | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | | | | |
| h | filed for the calendar year ending with or within the year covered by this return 2a 2 5 6 7 8 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 | 2b | | | | | | | |
| b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | 20 | | | | | | | |
| 22 | | 3a | х | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3b | Х | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | | | | | | |
| ₽a | | | | | | | | | |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country | | | | | | | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| 6a | | | | | | | | | |
| - | any contributions that were not tax deductible as charitable contributions? | 6a | | х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | х | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7с | х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| a | Gross income from members or shareholders | | | | | | | | |
| b | , | | | | | | | | |
| 192 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 124 | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand 13c | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes " complete Form 6069 | | | | | | | | |

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Form 990 (2021) VAN ANDEL INSTITUTE 52-2000820 Page **6**

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 on Schedule O. See instructions.

| | Check if Schoolule O contains a vegnance or note to any line in this Dart VI | | | Х |
|-----|--|-----------|----------|------------------|
| 800 | Check if Schedule O contains a response or note to any line in this Part VI | | | Δ |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year | 4 | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on 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 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| - | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | | 8a | Х | |
| b | The governing body? Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 80 | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| 800 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | Λ |
| 360 | tion b. Folicies (mis Section & requests information about policies not required by the internal nevenue Code.) | | V | NI. |
| 40- | Did the consequent is the place of several sev | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Α |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 37 | |
| | 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 | | | | |
| 12a | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on 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 | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on 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 | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | 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 |) avail | ahle |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | , o or ny | , avalla | ıDI C |
| | | | | |
| 40 | Own website Another's website Upon request Other (explain on Schedule O) | .d.£: | 201-1 | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | iu tinai | icial | |
| 00 | 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 | | | |

Form 990 (2021) VAN ANDEL INSTITUTE 52-2000820 Page **7**

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

Х

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

| Name and title | (A) | (B) | Γ | | ((| C) | | | (D) | (E) | (F) |
|--|----------------|--|--------------------------------|---|---------|--------------|------------------------------|--------|---------------------------------|-----------------|---|
| (1) DR. JANA HALL CHIEF OPERATIONS OFFICER (2) DAVID VAN ANDEL CHAIRMAN / CEO (3) GERALD CALLAHAN CHIEF STRATEGIC OFFICER (4) THOMAS CURRAN JR. (5) TIMOTHY MYERS (6) JOHN KENNEDY TRUSTEE (7) MARK MEIJER TRUSTEE (8) JOAN BUDDEN (END 12/13/2021) 1.00 X 0. 447,244. 157,678. 0. 460,906. 165,565. 0. 460,906. 165,565. 0. 460,906. 165,565. 0. 404,819. 128,718. 0. 407,171. 114,355. 0. 353,328. 104,995. 0. 0. 0. 0. 0. | Name and title | hours per | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | h an | compensation | compensation | amount of |
| CHIEF OPERATIONS OFFICER 44.00 X 0. 471,244. 157,678. (2) DAVID VAN ANDEL 10.00 CHAIRMAN / CEO 30.00 X X 0. 460,906. 165,565. (3) GERALD CALLAHAN 1.00 CHIEF STRATEGIC OFFICER 44.00 X 0. 404,819. 128,718. (4) THOMAS CURRAN JR. 1.00 GENERAL COUNSEL 44.00 X 0. 407,171. 114,355. (5) TIMOTHY MYERS 1.00 CHIEF FINANCIAL OFFICER 44.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. (7) MARK MEIJER 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | hours for related organizations below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ | from the organization and related |
| (2) DAVID VAN ANDEL 10.00 CHAIRMAN / CEO 30.00 (3) GERALD CALLAHAN 1.00 CHIEF STRATEGIC OFFICER 44.00 (4) THOMAS CURRAN JR. 1.00 GENERAL COUNSEL 44.00 (5) TIMOTHY MYERS 1.00 CHIEF FINANCIAL OFFICER 44.00 (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 (7) MARK MEIJER 1.00 TRUSTEE 0.00 (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | 1 | | | | | | | | |
| CHAIRMAN / CEO 30.00 X X X 0. 460,906. 165,565. (3) GERALD CALLAHAN 1.00 X 0. 404,819. 128,718. (4) THOMAS CURRAN JR. 1.00 X 0. 407,171. 114,355. (5) TIMOTHY MYERS 1.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | - | | | | Х | | | | 0. | 471,244. | 157,678. |
| CHIEF STRATEGIC OFFICER | | | | | | | | | | | |
| CHIEF STRATEGIC OFFICER 44.00 X 0. 404,819. 128,718. (4) THOMAS CURRAN JR. 1.00 GENERAL COUNSEL 44.00 X 0. 407,171. 114,355. (5) TIMOTHY MYERS 1.00 CHIEF FINANCIAL OFFICER 44.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 X 0. 0. 0. (7) MARK MEIJER 1.00 TRUSTEE 0.00 X 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | - | _ | Х | | Х | | | | 0. | 460,906. | 165,565. |
| (4) THOMAS CURRAN JR. 1.00 GENERAL COUNSEL 44.00 (5) TIMOTHY MYERS 1.00 CHIEF FINANCIAL OFFICER 44.00 (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 (7) MARK MEIJER 1.00 TRUSTEE 0.00 (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | | | | | | | | | |
| GENERAL COUNSEL 44.00 X 0. 407,171. 114,355. (5) TIMOTHY MYERS 1.00 CHIEF FINANCIAL OFFICER 44.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 X 0. 0. 0. (7) MARK MEIJER 1.00 TRUSTEE 0.00 X 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | _ | | | Х | | | 0. | 404,819. | 128,718. |
| (5) TIMOTHY MYERS CHIEF FINANCIAL OFFICER 44.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY TRUSTEE 0.00 X 0. 0. 0. (7) MARK MEIJER TRUSTEE 0.00 X 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | - | | | | | | | | |
| CHIEF FINANCIAL OFFICER 44.00 X 0. 353,328. 104,995. (6) JOHN KENNEDY 1.00 TRUSTEE 0.00 X 0. 0. 0. (7) MARK MEIJER 1.00 TRUSTEE 0.00 X 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | - | | | | | Х | | | 0. | 407,171. | 114,355. |
| (6) JOHN KENNEDY TRUSTEE (0.00 X 0.00 0.00.00.00.00.00.00.00.00.00.00.00. | | | - | | l | | | | | 252 200 | 104 005 |
| TRUSTEE 0.00 X 0. 0. 0. (7) MARK MEIJER 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | - | | | | X | | | | 0. | 353,328. | 104,995. |
| (7) MARK MEIJER TRUSTEE (8) JOAN BUDDEN (END 12/13/2021) 1.00 0.00 X 0.00 0.00.00.00.00.00.00.00.00.00.00.00. | | | ١ | | | | | | | 0 | |
| TRUSTEE 0.00 X 0. 0. 0. (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | X | - | | | - | | 0. | 0. | 0. |
| (8) JOAN BUDDEN (END 12/13/2021) 1.00 | | | ļ., | | | | | | | 0 | |
| | | + | ^ | | | | | | 0. | 0. | <u> </u> |
| | | | x | | | | | | 0 | 0 | 0 |
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|------|--|---------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|---------------|---------------------------------|------------------------------|-----------------|------|------|
| Par | t VII Section A. Officers, Directors, Trus | stees, Key Em | oloy | ees | , and | d Hi | ghe | st C | ompensated Employe | es (continued) | | | |
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | (F |) | |
| | Name and title | Average | (do | | Posi | | than | one | Reportable | Reportable | Estim | atec | t |
| | | hours per | box | , unle | ss pe | rson i | is bot | h an | compensation | compensation | amou | nt o | f |
| | | week | | cer an | a a a | irecto | r/trus | tee) | from | from related | oth | | |
| | | (list any hours for | recto | | | | | | the | organizations | comper | | |
| | | related | or di | ee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from organiz | | |
| | | organizations | ustee | trust | | e e | ubeu | | 1099-NEC) | 1099-NEG) | and re | | |
| | | below | dual t | tiona | | nploy | st cor | _ | 1033 1420) | | organiz | | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 0.gu= | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 0. | 2,097,468. | 67 | 11,3 | 311. |
| С | Total from continuation sheets to Part V | II, Section A | | | | | | ightharpoonup | 0. | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 0. | 2,097,468. | 67 | 1,3 | 311. |
| 2 | Total number of individuals (including but i | not limited to th | ose | liste | ed al | bove | e) wł | no re | eceived more than \$100 | 0,000 of reportable | | | _ |
| | compensation from the organization | | | | | | | | | | V- | | 0 |
| ^ | Distance and the second section in the section in the second section in the section in the second section in the section in | allon at a 1 1 | | | | | | . 1. * | | | Ye | 8 | No |
| 3 | Did the organization list any former officer | , airector, truste | ee, k | еу е | empl | ioye | e, o | nıg | nest compensated emp | pioyee on | | | |

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|---|--|--------------|
| Name and business address | Description of services | Compensation |
| MACQUARIE, 125 WEST 55TH STREET, 15TH | | |
| FLOOR, NEW YORK, NY 10019 | INVESTMENT MANAGEMENT | 1,499,397. |
| THE NORTHERN TRUST COMPANY | | |
| 50 S LASALLE STREET, CHICAGO, IL 60675 | INVESTMENT MANAGEMENT | 960,595. |
| LORD ABBETT | | |
| 90 HUDSON STREET, JERSEY CITY, NJ 07302 | INVESTMENT MANAGEMENT | 448,725. |
| DONALD SMITH, 152 WEST 57TH ST, 22ND FL, | | |
| NEW YORK, NY 10019 | INVESTMENT MANAGEMENT | 420,239. |
| PORT CAP PART STRATE, 180 N. STETSON AVE | | |
| STE 5700, CHICAGO, IL 60601 | INVESTMENT MANAGEMENT | 308,870. |
| 2 Total number of independent contractors (including but not limited to | those listed above) who received more than | |
| \$100,000 of compensation from the organization | 32 | |
| | <u> </u> | - 000 (|

VAN ANDEL INSTITUTE 52-2000820 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1,277,024. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 84,917,783 1f 266,488 g Noncash contributions included in lines 1a-1f 1g |\$ 86,194,807 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 283,209 24,731,908. other similar amounts) 25,015,117 Income from investment of tax-exempt bond proceeds 1,824. 1,824. 5 Royalties (i) Real (ii) Personal 245,865 6 a Gross rents 107,511. **b** Less: rental expenses ... 6b 138,354. **c** Rental income or (loss) 138,354 138,354. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1936706745 assets other than inventory b Less: cost or other basis Other Revenue 1871722525 7b and sales expenses c Gain or (loss) 64,984,220, 64,984,220. 273,448 64,710,772. d Net gain or (loss) 8 a Gross income from fundraising events (not 1,277,024. of including \$ contributions reported on line 1c). See Part IV, line 18 292,970 **b** Less: direct expenses 1,023,106 c Net income or (loss) from fundraising events -730,136 -730,136. 9 a Gross income from gaming activities. See Part IV, line 19 35,253 12,653 **b** Less: direct expenses 9b 22,600 22,600. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 900099 2,152 2,152 b

12 132009 12-09-21

88,875,322. Form 990 (2021)

2,152

2,152.

175,628,938.

d All other revenue

e Total. Add lines 11a-11d .

Total revenue. See instructions

556,657.

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).

| Do | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) I | (B) | (C) | (D) |
|-----------------|--|-------------------------------------|--------------------------|---------------------------------|-------------------------|
| 7b, | 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 | 97,119,729. | 97,119,729. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. 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 | 70,500. | | 70,500. | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 10.602 | | 10.603 | |
| b | Legal | 18,623. | | 18,623. | |
| С | 5 | 144,880. | | 144,880. | |
| d | , s - | | | | |
| e | Professional fundraising services. See Part IV, line 17 | F 106 021 | | T 105 031 | |
| f | Investment management fees | 7,126,231. | | 7,126,231. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 00.060 | | 00.000 | |
| | column (A), amount, list line 11g expenses on Sch O.) | 89,960. | | 89,960. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 07.656 | | 97 656 | |
| 16 | Occupancy | 87,656. | | 87,656. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 22 | Payments to affiliates | 158,113. | | 158,113. | |
| 22 22 | Depreciation, depletion, and amortization | 130,113. | | 130,113. | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| 24 | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| а | amount, list line 24e expenses on Schedule 0.) ALLOCATED EXPENSES | 6,327,143. | | 4,876,465. | 1,450,678 |
| a b | UBI-FED/STATE TAX | 1,731,293. | | 1,731,293. | 1,130,070 |
| C | PROPERTY TAX | 81,012. | | 81,012. | |
| d | BANK FEES | 30,248. | | 30,248. | |
| u e | | -15,974. | | -15,974. | |
| е 25 | Total functional expenses. Add lines 1 through 24e | 112,969,414. | 97,119,729. | 14,399,007. | 1,450,678 |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 27,113,723. | 22,000,007. | 2,130,070 |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | outoutional outriparyit and fulful aloning solitification. | | | | |

orm 990 (2021) VAN ANDEL INSTITUTE 52-2000820 Page **11**

Form 990 (2021)
Part X Balance Sheet

| | IL A | balance Sneet | | | | | |
|-----------------------------|------|---|----------------|------------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or | note to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 0. | | |
| | 2 | Savings and temporary cash investments | | | 366,117,246. | 2 | 439,086,940. |
| | 3 | Pledges and grants receivable, net | 36,100. | 3 | 53,145. | | |
| | 4 | Accounts receivable, net | 71,406,660. | 4 | 7,615,482. | | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | | 5 | | | |
| | 6 | Loans and other receivables from other disquared | | | | | |
| | | under section 4958(f)(1)), and persons descr | | 6 | | | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ğ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 14,088,335. | | | |
| | b | Less: accumulated depreciation | | 3,426,796. | 10,759,823. | 10c | 10,661,539. |
| | 11 | Investments - publicly traded securities | | | 790,750,651. | 11 | 633,808,321. |
| | 12 | Investments - other securities. See Part IV, lin | 883,183,314. | 12 | 990,981,164. | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 773,000. | 15 | 782,880. | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | 2,123,026,794. | 16 | 2,082,989,471. | | |
| | 17 | Accounts payable and accrued expenses | | 6,301,105. | 17 | 5,077,350. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 17,660. | 19 | 10,900. | |
| | 20 | Tax-exempt bond liabilities | | | · | 20 | · |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| S | 22 | Loans and other payables to any current or f | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| abil | | controlled entity or family member of any of t | | | | 22 | |
| Ĩ | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 6,318,765. | 26 | 5,088,250. |
| | | Organizations that follow FASB ASC 958, | | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | | | 1,318,615,326. | 27 | 1,309,979,793. |
| Ва | 28 | Net assets with donor restrictions | | | 798,092,703. | 28 | 767,921,428. |
| <u>n</u> | | Organizations that do not follow FASB AS | | | | | |
| Ę | | and complete lines 29 through 33. | · | | | | |
| S | 29 | Capital stock or trust principal, or current fur | ıds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | — | 2,116,708,029. | 32 | 2,077,901,221. |
| _ | 33 | Total liabilities and net assets/fund balances | | | 2,123,026,794. | | 2,082,989,471. |

Form 990 (2021) VAN ANDEL INSTITUTE 52-2000820 Page **12**

| Pai | t XI Reconciliation of Net Assets | | | | | | | |
|-----|--|------------|-------|------|--------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 175 | ,628 | 938. | | | |
| 2 | | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 62 | ,659 | 524. | | | |
| 4 | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -101 | ,521 | 832. | | | |
| 6 | Donated services and use of facilities | 6 | | 55 | 500. | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | , | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | , | | | |
| | column (B)) | 10 | 2,077 | ,901 | 221. | | | |
| Pai | t XII Financial Statements and Reporting | • | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | |
| За | 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | | |
| | Act and OMB Circular A-133? | | За | | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | Form | 990 | (2021) | | | |

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number VAN ANDEL INSTITUTE 52-2000820 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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, its 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) VAN ANDEL RESEARCH INSTITUTE 52-2000823 4 Х 92,518,593 VAN ANDEL EDUCATION INSTITUTE 52-2000824 2 Х 4,601,136

0.

97,119,729

 Schedule A (Form 990) 2021
 VAN ANDEL INSTITUTE
 52-2000820
 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | tion A. Public Support | | | | | | |
|-----------|--|-------------------|--------------------|---------------------|-------------------|---------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | _ |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | • | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | • | | • | • | . , . , | |
| | organization, check this box and stop | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | T I | |
| | Public support percentage for 2021 (I | | | | | 14 | <u>%</u> |
| | Public support percentage from 2020 | | | | | 15 | |
| 16a | 33 1/3% support test - 2021. If the control is | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| D | 33 1/3% support test - 2020. If the conditions have The averagination such | | | | | | |
| 47- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | • | - | | ŭ | . |
| L | meets the facts-and-circumstances tes | - | • | | - | 17a, and line 15 is | |
| D | 10% -facts-and-circumstances test | _ | - | | | | 10% UI |
| | more, and if the organization meets the | | • | | • | | ightharpoonup |
| 10 | organization meets the facts-and-circle | | | | | | |
| <u>18</u> | Private foundation. If the organization | n did not check a | box on line 13, 16 | oa, 100, 17a, 01 17 | b, check this box | and see instruction | s |

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 | ciow, picase com | piete i urt ii.j | | | | |
|-----|--|--|----------------------------|-----------------------|---------------------|--------------------------|--|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, 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 | | | | | | |
| k | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | 1 | 1 | 1 | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | _ |
| •• | activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 12 | regularly carried on Other income. Do not include gain | | | | | | |
| _ | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First 5 years. If the Form 990 is for th | e organization's f | irst second third | fourth or fifth tax | vear as a section | 1 501(c)(3) organizat | ion |
| • | check this box and stop here | · · | | • | | | |
| Se | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2021 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| Se | ction D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 21 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | 2020 Schedule A, | Part III, line 17 | | | 18 | % |
| 198 | 33 1/3% support tests - 2021. If the | organization did r | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box are | nd stop here. The | organization quali | fies as a publicly s | supported organiz | ation | ▶□ |
| k | 33 1/3% support tests - 2020. If the | organization did r | not check a box or | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | ınization qualifies a | as a publicly supp | orted organization | ▶∐ |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see in | structions | |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing |
|---|--|
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. |

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
 - **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|------------|-------|------|
| | 163 | NO |
| | | |
| 1 | Х | |
| | | |
| 2 | | Х |
| | | |
| 3a | | Х |
| | | |
| 3b | | |
| _ | | |
| 3c | | |
| 4a | | Х |
| 44 | | 21 |
| 41 | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| 5а | | Х |
| | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | Х |
| | | |
| 7 | | Х |
| | | v |
| 8 | | Х |
| 9a | | Х |
| | | |
| 9b | | Х |
| 9с | | х |
| | | |
| 10a | | х |
| | | |
| 10b | | |
| le A (Fori | m 990 | 2021 |

| Par | t IV Supporting Organizations (continued) | | | |
|--------|---|----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | Х |
| b | A family member of a person described on line 11a above? | 11b | | Х |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | Х |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | - | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | 110 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | <u> </u> | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | 110 |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | х | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | х | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | _ | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | х | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | - | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| – a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | 110 |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| - | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | х | |
| h | Did the organization everyise a substantial degree of direction over the policies programs and activities of each | - | | |

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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VAN ANDEL INSTITUTE

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Orgar | nizations | | | | |
|------|--|----------------|----------------------------|--------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | | |
| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| Sect | Section A - Adjusted Net Income (A) Prior Year (B) Current (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 | | | | | |
| Sect | 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): | | | | | | |
| а | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| | 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 0.015 of line 3 (for greater amount, | | | | | | |
| | see instructions). | 4 | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 | Multiply line 5 by 0.035. | 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 0.85 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-function | ally integrate | ed Type III supporting org | anization (see | | | |

Schedule A (Form 990) 2021

instructions).

| Sche | dule A (Form 990) 2021 VAN ANDEL INSTITUTE | | | | 2-2000820 | Page 7 | | | |
|-------|--|-----------------------------------|---------------------------------------|----|-----------------------------------|--------|--|--|--|
| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | | |
| Secti | Section D - Distributions Current Year | | | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | 3 | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | , | | 6 | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive |) | | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | s | (iii) Distributa Amount for | | | | |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | | | | |
| а | From 2016 | | | | | | | | |
| b | From 2017 | | | | | | | | |
| С | From 2018 | | | | | | | | |
| d | From 2019 | | | | | | | | |
| е | From 2020 | | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | | |
| h | Applied to 2021 distributable amount | | | | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | | | | |
| | line 7: \$ | | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | | |
| b | Applied to 2021 distributable amount | | | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | | |
| | Part VI. See instructions. | | | | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | | | | |
| | and 4c. | | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | | |
| а | Excess from 2017 | | | | | | | | |
| | Excess from 2018 | | | | | | | | |
| c | Excess from 2019 | | | | | | | | |
| | Excess from 2020 | | | | | | | | |
| | Excess from 2021 | | | | | | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART IV, SECTION A, LINE 1 SINCE INCEPTION, VAN ANDEL INSTITUTE HAS SUPPORTED TWO ORGANIZATIONS: VAN ANDEL RESEARCH INSTITUTE AND VAN ANDEL EDUCATION INSTITUTE. PART IV, SECTION D, LINE 3 VARI AND VAEI HAVE A SIGNIFICANT VOICE IN VAI'S INVESTMENT POLICIES AND IN DIRECTING THE USE OF VAI'S INCOME OR ASSETS. VAI'S TRUSTEES HAVE RESPONSIBILITY FOR THE INVESTMENT OF VAI'S ENDOWMENT AND. IN CONJUNCTION WITH THE TRUSTEES OF VARI AND VAEI. DETERMINE HOW TO ALLOCATE VAI GRANTS BETWEEN THE TWO SUPPORTED ORGANIZATIONS, TAKING INTO ACCOUNT THEIR NEEDS AND SOURCES OF OTHER SUPPORT. JOINT MEETINGS OF THE TRUSTEES OF VAI, VARI, AND VAEI ARE HELD TWICE ANNUALLY TO DISCUSS TOPICS SUCH AS INVESTMENT PERFORMANCE AND GRANTMAKING. PART IV, SECTION E, LINE 3A PER THE VAI TRUST AGREEMENT, VAI HAS THE AUTHORITY TO "SELECT, APPOINT AND REMOVE TRUSTEES OF THE VAN ANDEL RESEARCH INSTITUTE AND THE VAN ANDEL EDUCATION INSTITUTE IN ACCORDANCE WITH THE PROVISIONS OF THEIR RESPECTIVE TRUST AGREEMENTS." PART IV, SECTION E, LINE 3B VAI HAS OVERLAPPING OFFICERS AND SHARES OPERATIONAL STAFF, PHYSICAL SPACE, AND MANY POLICIES WITH VARI AND VAEI. IN ADDITION, VAI IS INVOLVED IN THE BUDGETING PROCESS AND STRATEGIC PLANNING FOR VARI AND VAEI.

SCHEDULE C (Form 990)

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

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nan | ne of orga | nization | · | | Empl | oyer identification number |
|------------|------------|---|--|--|---|---|
| _ | | VAN ANDEL | | | | 52-2000820 |
| Pa | art I-A | Complete if the org | janization is exempt un | der section 501(c) | or is a section 527 o | rganization. |
| 2 | Political | campaign activity expendit | ration's direct and indirect polit ures gn activities | | ▶\$ | |
| Pa | art I-B | Complete if the org | janization is exempt un | der section 501(c) |)(3). | |
| 1 | Enter the | amount of any excise tax | incurred by the organization ur | nder section 4955 | ▶\$ | |
| 2 | Enter the | amount of any excise tax | incurred by organization mana | gers under section 495 | 5 > \$ | |
| 3 | If the org | anization incurred a sectio | n 4955 tax, did it file Form 472 | 0 for this year? | | Yes No |
| 4 a | Was a co | orrection made? | | | | Yes No |
| | | describe in Part IV. | | | | 1(0) |
| | | | janization is exempt un | | | |
| | | | d by the filing organization for s | | | |
| 2 | | | ization's funds contributed to | - | | |
| _ | | | | | | |
| 3 | | | . Add lines 1 and 2. Enter here | | - | |
| 4 | line 1/b | line overeinstine file Forms | 4400 DOL for this was of | | | Yes No |
| 5 | | | 1120-POL for this year? | | | |
| J | made pa | yments. For each organiza ions received that were pr | tion listed, enter the amount particularly and directly delivered to additional space is needed, pro | aid from the filing organi o a separate political org | ization's funds. Also enter th ganization, such as a separa | e amount of political |
| | Pontioun | ` , | , | | <u> </u> | (a) Amount of political |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Schedule C (Form 990) 2021

LHA

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|--------------------|----------------|-------------------------|---|----------------------|-----------------------|------------------------|--------|
| Schedule C (F | Form 990) 2021 | VAN ANDEL | INSTITUTE | | | 52-2000820 | Page 2 |
| Part II-A | Complete i | if the organization | is exempt unde | er section 501(| c)(3) and filed F | orm 5768 (election | under |
| _ | section 50 | 1(h)). | | | | | |
| Δ Check ► | if the filir | ng organization belongs | to an affiliated group | (and list in Part IV | each affiliated group | n member's name addres | s FIN |

| 1 0. | section 501(h)). | | (3. | | | | |
|------------|--|--|---|------------------------------------|--|--|--|
| A C | Check Figure 1 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, | | | | | | |
| | expenses, and share of exces | ss lobbying expenditures). | | | | | |
| B C | heck 🕨 🔲 if the filing organization check | ed box A and "limited control" provisions apply. | | | | | |
| | | oying Expenditures leans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1a | Total lobbying expenditures to influence pub | lic opinion (grassroots lobbying) | | | | | |
| b | Total lobbying expenditures to influence a le | gislative body (direct lobbying) | | | | | |
| С | Total lobbying expenditures (add lines 1a and | d 1b) | | | | | |
| d | | | 112,969,414. | | | | |
| е | | s 1c and 1d) | 112,969,414. | | | | |
| f | Lobbying nontaxable amount. Enter the amo | | 1,000,000. | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | |
| | Over \$17,000,000 | \$1,000,000. | | | | | |
| | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% o | f line 1f) | 250,000. | | | | |
| h | Subtract line 1g from line 1a. If zero or less, e | enter -0- | 0. | | | | |
| i | Subtract line 1f from line 1c. If zero or less, e | nter -0- | 0. | | | | |
| j | If there is an amount other than zero on either | er line 1h or line 1i, did the organization file Form 4720 | Г | □ Voc □ No | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|---|--|-----------------|-----------------|------------|------------|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. | | |
| c Total lobbying expenditures | | | | | | | |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. | | |
| f Grassroots lobbying expenditures | | | | | | | |

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

| For e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | (a) | | (b) | |
|-------|---|-----------------|-------------|------------|---------|--|
| | e lobbying activity. | Yes | No | Amo | ount | |
| 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: | | | | | |
| а | Volunteers? | | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| | Grants to other organizations for lobbying purposes? | | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| | Other activities? | | | | | |
| | Total. Add lines 1c through 1i | | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| _ | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(| 5) or se | ection | | |
| · ui | 501(c)(6). | 311 00 1(0)(| 0), 01 00 | otion | | |
| | | | | 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? | | 2 | | | |
| _3_ | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | III-A, lin | e 3, is | |
| 1 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | | 1 | | | |
| 2 | expenses for which the section 527(f) tax was paid). | Jai | | | | |
| 9 | • | | 2a | | | |
| | Current year Carryover from last year | | | | | |
| C | | | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | | |
| • | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | | | | | |
| | expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | | |
| | t IV Supplemental Information | | - | | | |
| | ide 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 2 (See | | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | ,, | ., | aa = (000 | | |
| | ,,, | | | | | |
| | | | | | | |
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| | | | | | | |

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

Inspection

Name of the organization

Employer identification number

| | VAN ANDEL INSTITUTE | | 52-2000820 | | | | |
|-----|--|---|---------------------------------------|--|--|--|--|
| Pai | | | or Accounts. Complete if the | | | | |
| | organization answered "Yes" on Form 990, Part IV, lin | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | | sed funds | | | | |
| | are the organization's property, subject to the organization's | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| _ | for charitable purposes and not for the benefit of the donor of | | • | | | | |
| | • • | | | | | | |
| Pai | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | · | Tartiv, into 7. | | | | |
| ' | | ` ' ' | a historically important land area | | | | |
| | Preservation of land for public use (for example, recrea | | a historically important land area | | | | |
| | Protection of natural habitat | Preservation of | a certified historic structure | | | | |
| _ | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | | | | | |
| b | Total acreage restricted by conservation easements | | | | | | |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | | | | |
| d | Number of conservation easements included in (c) acquired | after 7/25/06, and not on a historic struct | ure | | | | |
| | listed in the National Register | | 2d | | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | e organization during the tax | | | | |
| | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | | | | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | | | | | |
| | violations, and enforcement of the conservation easements in | t holds? | Yes No | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | | | |
| | > | - | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easements during the year | | | | |
| | ▶ \$ | , , | ÿ , | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170 |)(h)(4)(B)(i) | | | | |
| _ | and section 170(h)(4)(B)(ii)? | • | | | | | |
| 9 | In Part XIII, describe how the organization reports conservati | | | | | | |
| • | balance sheet, and include, if applicable, the text of the footr | · | | | | | |
| | organization's accounting for conservation easements. | iote to the organization's linaricial statem | ients that describes the | | | | |
| Pai | t III Organizations Maintaining Collections o | f Art Historical Treasures or O | ther Similar Assets | | | | |
| · u | Complete if the organization answered "Yes" on Form | | and omina Addeto. | | | | |
| | | | and halance about works | | | | |
| ıa | If the organization elected, as permitted under FASB ASC 95 | • | | | | | |
| | of art, historical treasures, or other similar assets held for put | | · | | | | |
| | service, provide in Part XIII the text of the footnote to its final | | | | | | |
| b | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | | | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furtl | herance of public service, | | | | |
| | provide the following amounts 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 financia | al gain, provide | | | | |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | | | | | |
| 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 | | Schedule D (Form 990) 2021 | | | | |

VAN ANDEL INSTITUTE 52-2000820 Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2,055,889,878. 1,687,081,775. 1,624,624,311. 1,583,985,298. 1,588,516,683. **1a** Beginning of year balance 124,910,068. 84,850,238. 28,400,000 21,500,000. 11,400,000. **b** Contributions 257,468,200. -20,372,120. 125,533,159. 130,306,075. 30,638,937. c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities 22,811,593. 2,178,262. 77,301,719. 96,016,849. 31,917,537. and programs 14,173,976. 32,126,203. 11,391,903. 15,150,213. 14,652,785. f Administrative expenses 2,065,430,200. 2,055,889,878. 1,687,081,775. 1,624,624,311. 1,583,985,298. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 62.8500 a Board designated or quasi-endowment **b** Permanent endowment ► ____36.7700 .3800 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: Х (i) Unrelated organizations 3a(i) Х (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| complete if the organization and velocity of the control of the co | | | | | | | | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|--|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | | |
| | Dasis (irrvestifierit) | basis (otrier) | deprediation | | | | | | |
| 1a Land | | 5,587,152. | | 5,587,152. | | | | | |
| b Buildings | | 7,680,607. | 2,642,982. | 5,037,625. | | | | | |
| c Leasehold improvements | | 135,727. | 106,720. | 29,007. | | | | | |
| d Equipment | | 31,719. | 31,719. | 0. | | | | | |
| e Other | | 653,130. | 645,375. | 7,755. | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | |

| Schedule D (Form 990) 2021 VAN ANDEL INSTITU | JTE | 52- | 2000820 | Page 3 |
|--|------------------------------|--|-----------------|---------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year marke | t value |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) ALTERNATIVE INVESTMENTS | 990,981,164. | END-OF-YEAR MARKET VALUE | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 990,981,164. | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13. | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year marke | t 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. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | | |
| (a) l | Description | | (b) Book | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | > | | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | | |
| 1. (a) Description of liability | | | (b) Book | value |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

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

52-2000820

Page 4

| Par | TXI Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, li | | Revenue per H | leturn. | |
|-------|---|----------------------|----------------|------------|------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 68,459,103. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | - | , , |
| а | Net unrealized gains (losses) on investments | 2a | -101,521,833. | | |
| b | Donated services and use of facilities | | 347,612. | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | 1,130,617. | | |
| е | Add lines 2a through 2d | | | 2e | -100,043,604. |
| 3 | Subtract line 2e from line 1 | | | 3 | 168,502,707. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 7,126,231. | | |
| С | Add lines 4a and 4b | | | 4c | 7,126,231. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | | 5 | 175,628,938. |
| Pai | t XII Reconciliation of Expenses per Audited Financial S | | h Expenses per | Return | l . |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 107,265,912. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 292,112. | <u>.</u> | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | 1,130,617. | | |
| е | Add lines 2a through 2d | | | 2e | 1,422,729. |
| 3 | Subtract line 2e from line 1 | | | 3 | 105,843,183. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4b | 7,126,231. | | |
| С | Add lines 4a and 4b | | | 4c | 7,126,231. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | | 5 | 112,969,414. |
| | t XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | | | 4; Part X, | line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | any additional infor | mation. | | |
| | | | | | |
| חתגם | LV TIME 2. | | | | |
| PART | X, LINE 2: | | | | |
| miter | DE ADE NO INGERMATN MAY DOCUMENTONG DELAMED MO VAT | | | | |
| THER | E ARE NO UNCERTAIN TAX POSITIONS RELATED TO VAI. | | | | |
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| חמגם | VI IINE 2D OMUED ADIIGMMENMO. | | | | |
| PART | XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| PIINI | DATCING PUPNE CUIDDODE DEDODED ON DACE 0 | 1 023 106 | | | |
| FUNL | PRAISING EVENT SUPPORT REPORTED ON PAGE 9 | 1,023,106. | | | |
| DENTI | NI EVDENCE DEDODMED ON CCUEDITE OF DEVENUE | 107 511 | | | |
| KENI | AL EXPENSE REPORTED ON SCHEDULE OF REVENUE | 107,511. | | | |
| поп з | I MO COMEDINE D. DADM VI. IINE 2D | 1 120 617 | | | |
| 1012 | L TO SCHEDULE D, PART XI, LINE 2D | 1,130,617. | | | |
| | | | | | |
| - | | | | | |
| PART | XI LINE 4B - OTHER ADJUSTMENTS: | | | | |
| | Y XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| INVE | STMENT MANAGEMENT FEES PRESENTED SEPARATE FROM REALIZED | | | | |
| | | | | | |
| GAIN | IS | 7,126,231. | | | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| name or the | organization | | | | | Employer identi | ncation number |
|--------------|-------------------------|-----------------------|--|---|-----------------|--------------------------------------|-------------------------|
| VAN ANDEL | INSTITUTE | | | | | 52-2000820 | |
| Part I | General Info | rmation on A | ctivities Ou | tside the United States. Comple | te if the orgar | ization answered ' | Yes" on |
| | Form 990, Part IV | | | | | | |
| _ | | - | | ds to substantiate the amount of its gra | | | 1 🖂 |
| the gr | antees' eligibility to | or the grants or a | assistance, and | the selection criteria used to award the | grants or ass | istance? L | Yes No |
| 2 For qu | r antmakers Desc | rihe in Part V the | organization's | procedures for monitoring the use of its | arants and o | ther assistance ou | tside the |
| _ | d States. | inde ii ii ait v tiie | organization 3 | procedures for mornioning the use of its | grants and o | trici assistance od | iside trie |
| | | he following Part | : I, line 3 table ca | an be duplicated if additional space is r | eeded.) | | |
| |) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | (e) If acti | vity listed in (d) | (f) Total |
| | | offices | employees, agents, and independent | (by type) (such as, fundraising, pro- | • | gram service, | expenditures for and |
| | | in the region | independent contractors | gram services, investments, grants to recipients located in the region) | | e specific type (s) in the region | investments |
| | | | in the region | recipients located in the region) | 01 301 1100 | (3) III the region | in the region |
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| ר באותם או א | MERICA AND | | | PASSIVE INVESTMENTS- | | | |
| THE CARIE | | | | BOOK VALUE | | | 400,165,756. |
| THE CARLE | BEAN | | | DOOK VALUE | | | 400,103,730. |
| | | | | | | | |
| | | | | PASSIVE INVESTMENTS- | | | |
| EUROPE | | | | BOOK VALUE | | | 84,205,392. |
| | | | | | | | |
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| | | | | PASSIVE INVESTMENTS- | | | |
| ASIA | | | | BOOK VALUE | | | 4,891,659. |
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| 3 a Subto | otal | 0 | 0 | | | | 489,262,807. |
| | from continuation | | | | | | |
| | s to Part I | 0 | 0 | | | | 0. |
| | s (add lines 3a | | _ | | | | 400 262 257 |
| and 3 | b) |] 0 | | | | | 489,262,807. |

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

Schedule F (Form 990) 2021 VAN ANDEL INSTITUTE 52-2000820 Page **2**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|---|------------|-------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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| | | | I recognized as charities by the | | | | <u> </u> | 1 |
| exempt 501(c)(3) orga 3 Enter total number of | | | or counsel has provided a sec | | | | | |

VAN ANDEL INSTITUTE 52-2000820 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part IV | Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | ☐ No |
|---|---|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | X Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | X Yes | ☐ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number VAN ANDEL INSTITUTE 52-2000820 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

2000820 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DINNER, LIVE (add col. (a) through ENTERTAINMENT FASHION SHOW col. (c)) (event type) (event type) (total number) Revenue 662,542 382,500 524,952. 1,569,994. 1 Gross receipts 301,500 2 Less: Contributions 575,542 399,982. 1,277,024. 81,000 Gross income (line 1 minus line 2) 87,000 124,970. 292,970. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 0. 60,200. 60,200. 80,444, 62,794 114,718. 257,956. **7** Food and beverages 59,261 3,300 15,399 77,960. 8 Entertainment 146,216. 262,844. 217,930. 626,990. Other direct expenses 1,023,106. 10 Direct expense summary. Add lines 4 through 9 in column (d) -730,136. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 35,253. Gross revenue .. 2 Cash prizes Direct Expenses 12,653. 12,653. 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 12,653. 22,600. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: MI a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No b If "Yes," explain: __

Schedule G (Form 990) 2021

132082 10-21-21

| Schedule G (Form 990) 2021 VAN ANDEL INSTITUTE | 52-20 | 00820 | | Page 3 |
|---|--|---------------|---------|--------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | Х | es/ | ☐ No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member | | | | |
| to administer charitable gaming? | | Y | es | X No |
| 13 Indicate the percentage of gaming activity conducted in: | | | | |
| a The organization's facility | | 13a | 5 | 8.00 % |
| b An outside facility | | | | 2.00 % |
| 14 Enter the name and address of the person who prepares the organization | | 100 | | 70 |
| Litter the fiame and address of the person who prepares the organization | a garriing/apecial eventa books and records. | | | |
| Name TIMOTHY MYERS | | | | |
| Address > 333 BOSTWICK AVE NE - GRAND RAPIDS, MI 49503 | | | | |
| 15a Does the organization have a contract with a third party from whom the o | rganization receives gaming revenue? | Y | es/ | X No |
| b If "Yes," enter the amount of gaming revenue received by the organization | and the amount | | | |
| of gaming revenue retained by the third party > \$ | | | | |
| c If "Yes," enter name and address of the third party: | | | | |
| Name ▶ | | | | |
| Address ► | | | | |
| 16 Gaming manager information: | | | | |
| | | | | |
| Name ▶ DR. JANA HALL | | | | |
| Gaming manager compensation \$ | | | | |
| D | ODEDA STONE OFFICER CANTAG | | | |
| Description of services provided DR. JANA HALL IS THE CHIEF | | | | |
| IS A SMALL PORTION OF OUR SPECIAL EVENTS, WHICH SHE SU | PERVISES. | | | |
| | | | | |
| X Director/officer Employee Indep | endent contractor | | | |
| 17 Mandatory distributions: | | | | |
| • | no from the gaming proceeds to | | | |
| a Is the organization required under state law to make charitable distributio | his from the garring proceeds to | | es | X No |
| retain the state gaming license? | | 🖵 1 | 62 | LALINO |
| b Enter the amount of distributions required under state law to be distributed | ed to other exempt organizations or spent in the | | | |
| organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations requ | ired by Dert I line Ob ask mans (iii) and (ii) and D | and III line | 0 (|) _h 10 _h |
| | | art III, IIne | es 9, s | <i>1</i> D, 10D, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional | Information. See instructions. | | | |
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| Schedule G | (Form 990) VAN ANDE | INSTITUTE | 52-2000820 | Page 4 |
|------------|---|-----------|------------|--------|
| Part IV | (Form 990) VAN ANDE Supplemental Information (cc | ntinued) | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | Employer identification number | | | | | | |
|---|--------------------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| VAN ANDEL INS | 52-2000820 | | | | | | |
| Part I General Information on Grants a | | | | | | | |
| 1 Does the organization maintain records | | | | | | | |
| criteria used to award the grants or assi | Yes No | | | | | | |
| 2 Describe in Part IV the organization's pro- | | | | | onization analyses | /oo! on Form 000 Day | t IV line 21 for any |
| recipient that received more than | | | | | anization answered | res on Form 990, Fan | TV, III e 21, IOI arry |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| VAN ANDEL EDUCATION INSTITUTE 333 BOSTWICK AVENUE N.E. | | | | | | | SUPPORT FOR VAEI |
| GRAND RAPIDS, MI 49503-2518 | 52-2000824 | 501(C)(3) | 4,601,135. | 0. | | | OPERATING EXPENSES. |
| VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVENUE N.E. GRAND RAPIDS, MI 49503-2518 | 52-2000823 | 501(C)(3) | 92,518,593. | 0. | | | SUPPORT FOR VARI OPERATING EXPENSES. |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | | | he line 1 table | | | | |

Schedule I (Form 990) 2021 VAN ANDEL INSTITUTE 52-2000820 Page **2**

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (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 |
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| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | ı (b); and any other a | dditional information. | |
| PART I, LINE 2: | | | | | |
| THE TRUSTEES INVEST AND REINVEST THE TRUST ESTATE A | ND DISTRIBUT | E TO ONE OR | | | |
| BOTH OF THE SUPPORTED ORGANIZATIONS SUCH CASH AND/O | R PROPERTY A | S THE VAI | | | |
| TRUSTEES, IN THEIR DISCRETION, DETERMINE IS IN THE | BEST INTERES | IS OF THE | | | |
| SUPPORTED ORGANIZATIONS. THEY TAKE INTO ACCOUNT TH | IE NEEDS AND | OTHER | | | |
| RESOURCES OF EACH OF THEM; THEIR CURRENT ACTIVITIES | ; THEIR PLAN | S FOR | | | |
| EXPANDED ACTIVITIES; AND ANY OTHER RELEVANT INFORMA | TION, ALL IN | | | | |
| CONSULTATION WITH THE TRUSTEES OF EACH OF THE SUPPO | RTED ORGANIZ | ATIONS. | | | |

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.

VAN ANDEL INSTITUTE

Open to Public

52-2000820

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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? Indicate which, if any, of the following the 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 Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? Х b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х 6a Х **b** Any related organization? 6b 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 Х 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

132111 11-02-21

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

VAN ANDEL INSTITUTE

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 | J-2 and/or 1099-MISe compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------|------|--------------------------|---|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) DR. JANA HALL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF OPERATIONS OFFICER | (ii) | 407,673. | 51,335. | 12,236. | 148,602. | 9,077. | 628,923. | 25,335. |
| (2) DAVID VAN ANDEL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHAIRMAN / CEO | (ii) | 418,654. | 21,250. | 21,002. | 165,063. | 502. | 626,471. | 21,250. |
| (3) GERALD CALLAHAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF STRATEGIC OFFICER | (ii) | 324,943. | 58,493. | 21,383. | 119,641. | 9,077. | 533,537. | 32,493. |
| (4) THOMAS CURRAN JR. | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| GENERAL COUNSEL | (ii) | 355,088. | 46,700. | 5,383. | 105,278. | 9,077. | 521,526. | 32,400. |
| (5) TIMOTHY MYERS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 307,236. | 44,463. | 1,629. | 95,918. | 9,077. | 458,323. | 28,350. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

| Schedule J (Form 990) 2021 | VAN ANDEL INSTITUTE | 52-2000820 | Page 3 |
|-------------------------------------|--|---|--------|
| Part III Supplemental Information | on . | | |
| | n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Al | lso complete this part for any additional information | |
| Trovido are americadori, explanador | 11, of accompliance required for railty, intecting, 12, o, ray, 12, ray, 50, 50, 50, 50, 7, and 6, and 16, railting in | so complete the part for any additional information. | |
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VAN ANDEL INSTITUTE

52-2000820

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization **Employer identification number** VAN ANDEL INSTITUTE 52 - 2000820

| Pai | tΙ | Тур | es | of Property | | | | | | | | | |
|-----|-------|-----------|-------|-----------------------------|---------|----------------|----------------------------|---------------------------------|--------------|-----------------|-----------|-------|----|
| | | | | | | (a) | (b) | (c) | | (d | | | |
| | | | | | | Check if | Number of contributions or | Noncash contri amounts repor | | Method of o | | _ | |
| | | | | | | applicable | | Form 990, Part VI | | noncash contrib | oution ar | nount | S |
| 1 | Art - | Works | of a | rt | | Х | 1 | , | 12,000. | COST | | | |
| 2 | | | | reasures | | | | | • | | | | |
| 3 | | | | nterests | | | | | | | | | |
| 4 | | | | ications | | | | | | | | | |
| 5 | | | | usehold goods | | | | | | | | | |
| 6 | | | | vehicles | | | | | | | | | |
| 7 | | | | 98 | | | | | | | | | |
| 8 | | | | perty | | | | | | | | | |
| 9 | | | | licly traded | | X | 5 | | 30,158. | FMV | | | |
| 10 | | | | sely held stock | | | _ | | ,, | | | | |
| 11 | | | | nership, LLC, or | | | | | | | | | |
| | | | | | | | | | | | | | |
| 12 | | | | cellaneous | | | | | | | | | |
| 13 | | | | rvation contribution - | | | | | | | | | |
| | Hist | oric stru | uctui | res | | | | | | | | | |
| 14 | | | | rvation contribution - Othe | | | | | | | | | |
| 15 | Rea | l estate | - Re | sidential | | | | | | | | | |
| 16 | Rea | l estate | - Co | mmercial | | | | | | | | | |
| 17 | | | | her | | | | | | | | | |
| 18 | | | | | | Х | 1 | | 250. | COST | | | |
| 19 | | | | | | Х | 13 | | 2,581. | COST | | | |
| 20 | | | | ical supplies | | | | | | | | | |
| 21 | Taxi | dermy | | | | | | | | | | | |
| 22 | | | | ots | | | | | | | | | |
| 23 | | | | mens | | | | | | | | | |
| 24 | Arch | neologic | cal a | rtifacts | | | | | | | | | |
| 25 | Oth | er 🕨 | (| GIFT PACKAGE | _) | X | 93 | 1 | L49,941. | COST | | | |
| 26 | Oth | er 🕨 | (| GOODS | _) | X | 26 | | 55,106. | | | | |
| 27 | Oth | er 🕨 | (| JEWELRY | _) | X | 8 | | 12,418. | | | | |
| 28 | Oth | er 🕨 | (| TICKETS |) | X | 12 | | 4,034. | COST | | | |
| 29 | Nun | nber of | Forn | ns 8283 received by the o | rgani | zation durin | g the tax year for o | contributions | | | | | |
| | for v | vhich th | ne or | ganization completed For | m 828 | 83, Part V, D | Donee Acknowledg | jement | 29 | | | 0 | |
| | | | | | | | | | | | | Yes | No |
| 30a | Duri | ng the | year, | , did the organization rece | ive by | y contributio | on any property rep | oorted in Part I, line | es 1 throu | gh 28, that it | | | |
| | | | | least three years from the | | | • | • | | | | | |
| | exer | npt pur | pose | es for the entire holding p | eriod1 | ? | | | | | 30a | | Х |
| b | | | | oe the arrangement in Par | | | | | | | | | |
| 31 | Doe | s the or | rgani | zation have a gift accepta | ance p | policy that re | equires the review | of any nonstandar | rd contribu | utions? | 31 | Х | |
| 32a | Doe | s the or | rgani | zation hire or use third pa | ırties | or related or | rganizations to soli | cit, process, or sel | I noncash | | | | |
| | | tributior | | | | | | | | | 32a | | Х |
| b | | | | oe in Part II. | | | | | | | | | |
| 33 | | - | | on didn't report an amour | nt in c | olumn (c) fo | r a type of propert | y for which columr | n (a) is che | ecked, | | | |
| | des | cribe in | Part | II. | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|-----------|--|
| | |
| SCHEDULE | M, PART I, COLUMN (B) |
| VAI IS RE | EPORTING THE NUMBER OF EVENT CONTRIBUTIONS RECEIVED DURING THE |
| TAX YEAR | |
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

VAN ANDEL INSTITUTE 52-2000820 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TYPE III- FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION OPERATED EXCLUSIVELY FOR THE BENEFIT OF THE VAN ANDEL RESEARCH INSTITUTE AND THE VAN ANDEL EDUCATION INSTITUTE. FORM 990, PART VI, SECTION A, LINE 2: VARI, VAEI, AND VAIGS SHARE COMMON MANAGEMENT. DAVID VAN ANDEL, DR. VAI, JANA HALL, AND TIMOTHY MYERS ARE ALSO OFFICERS OF VARI, AND DAVID VAN ANDEL AND TIMOTHY MYERS ARE OFFICERS OF VAEI AND VAIGS. THOMAS CURRAN JR. AND GERALD CALLAHAN ARE ALSO KEY EMPLOYEES OR OFFICERS FOR VARI AND VAEI. FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP: DAVID VAN ANDEL, GERALD CALLAHAN 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 PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: VAI HAS WRITTEN CONFLICT OF INTEREST ("COI") POLICIES AND PROCEDURES WHICH ADMINISTER AND ENFORCE A PROCESS TO IDENTIFY, EVALUATE, AND MANAGE POTENTIAL CONFLICTS OF INTEREST. THESE POLICIES HAVE BEEN APPROVED BY THE 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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** VAN ANDEL INSTITUTE 52-2000820 A GUIDE FOR EVERYONE IN THE ORGANIZATION. IN PARTICULAR, THEY PROVIDE A USEFUL RESOURCE FOR DEVELOPING ACTIVITIES OR RELATIONSHIPS WITH OUTSIDE ENTITIES OR PERSONS, AND ESTABLISH A PROCESS FOR COMMITTEES TO REVIEW AND MANAGE POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE. THE CC AND ICOIC ARE CHAIRED BY THE GENERAL COUNSEL. THE CC REQUIRES ANNUAL AND UPDATED DISCLOSURES BY COVERED PERSONS AND REVIEWS AND APPROVES MANAGEMENT PLANS. ICOIC POLICIES AND PROCEDURES SERVE AS A GUIDE FOR BOARDS OF TRUSTEES AND SENIOR EXECUTIVES. IN THE EVENT A POTENTIAL COI ARISES AT THE BOARD OR SENIOR EXECUTIVE LEVEL. THE ICOIC MEETS TO REVIEW AND DETERMINE HOW TO MANAGE SUCH A POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE COI POLICIES AND PROCEDURES. FORM 990, PART VI, SECTION B, LINE 15: THE JOINT COMPENSATION COMMITTEE OF VAI'S AND RELATED ORGANIZATIONS' BOARDS FOLLOWS A PROCESS FOR DETERMINING THE COMPENSATION FOR THE CEO, OTHER OFFICERS, AND KEY EMPLOYEES OF VAN ANDEL RESEARCH INSTITUTE AND VAN ANDEL EDUCATION INSTITUTE (VAN ANDEL INSTITUTE HAS NO EMPLOYEES). THIS PROCESS INCLUDES REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, WITH DECISIONS CONTEMPORANEOUSLY DOCUMENTED, FOLLOWING REFERENCE TO ANALYSIS OF AN INDEPENDENT COMPENSATION CONSULTANT AND TO COMPENSATION SURVEYS AND COMPARABILITY DATA. 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, PAGE 7, PART VII

Schedule O (Form 990) 2021

DAVID VAN ANDEL IS NOT COMPENSATED FOR HIS SERVICES TO VAN ANDEL

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| VAN ANDEL INSTITUTE | 52-2000820 |
| INSTITUTE. | |
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SCHEDULE R (Form 990)

Part I

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.

Attach to Form 990.

(c)

(d)

501(C)(3)

(e)

Open to Public Inspection

(f)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

► 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.

SCHOOL

(b)

Name of the organization

VAN ANDEL INSTITUTE

Employer identification number 52-2000820

| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | or Total inco | me End-of-yea | | controlling ntity | 9 |
|---|------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--|----|
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | cations. Complete if the organizat | ion answered "Yes" on Form 99 | 0, Part IV, line 34, | because it had one | e or more related tax-ex | empt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | 501(c)(3)) | | Yes | No |
| VAN ANDEL RESEARCH INSTITUTE - 52-2000823 | | | | | | | |
| 333 BOSTWICK AVENUE N.E. | MEDICAL RESEARCH | | | | VAN ANDEL | | |
| GRAND RAPIDS, MI 49503-2518 | ORGANIZATION | MICHIGAN | 501(C)(3) | 4 | INSTITUTE | X | |
| VAN ANDEL EDUCATION INSTITUTE - 52-2000824 | _ | | | | | | |
| 333 BOSTWICK AVENUE N.E. | OPERATING A SCIENCE | | | | VAN ANDEL | | |
| GRAND RAPIDS, MI 49503-2518 | ACADEMY SCHOOL | MICHIGAN | 501(C)(3) | 2 | INSTITUTE | Х | |
| VAN ANDEL INSTITUTE GRADUATE SCHOOL - | | | | | VAN ANDEL | | |
| 20-3340886, 333 BOSTWICK AVENUE N.E., GRAND | OPERATING A GRADUATE | | | | EDUCATION | | |

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

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INSTITUTE

MICHIGAN

RAPIDS MI 49503-2518

Schedule R (Form 990) 2021 VAN ANDEL INSTITUTE 52-2000820 Page 2

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. Part III

| organizations treated as a partitioning during the tax year. | | | | | | | | | | | | |
|--|------------------|---|---------------------------|--|--|--------|-------------------------------|----|--|------------------------|--|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | redominant income related, unrelated, luded from tax under | | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partn | Percentage ging ownership er? | |
| | | country) | | sections 512-514) | | assets | Yes | No | K-1 (Form 1065) | Yes | No | |
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i Sec | i) | |
|--|------------------|--|---------------------------|---|-----------------------|-----------------------------------|----------------------|------------------------------|---------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | Sec 512(k contr ent | o)(13) rolled tity? | |
| | | country) | | 0 | | | | Yes | No | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| 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? | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х | | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | Х | | | | |
| С | Gift, grant, or capital contribution from related organization(s) | 1c | | Х | | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | Х | | | | |
| | Loans or loan guarantees by related organization(s) | 1e | | Х | | | |
| | | | | | | | |
| f | Dividends from related organization(s) | 1f | | Х | | | |
| g | Sale of assets to related organization(s) | 1g | | Х | | | |
| | Purchase of assets from related organization(s) | 1h | | Х | | | |
| i | Exchange of assets with related organization(s) | 1i | | Х | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | Х | | | | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х | | | |
| -1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х | | | |
| | n Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Х | | | | |
| | Sharing of paid employees with related organization(s) | 10 | Х | | | | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | Х | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | Х | | | | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х | | | |
| | Other transfer of cash or property from related organization(s) | 1s | | Х | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|--|
| (1) VAN ANDEL RESEARCH INSTITUTE | В | 92,518,593. | ACTUAL AMOUNT PAID |
| (2) VAN ANDEL EDUCATION INSTITUTE | В | 4,601,135. | ACTUAL AMOUNT PAID |
| (3) VAN ANDEL RESEARCH INSTITUTE | D | 5,000,000. | ACTUAL AMOUNT OUTSTANDING |
| (4) VAN ANDEL RESEARCH INSTITUTE | N | 289,174. | ALLOCATION BASED ON SQ. FOOTAGE |
| (5) VAN ANDEL RESEARCH INSTITUTE | Q | 1,851,910. | ACTUAL AMOUNT RECEIVED |
| (6) VAN ANDEL RESEARCH INSTITUTE | N 72 | 210,480. | ALLOCATION BASED ON EFFORT |

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Schedule R (Form 990) VAN ANDEL INSTITUTE 52-2000820

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-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------------------------------|---|-------------------------------|---|
| (7) VAN ANDEL RESEARCH INSTITUTE | 0 | 1,350,679. | ALLOCATION BASED ON EFFORT |
| (8) VAN ANDEL EDUCATION INSTITUTE | P | 52,394. | ACTUAL AMOUNT PAID |
| (9) VAN ANDEL RESEARCH INSTITUTE | P | 8,264,878. | ACTUAL AMOUNT PAID |
| (10) VAN ANDEL RESEARCH INSTITUTE | 0 | 89,401. | ALLOCATION BASED ON EFFORT |
| (11) VAN ANDEL EDUCATION INSTITUTE | Q | 166,289. | ACTUAL AMOUNT RECEIVED |
| (12) | | | |
| (13) | | | |
| _ (14) | | | |
| (15) | | | |
| _ (16) | | | |
| _ (17) | | | |
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| _ (19) | | | |
| _ (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

<u>Schedule R (Form 990) 2021 VAN ANDEL INSTITUTE</u> 52-2000820 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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners se 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptional allocation | or- amount in box 2 of Schedule K-1 | General of managing partner? Yes NO | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|---------------------------|--|------------------------------|---|--------------------------------------|--------------------------------|
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| Schedule R (Form 990) 2021 VAN ANDEL INSTITUTE | 52-2000820 | Page 5 |
|--|------------|---------------|
| Schedule R (Form 990) 2021 VAN ANDEL INSTITUTE Part VII Supplemental Information | | |
| Provide additional information for responses to questions on Schedule R. See instructions. | | |
| Tronds daditional intermediation of responded to questione of confederations. | | |
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