

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)

CMS No. 1545-0047

**2005**

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 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>VANDEVENTER PLACE RESEARCH FOUNDATION</b> <b>C/O V A MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>43-1624664</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>915 NORTH GRAND BLVD</b>		<b>E</b> Telephone number <b>314-961-5871</b>
		City or town, state or country, and ZIP + 4 <b>ST. LOUIS, MO 63106</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

**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 ▶ **N/A**

**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** Group Exemption Number ▶ **N/A**

**G** Website: ▶ **NONE**

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **301,834.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a	1b	1c	1d
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>10,000.</b>			
	<b>b</b> Indirect public support				
	<b>c</b> Government contributions (grants)				
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>10,000.</b> noncash \$ _____ )				<b>10,000.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>281,737.</b>
	<b>3</b> Membership dues and assessments				
	<b>4</b> Interest on savings and temporary cash investments				<b>9,347.</b>
	<b>5</b> Dividends and interest from securities				
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>
<b>7</b> Other investment income (describe ▶ _____ )				<b>7</b>	
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>750.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>301,834.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))				<b>237,435.</b>
	<b>14</b> Management and general (from line 44, column (C))				<b>30,165.</b>
	<b>15</b> Fundraising (from line 44, column (D))				
	<b>16</b> Payments to affiliates (attach schedule)				
	<b>17</b> Total expenses (add lines 13 and 14, column (A))				<b>267,600.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>34,234.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>292,335.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>326,569.</b>	

RECEIVED  
AUG 20 2007  
CODDEN UT

SCANNED SEP 04 2007

815 13

VANDEVENTER PLACE RESEARCH FOUNDATION

C/O V A MEDICAL CENTER

43-1624664 Page 2

Form 990 (2005)

**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 \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	20,800.	0.	20,800.	0.
26 Other salaries and wages	77,878.	77,878.		
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes	9,083.	7,721.	1,362.	
30 Professional fundraising fees				
31 Accounting fees	11,490.	7,813.	3,677.	
32 Legal fees				
33 Supplies	12,311.	11,695.	616.	
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	6,453.	6,130.	323.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize):				
a DUES AND SUBSCRIPTIONS	1,324.	914.	410.	
b CONTRACT SERVICES	84,470.	82,983.	1,487.	
c INSURANCE	2,620.	1,652.	968.	
d MISCELLANEOUS	2,608.	2,086.	522.	
e CONSULTING FEES	33,528.	33,528.	0.	
f EDUCATION	5,035.	5,035.	0.	
g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	267,600.	237,435.	30,165.	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 \$ N/A ; (i i) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**VANDEVENTER PLACE RESEARCH FOUNDATION  
C/O V A MEDICAL CENTER**

Form 990 (2005)

43-1624664 Page 3

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 1</u>	<b>Program Service Expenses</b> (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.)	
<b>a</b> <u>THROUGH RESEARCH AND EDUCATIONAL ACTIVITIES, THE ORGANIZATION AND ITS MEMBERS HAVE CONTRIBUTED TO THE KNOWLEDGE AND MANAGEMENT OF VARIOUS DISEASES AND DISABILITIES</u>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	237,435.
<b>b</b> _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	237,435.

Form 990 (2005)

VANDEVENTER PLACE RESEARCH FOUNDATION

C/O V A MEDICAL CENTER

Form 990 (2005)

43-1624664 Page 4

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	30,025.	45	10,991.
	46 Savings and temporary cash investments	174,568.	46	224,906.
	47 a Accounts receivable	47a 89,825.		
	b Less: allowance for doubtful accounts	47b	47c	89,825.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	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	3,964.
	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 143,134.	57c	
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets (must equal line 74) Add lines 45 through 58</b>		301,397.	59	329,686.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	7,460.	60	1,356.
	61 Grants payable		61	
	62 Deferred revenue		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 <input type="checkbox"/> <b>ACCRUED WAGES</b> )	1,602.	65	1,761.
<b>66 Total liabilities. Add lines 60 through 65)</b>		9,062.	66	3,117.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	271,597.	67	301,899.
	68 Temporarily restricted	20,738.	68	24,670.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b>		292,335.	73	326,569.
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		301,397.	74	329,686.

Form 990 (2005)





**VANDEVENTER PLACE RESEARCH FOUNDATION  
C/O V A MEDICAL CENTER**

Form 990 (2005)

43-1624664 Page 7

<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
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		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
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	<b>501(c)(3) organizations.</b> 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	<b>501(c)(3) and 501(c)(4) organizations.</b> 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 <span style="float:right">▶ <u>0.</u></span>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ <u>0.</u></span>			
90 a	List the states with which a copy of this return is filed <u>NONE</u>			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		4
91 a	The books are in care of <u>JOHN BLEY</u> Telephone no. <u>(314) 961-5871</u> Located at <u>915 N. GRAND, ST. LOUIS, MO</u> ZIP + 4 <u>63106</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <u>92</u></span>			N/A

**VANDEVENTER PLACE RESEARCH FOUNDATION  
C/O V A MEDICAL CENTER**

Form 990 (2005)

43-1624664 Page 8

**Part VII Analysis of Income-Producing Activities** (See the instructions)

	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:					
a <b>RESEARCH PROGRAMS</b>					281,737.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,347.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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:					
a <b>OTHER INCOME</b>					750.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		9,347.	282,487.
105 Total (add line 104, columns (B), (D), and (E))					291,834.

**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 the instructions.)

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
103A	RESEARCH ACTIVITIES FOR VARIOUS DOCTORS' PRIVATELY FUNDED RESEARCH PROJECTS PROVIDED TO PATIENTS IN THE VETERANS ADMINISTRATION MEDICAL CENTER.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(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 the instructions.)

- (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

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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 <i>John Bley</i>	Date 5/30/07
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 5-30-07
	Firm's name (or yours if self-employed), address, and ZIP + 4 UHY ADVISORS MO, INC. 15 SUNNEN DR., SUITE 100 ST. LOUIS, MO 63143	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN EIN Phone no. (314) 615-1200

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ST. LOUIS VETERANS MEDICAL CENTER 915 N. GRAND BLVD, ST. LOUIS, MO 63106	RESEARCH PROJECTS AND ACTIVITIES	84,470.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

**VANDEVENTER PLACE RESEARCH FOUNDATION**

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)	<b>Yes</b>	<b>No</b>
<b>1</b> 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	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	2b	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	2c	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	2e	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► **V A MEDICAL CENTER, ST. LOUIS, MO**
  - 10  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  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  A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  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  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

<b>(a) Name(s) of supported organization(s)</b>	<b>(b) Line number from above</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**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.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

**VANDEVENTER PLACE RESEARCH FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2005 **C/O V A MEDICAL CENTER**

43-1624664 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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
	<b>a</b> Volunteers		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      1  
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 - Part IV-A Line 57a-b**  
**Vandeventer Place Research Foundation - EIN 43-1624664**  
**St. Louis Missouri**  
**Form 990 - FYE September 30, 2006**

**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	61,963	-	-	61,963
Office Equipment	81,171	-	-	81,171
TOTAL	<u>143,134</u>	<u>-</u>	<u>-</u>	<u>143,134</u>
NET BOOK VALUE	<u>-</u>			<u>-</u>

Board of Directors  
Vandeventer Place Research Foundation  
St Louis, Missouri  
Form 990 - FYE September 30, 2006

Name	Title & Hours	Compensation	Employee Benefits	Expense Allowance
Steven J Giddings, PhD, MD Associate Chief of Staff for Research and Development (151/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St Louis, Missouri 63106-1621 Phone 314-289-6471 FAX 314-289-6557	President       2 hours per week	None	None	None
Glen Struchtemeyer Medical Center Director (00/JB) Department of Veterans Affairs Medical Center #1 Jefferson Barracks Drive St Louis, Missouri 63125-4199 Phone 314-289-6471 FAX 314-289-6557	       1 hour per week	None	None	None
Laura Kroupa, MD Chief of Staff (111/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St Louis, Missouri 63106-1621 Phone 314-289-6471 FAX 314-289-6557	       1 hour 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       1 hour 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 Phone 314-289-6466 FAX 314-289-7604	Vice-President       1 hour per week	None	None	None
H James Armbricht, PhD Staff Scientist (11B/JB) Department of Veterans Affairs Medical Center #1 Jefferson Barracks Drive St Louis, Missouri 63125-4199 Phone 314-392-6511	Secretary       1 hour per week	None	None	None
Coy Fitch, 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	       1 hour per week	None	None	None
Jennifer K Lodge, PhD Department of Biochemistry and Molecular Biology St Louis University School of Medicine 1402 South Grand Boulevard St Louis, Missouri 63104 Phone 314-977-9217 FAX 314-977-9205	       1 hour per week	None	None	None
John Bley Vandeventer Place Research Foundation Department of Veterans Affairs Medical Center 915 North Grand Boulevard (151JC) St Louis, Missouri 63106-1621 Phone 314-289-6333 FAX 314-289-7009	Executive Director       10-15 hours per week	\$ 20,800	None	None

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

OMB No 1545-1709

▶ 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).
- 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)

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<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 |

- The books are in the care of ▶ JOHN BLEY  
 Telephone No ▶ (314) 961-5871 FAX No ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until MAY 15, 2007 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, 2005, and ending SEP 30, 2006

**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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



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).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form fields for Name of Exempt Organization (VANDEVENTER PLACE RESEARCH FOUNDATION), Employer identification number (43-1624664), and address (915 NORTH GRAND BLVD, ST. LOUIS, MO 63106).

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

Form fields for selecting the type of return to be filed, including Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and 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.

The books are in the care of JOHN BLEY

Telephone No (314) 961-5871

FAX No

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) and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until AUGUST 15, 2007

For calendar year, or other tax year beginning OCT 1, 2005 and ending SEP 30, 2006

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

State in detail why you need the extension

THE FOUNDATION REQUESTS ADDITIONAL TIME TO FILE THEIR RETURN WHILE THE AUDIT OF OUR FINANCIAL STATEMENTS IS BEING COMPLETED.

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

\$

b 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

\$

c Balance Due. Subtract line 8b from line 8a 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 of Mary J. Bouchard

Title CPA Mo

Date 5-9-07

Notice to Applicant - To Be Completed by the IRS

Form fields for the Notice to Applicant, including options for approval and reasons for denial.

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

Form fields for Alternate Mailing Address: Name, Number and street, City or town, province or state, and country.