

**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

**2006**

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 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

<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) <b>915 NORTH GRAND BLVD</b>	Room/suite 	<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)		

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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

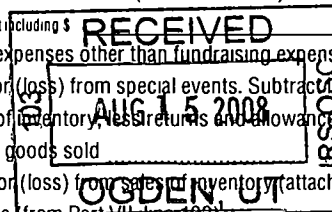
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **282,411.**

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

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

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	43,135.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 43,135. noncash \$ )	1e		43,135.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		227,502.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		11,074.	
5	Dividends and interest from securities	5			
6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	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			
10a	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		700.	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		282,411.	
13	Program services (from line 44, column (B))	13		186,677.	
14	Management and general (from line 44, column (C))	14		31,409.	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		218,086.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		64,325.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		326,569.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		390,894.	

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>25a</b>	20,800.	0.	20,800.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	108,167.	108,167.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	5,135.	4,365.	770.	
<b>29</b> Payroll taxes <b>29</b>	11,227.	9,543.	1,684.	
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	12,400.	8,432.	3,968.	
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	18,229.	17,318.	911.	
<b>34</b> Telephone <b>34</b>				
<b>35</b> Postage and shipping <b>35</b>				
<b>36</b> Occupancy <b>36</b>				
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>				
<b>39</b> Travel <b>39</b>	8,730.	8,293.	437.	
<b>40</b> Conferences, conventions, and meetings <b>40</b>				
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule) <b>42</b>	386.	263.	123.	
<b>43</b> Other expenses not covered above (itemize)				
<b>a DUES AND SUBSCRIPTIONS</b> <b>43a</b>	2,849.	1,966.	883.	
<b>b INSURANCE</b> <b>43b</b>	2,351.	1,483.	868.	
<b>c MISCELLANEOUS</b> <b>43c</b>	4,824.	3,859.	965.	
<b>d CONSULTING FEES</b> <b>43d</b>	19,052.	19,052.	0.	
<b>e EDUCATION</b> <b>43e</b>	3,936.	3,936.	0.	
<b>f</b> <b>43f</b>				
<b>g</b> <b>43g</b>				
<b>44</b> Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	218,086.	186,677.	31,409.	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 ; (ii) 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

**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>	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)	
<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"/>	186,677.
<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> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	186,677.

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**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	10,991.	45	12,732.
	46 Savings and temporary cash investments	224,906.	46	260,191.
	47 a Accounts receivable	47a 115,201.		
	b Less allowance for doubtful accounts	47b	47c	115,201.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	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	3,964.	53	4,956.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	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 <i>STMT 4</i>	57a 144,149.		
b Less accumulated depreciation	57b 141,226.	57c	2,923.	
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	329,686.	59	396,003.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,356.	60	1,187.
	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 ▶ <b>ACCRUED WAGES</b> )	1,761.	65	3,922.
66 <b>Total liabilities.</b> Add lines 60 through 65	3,117.	66	5,109.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	301,899.	67	352,388.
	68 Temporarily restricted	24,670.	68	38,506.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 and column (B) must equal line 21)	326,569.	73	390,894.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	329,686.	74	396,003.

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<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	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?	<b>82a</b>	<b>X</b>
<b>b</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.)		<b>82b</b>	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations a</b>	Were substantially all dues nondeductible by members? N/A	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	<b>85b</b>	
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.			
<b>c</b>	Dues, assessments, and similar amounts from members N/A	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures N/A	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	<b>85g</b>	
<b>h</b>	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? N/A	<b>85h</b>	
<b>86 501(c)(7) organizations</b>	Enter <b>a</b> Initiation fees and capital contributions included on line 12 N/A	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities N/A	<b>86b</b>	
<b>87 501(c)(12) organizations</b>	Enter <b>a</b> Gross income from members or shareholders N/A	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) N/A	<b>87b</b>	
<b>88 a</b>	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	<b>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	<b>X</b>
<b>89 a 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	<b>89b</b>	<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e All organizations</b>	At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f All organizations</b>	Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds</b>	Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b>	<b>3</b>
<b>91 a</b>	The books are in care of <b>JOHN BLEY</b> Telephone no <b>(314) 961-5871</b> Located at <b>915 N. GRAND, ST. LOUIS, MO</b> ZIP + 4 <b>63106</b>		
<b>b</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 <b>N/A</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>	<b>X</b>

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ N/A

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 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>					227,502.
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	11,074.	
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>					700.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		11,074.	228,202.
105 Total (add line 104, columns (B), (D), and (E))					239,276.

**Note:** Line 105 plus line 1e, 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	<b>RESEARCH PROGRAMS PROVIDE ADMINISTRATIVE SUPPORT AND FUNDING FOR</b>
103A	<b>RESEARCH ACTIVITIES FOR VARIOUS DOCTORS' PRIVATELY FUNDED RESEARCH</b>
	<b>PROJECTS PROVIDED TO PATIENTS IN THE VETERANS ADMINISTRATION MEDICAL</b>
	<b>CENTER.</b>

**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)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *John J. Bley* Date: 5/30/08

Type or print name and title: John J. Bley, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Sharon Stiles* Date: 5/30/08 Check if self-employed:

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

Preparer's SSN or PTIN (See Gen Inst X):  
EIN: \_\_\_\_\_  
Phone no.: (314) 615-1200

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

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

OMB No 1545-0047

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

**2006**

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 <b>VANDEVENTER PLACE RESEARCH FOUNDATION C/O V A MEDICAL CENTER</b>	Employer identification number <b>43 1624664</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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 ▶	<b>0</b>			

**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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

VANDEVENTER PLACE RESEARCH FOUNDATION

**Part III Statements About Activities** (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 $\blacktriangleright$ \$ _____ \$ _____ (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.		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	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year $\blacktriangleright$	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $\blacktriangleright$	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts $\blacktriangleright$	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year $\blacktriangleright$	0.	

**VANDEVENTER PLACE RESEARCH FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2006 **C/O V A MEDICAL CENTER**

**43-1624664** Page 3

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)

I certify that 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 ► **DEPT OF VETERAN AFFAIRS MEDICAL CENTER, ST LOUIS, MISSOURI**
- 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)(vi). (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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**VANDEVENTER PLACE RESEARCH FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2006

**C/O V A MEDICAL CENTER**

43-1624664 Page 4

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total										
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)															
<b>16</b> Membership fees received															
<b>17</b> 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															
<b>18</b> 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															
<b>19</b> Net income from unrelated business activities not included in line 18															
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf															
<b>21</b> 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.															
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.															
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.										
<b>24</b> Line 23 minus line 17															
<b>25</b> Enter 1% of line 23															
<b>26</b> Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> N/A</p> <p><b>26b</b> N/A</p> <p><b>26c</b> N/A</p> <p><b>26d</b> N/A</p> <p><b>26e</b> N/A</p> <p><b>26f</b> N/A %</p>										
<b>27</b> Organizations described on line 12	<p><b>a</b> 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:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td align="center">(2005)</td> <td align="center">(2004)</td> <td align="center">(2003)</td> <td align="center">(2002)</td> </tr> </table> <p><b>b</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 11b, 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:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td align="center">(2005)</td> <td align="center">(2004)</td> <td align="center">(2003)</td> <td align="center">(2002)</td> </tr> </table> <p><b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <span style="margin-left: 20px;">▶</span> <b>27f</b> N/A</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>					(2005)	(2004)	(2003)	(2002)		(2005)	(2004)	(2003)	(2002)	<p><b>27c</b> N/A</p> <p><b>27d</b> N/A</p> <p><b>27e</b> N/A</p> <p><b>27g</b> N/A %</p> <p><b>27h</b> N/A %</p>
	(2005)	(2004)	(2003)	(2002)											
	(2005)	(2004)	(2003)	(2002)											
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?		
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.)		
_____			
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.)		
_____			
_____			
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		





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.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 2  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
DEPT OF VETERANS AFFAIRS MEDICAL CENTER, ST. LOUIS, MO	X	

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 3  
RELATED ORGANIZATIONS

OFFICER'S NAME

STEPHEN J. GIDDINGS

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

OFFICER'S NAME

GLEN STRUCHTEMEHYER

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

OFFICER'S NAME

NATHAN RAVI

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

OFFICER'S NAME

SCOT HICKMAN

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

OFFICER'S NAME

COY FITCH

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

OFFICER'S NAME

H. JAMES ARMBRECHT

NAME OF RELATED ORGANIZATION

DEPT OF VETERAN'S AFFAIRS MEDICAL CENTER

EMPLOYER ID NUMBER

43-0687806

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARE EMPLOYEES AND FACILITIES

**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, 2007**

**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	3,309	(2,294)	82,186
TOTAL	<u>143,134</u>	<u>3,309</u>	<u>(2,294)</u>	<u>144,149</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	386	(2,294)	79,263
TOTAL	<u>143,134</u>	<u>386</u>	<u>(2,294)</u>	<u>141,226</u>
NET BOOK VALUE	<u>-</u>			<u>2,923</u>

Board of Directors  
Vandeventer Place Research Foundation - EIN 43-1624664  
St Louis Missouri  
Form 990 - FYE September 30, 2007

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
Glen Struchtemeyer 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	1 hour per week	None	None	None
Nathan Ravi, 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
Scot Hickman, MD Staff Physician (111/JC) Department of Veterans Affairs Medical Center 915 North Grand Boulevard St Louis, Missouri 63106-1621 Phone 314-289-6308	Vice President  1 hour per week	None	None	None
Coy Fitch, MD Staff Physician (111JC), Saint Louis VAMC Department of Veterans Affairs Medical Center 915 North Grand Boulevard St Louis, Missouri 63106-1621 Phone 314-289-6485	1 hour per week	None	None	None
H James Armbrecht, PhD Staff Scientist 11B/JB Department of Veterans Affairs Medical Center 915 North Grand Boulevard St Louis, Missouri 63106-1621 Phone 314-392-6511	1 hour per week	None	None	None
Jennifer K Lodge, PhD Department of Biochemistry and Molecular Biology St Louis University School 1402 South Grand Blvd St Louis, Missouri 63104 Phone 314-977-921 Email lodgejk@slu.edu FAX 314-977-9205	1 hour 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	\$ 20,800	None	None

- 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)

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy

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):

Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870

Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     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) \_\_\_\_\_ 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, 2008**

**5** For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**

**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 GATHER ALL THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN**

<b>8a</b> 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>8a</b>	\$	
<b>b</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	<b>8b</b>	\$	
<b>c Balance Due.</b> 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	<b>8c</b>	\$	<b>N/A</b>

**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 **▶ [Signature]** Title **▶ CPA-MO** Date **▶ 5/1/08**

**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 a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

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

**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	Name <b>UHY ADVISORS MO, INC.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>15 SUNNEN DR., SUITE 100</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ST. LOUIS, MO 63143</b>