

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**VANDEVENTER PLACE RESEARCH FOUNDATION**  
**C/O V A MEDICAL CENTER**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**915 NORTH GRAND BLVD** **151JC**  
 City or town, state or country, and ZIP + 4  
**ST. LOUIS, MO 63106**

**D** Employer identification number  
**43-1624664**

**E** Telephone number  
**314-961-5871**

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN \_\_\_\_\_

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **369,940.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

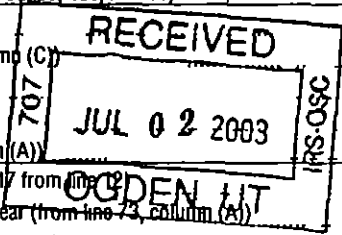
**G** Web site **N/A**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **369,940.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a	38,043.
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 38,043. noncash \$ )	1d	38,043.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	317,632.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	7,226.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe )	7		
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a	
	(B) Other	8b	
	b Less cost or other basis and sales expenses	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10 a Gross sales of inventory, less returns and allowances		10a	
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	7,039.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	369,940.	
Expenses	13 Program services (from line 44, column (B))	13	442,213.
	14 Management and general (from line 44, column (C))	14	46,204.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	488,417.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<118,477.>
	19 Net assets or fund balances at beginning of year (from line 23, column (A))	19	577,906.
	20 Other changes in net assets or fund balances (attach explanation)	20	108.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	459,537.



SEE STATEMENT 1

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	17,600.	0.	17,600.	0.
26	Other salaries and wages	132,506.	127,590.	4,916.	
27	Pension plan contributions				
28	Other employee benefits	18,806.	18,113.	693.	
29	Payroll taxes	11,911.	10,124.	1,787.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	10,655.	10,122.	533.	
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance	4,614.	4,383.	231.	
38	Printing and publications				
39	Travel	9,550.	9,072.	478.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	13,145.	8,949.	4,196.	
43	Other expenses not covered above (itemize)				
a	<b>DUES AND SUBSCRIPTIONS</b>	43a 6,358.	4,388.	1,970.	
b	<b>RESEARCH SERVICES</b>	43b 228,964.	224,934.	4,030.	
c	<b>INSURANCE</b>	43c 3,999.	2,522.	1,477.	
d	<b>MISCELLANEOUS</b>	43d 11,718.	9,374.	2,344.	
e	<b>PROFESSIONAL FEES</b>	43e 18,591.	12,642.	5,949.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 488,417.	442,213.	46,204.	0.

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 2</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<b>THROUGH RESEARCH AND EDUCATIONAL ACTIVITIES, THE ORGANIZATION AND ITS MEMBERS HAVE CONTRIBUTED TO THE KNOWLEDGE AND MANAGEMENT OF VARIOUS DISEASES AND DISABILITIES</b> (Grants and allocations \$ _____)	442,213.
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	442,213.

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	472,030.	46	334,919.
	47 a	Accounts receivable	47a 111,033.		
	b	Less: allowance for doubtful accounts	47b	47c 77,766.	111,033.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48c 8,750.	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less: accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a 143,134.			
b	Less: accumulated depreciation	57b 120,554.	57c 35,725.	22,580.	
58	Other assets (describe ▶ _____)		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		59 594,271.	468,532.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	2,865.	60	2,855.
	61	Grants payable		61	
	62	Deferred revenue	13,500.	62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ <b>ACCRUED WAGES</b> )		65	6,140.
66	<b>Total liabilities</b> (add lines 60 through 65)		66 16,365.	8,995.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	553,075.	67	448,206.
	68	Temporarily restricted	24,831.	68	11,331.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73 577,906.	459,537.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		74 594,271.	468,532.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>V A MEDICAL CENTER, ST. LOUIS, MO</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 Instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See Instructions in Part III)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>NONE</b>	90a	
b	Number of employees employed in the pay period that includes March 12, 2001	90b	9

91 The books are in care of **JOHN BLEY** Telephone no **(314) 961-5871**  
 Located at **915 N. GRAND, ST. LOUIS, MO** ZIP + 4 **63106**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32 )

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
<b>a RESEARCH PROGRAMS</b>					317,632.
b _____					
c _____					
d _____					
e _____					
<b>f Medicare/Medicaid payments</b>					
<b>g Fees and contracts from government agencies</b>					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,226.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
<b>a debt-financed property</b>					
<b>b not debt-financed property</b>					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
<b>a MISCELLANEOUS</b>			01	7,039.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		14,265.	317,632.
105 Total (add line 104, columns (B), (D), and (E))					331,897.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32 )

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	RESEARCH PROGRAMS PROVIDE ADMINISTRATIVE SUPPORT AND FUNDING FOR VARIOUS RESEARCH PROJECTS IN CONNECTION WITH PATIENTS IN THE VETERANS ADMINISTRATION MEDICAL CENTER

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33 )

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33 )

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

<sup>3)</sup> I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am not aware of any information of which preparer has any knowledge.

5/28/03 John J. Bley Exec Director

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **VANDEVENTER PLACE RESEARCH FOUNDATION**  
**C/O V A MEDICAL CENTER**

Employer identification number  
**43 1624664**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

Total number of other employees paid over \$50,000 ▶

**0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services ▶

**0**

<b>Part III Statements About Activities</b> (See page 2 of the instructions )		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X
<i>Note</i> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions )		Yes	No
The organization is not a private foundation because it is (Please check only ONE applicable box )			
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )			
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9 <input checked="" type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state ▶ <u>V A MEDICAL CENTER, ST. LOUIS, MO</u>			
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)			
11a <input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
11b <input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12 <input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)			
13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )			
Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(b) Line number from above	
(a) Name(s) of supported organization(s)			
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )			

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26a N/A 26b N/A 26c N/A 26d N/A 26e N/A 26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ d Add: Line 27a total _____ and line 27b total _____ e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27c N/A 27d N/A 27e N/A 27g N/A % 27h N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

**VANDEVENTER PLACE RESEARCH FOUNDATION**

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

VANDEVENTER PLACE RESEARCH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2001 C/O V A MEDICAL CENTER

43-1624664 Page 1

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	108
TOTAL TO FORM 990, PART I, LINE 20	108

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT  
PART III

EXPLANATION

THE FOUNDATION'S PROGRAMS SUPPORT THE RESEARCH MISSION AND PROJECTS OF THE ST. LOUIS VA MEDICAL CENTER INCLUDING EDUCATIONAL AND TRAINING ACTIVITIES.

**Schedule of Land, Building, and Equipment**  
**Vandeventer Place Research Foundation - EIN 43-1624664**  
**St. Louis Missouri**  
**Form 990 - FYE September 30, 2002**

**LAND, PROPERTY, AND EQUIPMENT**

<u>Category</u>	<u>Beginning Cost</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Cost</u>
Lab Equipment	61,963	-	-	61,963
Office Equipment	81,171	-	-	81,171
TOTAL	<u>143,134</u>	<u>-</u>	<u>-</u>	<u>143,134</u>

**ACCUMULATED DEPRECIATION**

<u>Category</u>	<u>Beginning Balance</u>	<u>Current Depreciation</u>	<u>Disposals</u>	<u>Ending Balance</u>
Lab Equipment	47,875	5,611	-	53,486
Office Equipment	59,534	7,534	-	67,068
TOTAL	<u>107,409</u>	<u>13,145</u>	<u>-</u>	<u>120,554</u>
NET BOOK VALUE	<u>35,725</u>			<u>22,580</u>

Board of Directors  
Vandeventer Place Research Foundation - EIN 43-1624664  
St. Louis Missouri  
Form 990 - FYE September 30, 2002

Name	Title & Hours	Compensation	Employee Benefits	Expense Allowance
Stephen J. Giddings, PhD, MD Associate Chief of Staff for Research and Development (151JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St. Louis, Missouri 63106-1621 Phone 314-289-6333 FAX 314-289-7009	President  2 hours per week	None	None	None
Linda Kurz, MM, CHE Medical Center Director (00/JB) Department of Veterans Affairs Medical Center #1 Jefferson Barracks Drive St. Louis, Missouri 63125-4199 Phone 314-894-6661 FAX 314-894-6682	30 min per week	None	None	None
Margarethe Hagemann, MD Chief of Staff (11/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St. Louis, Missouri 63106-1621 Phone 314-289-6471 FAX 314 289-6557	30 min per week	None	None	None
Seth Eisen, MD Staff Physician (111/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St. Louis, Missouri 63106-1621 Phone 314-289-6466 FAX 314-289-7604	Treasurer  30 min per week	None	None	None
Scot Hickman, MD Staff Physician (111/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St. Louis Missouri 63106-1621	Vice President  30 min per week	None	None	None
Robert Webster, PhD Associate Vice President for Research St. Louis University Health Sciences Center 3556 Caroline Street, Room 301 St. Louis, Missouri 63104 Phone 314-577-8108 FAX 314-268-5551	30 min per week	None	None	None
John Bley Administrative Officer Research Service (151JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St. Louis, Missouri 63106-1621 Phone 314-289-6333 FAX 314-289-7009	Executive Director  10-15 hrs per wk	\$ 17,600	None	None

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I** **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>VANDEVENTER PLACE RESEARCH FOUNDATION C/O V A MEDICAL CENTER</b>	Employer identification number <b>43-1624664</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>915 NORTH GRAND BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST. LOUIS, MO 63106</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **MAY 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning **OCT 1, 2001** and ending **SEP 30, 2002**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature ▶ *James J. [Signature]* Title ▶ **CPA - Mo** Date ▶ **1/7/03**  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>VANDEVENTER PLACE RESEARCH FOUNDATION C/O V A MEDICAL CENTER</b>	Employer identification number <b>43-1624664</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>915 NORTH GRAND BLVD</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ST. LOUIS, MO 63106</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **AUGUST 15, 2003**

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2001** and ending **SEP 30, 2002**

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO COMPLETE THE AUDIT OF OUR FINANCIAL STATEMENTS AND TO ENSURE THE ACCURACY OF THE RETURN**

**RECEIVED**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868

8c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with **FD** coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

MAY 15 2003  
Wage & Investment Area 5 Director  
INTERNAL REVENUE SERVICE  
Sunset Hills, MO 6504163D

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA - MO** Date **5/7/03**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print 123832 07 18-01	Name <b>GRACE ADVISORS, INC.</b>
	Number and street (include suite, room, or apt no) Or a P O box number <b>3117 S. BIG BEND BLVD.</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ST. LOUIS MO 63143</b>